Opinion of Nurses on SWOT and Areas of Investment in Nursing

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Abstract

Nursing is the largest group in the health sector accounting for approximately 59 percent of health care professionals. Nurses play a key role in rendering preventive, promotive and rehabilitative health care services. The work of nurses at all stages of their careers and at every level of practice is essential in achieving Sustainable Development Goals (SDGs). Hence an opinion on SWOT in nursing and the priority areas of investment was undertaken among nurses. A quantitative research approach and a descriptive survey design were used. This study was conducted among nurses working in educational institutions and hospitals. A non-probability convenient sampling technique and snowball sampling were used. The tool consisted of items to elicit demographic data of nurses and an opinion scale to elicit the nurses' opinion about SWOT in Nursing. A rating scale was used to rate the opinion about priority areas of investment in Nursing. A Google form was developed and circulated to the nurses. A total of 213 responses were received. Incomplete responses were deleted and finally, 195 responses were included for final analysis. Both descriptive and inferential statistics were used. Permission from IEC and informed consent were obtained. Confidentiality was maintained. The results revealed that the majority of the nurses had high opinion by having agreement with the factors of SWOT in nursing and had high priority in the areas of investment.

Key words: Strength & Weakness, Opportunity, Priority areas of investment

Nursing is the largest occupational group in the health sector accounting for approximately 59 percent of health professionals, says WHO report (2020). Approximately 90 percent of the nursing workforce is female. Nurses play a key role in rendering preventive, promotive and rehabilitative health care services. Many metaphors are used to address nurses like angels, front-line warriors, saviours, heart and the backbone of hospitals. All these are rhetorical, but the reality is unpalatable and unacceptable for nurses in terms of how they are treated. The harsh reality of nursing is vast inequalities, less salary for work, shortage of nurses, lack of independence and professional pride, gender-based pay gap, as well as other forms of gender-based discrimination, poor working conditions, etc.

More than 80 percent of the nurses work in countries that contribute to half of the world's population. The estimated shortage of nurses pre-pandemic was 5.9 million in 2018 and the shortage is much concentrated in low- and lower-middle income countries. Covid has further aggravated this shortage globally. These countries have problems in keeping pace with population growth (Acorn, 2022). State of the World's Nursing (2020) report by WHO stated that investment in nurses will contribute not only to achieving health-related Sustainable Development Goals targets but also to education (SDG 4), gender (SDG 5), decent work and economic growth (SDG 8).

The covid pandemic has brought some visibility and created demand for the nursing profession globally. This is the time to reap and make use of the situation for the advantage of the nursing profession. People have observed, experienced and acknowledged the nurses' contribution to society during the global pandemic. National and international health agencies and nursing associations have proclaimed that no global health agenda can be realised without concerted and sustained efforts to maximise the contributions of the nursing workforce and their roles within inter professional health teams. To do so countries must do a SWOT analysis of Nursing and identify the key priority areas for investment in Nursing. Hence an opinion on SWOT in nursing and the priority areas of investment was undertaken among nurses.

Statement of the problem: A study to assess the

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Table 1: Assessment of opinion of nurses about strengths in Nursing

Sl.No.	Factors of strength	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		F	%	F	%	F	%	F	%	F	%
1	Education and training	71	36.4	117	60.0	7	3.6	0	0.0	0	0
2	Job security	63	32.3	106	54.4	17	8.7	6	3.1	3	1.5
3	Caring profession	76	39.0	109	55.9	7	3.6	2	1.0	1	0.5
4	Self-satisfaction	75	38.5	91	46.7	17	8.7	6	3.1	6	3.1
5	Assured job	78	40.0	97	49.7	15	7.7	4	2.1	1	0.5
6	Increased demand	67	34.4	104	53.3	22	11.3	1	0.5	1	0.5
7	Acceptance by the public	96	49.2	59	30.3	37	19.0	3	1.5	0	0

opinion of Strengths, Weaknesses, Opportunities and Threats (SWOT) and priority in the areas of Investment in Nursing among nurses working in selected settings, Chennai.

Objectives

1. To assess the opinion about Strengths, Weaknesses, Opportunities and Threats in Nursing among nurses.
2. To assess the opinion about the priority in the area of investment in Nursing among nurses.
3. To find an association between the level of opinion about SWOT in Nursing and the selected demographic variables.
4. To find an association between the level of opinion about priority in the areas of investment in Nursing and the selected demographic variables.

Methodology

A quantitative research approach and a descriptive survey design was used. This study was conducted among nurses working in Chennai in October 2022. Nurses, both male and female, with GNM, BSc(N), MSc(N) and PhD (N) working in Schools and Colleges of Nursing and hospitals were included. Undergraduate and Post-graduate students were excluded from the study. The tool consisted of items to elicit demographic data of nurses and an opinion scale to elicit the nurses' opinion about SWOT in Nursing. A total of seven items on Strengths, 12 items on weaknesses, 6 items on opportunities and 21 items on threats in nursing were listed. The scale legends with the scores were Strongly Agree(5), Agree(4), Uncertain(3), Disagree(2) and Strongly Disagree(1) for SWOT. A rating scale was used to rate the priority areas of investment in Nursing. A total of 17 areas were listed and the scale legends included High priority (3), Moderate priority (2) and Low priority (1). The total score was calculated and based on the percentage, the opinion was classified as high (>67%), moderate (34-66%) and low (<33%). A Google form was developed and circulated to the nurses. A non-probability convenient sampling technique and snowball sampling were used. A total of 213 responses were received. Incomplete responses were deleted and finally, 195 responses were included for final analysis. Both descriptive

Table 2: Assessment of opinion of nurses about weaknesses in Nursing

Sl.No.	Factors of Weakness	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		F	%	F	%	F	%	F	%	F	%
1	Lack of skill	73	37.4	32	16.4	57	29.2	23	11.8	10	5.1
2	Gender disparity	64	32.8	25	12.8	67	34.4	30	15.4	9	4.6
3	Lack of leadership	78	40.0	45	23.1	42	21.5	22	11.3	8	4.1
4	Low pay	49	25.1	121	62.1	17	8.7	4	2.1	4	2.1
5	Less time for bedside care	59	30.3	53	27.2	52	26.7	21	10.8	10	5.1
6	Shortage of staff	55	28.2	113	57.9	20	10.3	5	2.6	2	1.0
7	Long/extended shifts	70	35.9	97	49.7	20	10.3	4	2.1	4	2.1
8	Excessive rotation	69	35.4	87	44.6	32	16.4	3	1.5	4	2.1
9	Lack of professional identity	66	33.8	82	42.1	28	14.4	13	6.7	6	3.1
10	Lack of promotion	63	32.3	86	44.1	31	15.9	13	6.7	2	1.0
11	Poor work environment	68	34.9	55	28.2	48	24.6	13	6.7	11	5.6
12	No defined job responsibilities	54	27.7	63	32.3	52	26.7	21	10.8	5	2.6

Table 3: Assessment of opinion of nurses about opportunities in Nursing

Sl.No.	Factors of opportunity	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		F	%	F	%	F	%	F	%	F	%
1	Increased demand for Nursing	69	35.4	115	59.0	9	4.6	1	0.5	1	0.5
2	Job abroad	63	32.3	122	62.6	9	4.6	1	0.5	0	0.0
3	Emergence of independent practice in nursing	95	48.7	72	36.9	22	11.3	3	1.5	3	1.5
4	Broad scope for nursing	89	45.6	88	45.1	14	7.2	1	0.5	3	1.5
5	Growing specialities /specialisation in nursing	83	42.6	98	50.3	9	4.6	2	1.0	3	1.5
6	New demands of the population	94	48.2	83	42.6	15	7.7	1	0.5	2	1.0

and inferential statistics were used. Permission from IEC and informed consent was obtained. Confidentiality was maintained.

Results

Assessment of Demographic Variables of Nurses: Seventy-two (36.9%) nurses were 25 years and less and 62 (31.8%) nurses were in the age group of 26 to 35 years of age. 102 (52.3%) nurses were working in nursing educational institutions and 93 (47.7) nurses were working in hospitals. Forty three (22.1%) nurses were working as tutors/clinical instructors and 23 (11.8%) nurses were working as professors and 83 (42.6%) nurses were working as staff nurses. The majority of the nurses were female 179 (91.8%). 102 (52.3%) nurses were with BSc (N) qualification and 70 (35.9%) nurses were with MSc (N) qualification. Eleven nurses (5.6%) have completed PhD in Nursing. 103 (52.8%) nurses were having a total of 5 years or less experience. Thirty-six (18.5%) nurses were having 6 to 10 years of experience and 15 (7.7%) nurses were having experience of 21 years and more.

Assessment of Nurses' Opinion about Strengths, Weaknesses, Opportunities and Threat in Nursing

Table 1 shows out of 7 factors listed, the majority of them either strongly agreed or agreed as strengths in Nursing. Though 96 (49.2%) and 59 nurses (30.3%) strongly agreed and agreed to acceptance by the public as a strength, 37 nurses (19%) were uncertain about the same.

Table 2 shows that when compared to strengths, a reasonably increased percentage of nurses were uncertain about the weaknesses in Nursing. Albeit, a majority of the nurses either strongly agreed or agreed with the weaknesses, 67 (34.4%) nurses were uncertain whether the gender disparity is the weakness followed by lack of skill 57 (29.2%), and less time for bedside care 52 (26.7%). Thirty-nine nurses disagreed with gender disparity as a weakness followed by 33 (17%) nurses have disagreed with lack of skill as a weakness. The majority of the nurses have agreed to low pay (n=170, 87%), shortage of staff 168 (86%), and long/extended shifts (n=167, 85.6%) as weaknesses in nursing.

Table 3 shows that majority of them either strongly agreed or agreed to the opportunities in Nursing. The majority of the nurses have agreed to increased demand for nursing 174 (94.4%) and job abroad 175 (94.9%) as the opportunities.

Majority of the nurses either strongly agreed or agreed to the threats in nursing (Table 4). A considerable percentage of nurses opined that they were uncertain about the factors that are threats to nursing. Only 33 (17%) and 22 (11.3%) nurses disagreed with men in nursing and allied health workers as a threat. The majority of the nurses agreed to low staffing 173 (88.8%), low pay 164 (84.1%), heavy workload 170 (87.2%) and lack of independence 150 (75.9%) as a threat to nursing.

Figure 1 shows the level of opinion based on total

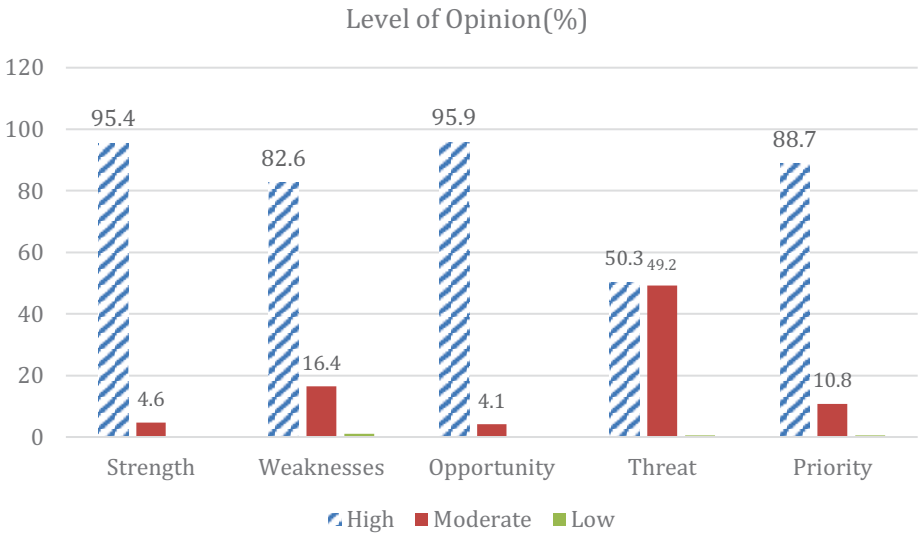

Fig 1: Percentage distribution of level of opinion of Nurses.

Table 4: Assessment of opinion of nurses about threats in nursing

Sl.No.	Factors of threat	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
		F	%	F	%	F	%	F	%	F	%
1	Low staffing	82	42.1	91	46.7	16	8.2	5	2.6	1	0.5
2	Poor /devalued Image	79	40.5	74	37.9	30	15.4	10	5.1	2	1.0
3	Consumer awareness	91	46.7	51	26.2	40	20.5	11	5.6	2	1.0
4	Lack of career growth	77	39.5	56	28.7	42	21.5	15	7.7	5	2.6
5	Poor nurse-patient ratio	80	41.0	72	36.9	30	15.4	11	5.6	2	1.0
6	Lack of independence	84	43.1	64	32.8	35	17.9	11	5.6	1	0.5
7	Poor social recognition	78	40.0	62	31.8	37	19.0	16	8.2	2	1.0
8	Lack of appreciation in the society	70	35.9	79	40.5	32	16.4	13	6.7	1	0.5
9	Nursing burnout	72	36.9	77	39.5	30	15.4	13	6.7	3	1.5
10	Low salary	62	31.8	102	52.3	19	9.7	9	4.6	3	1.5
11	Heavy workload	62	31.8	108	55.4	14	7.2	8	4.1	3	1.5
12	Lack of prestige	71	36.4	86	44.1	23	11.8	11	5.6	4	2.1
13	Men in nursing	69	35.4	35	17.9	58	29.7	20	10.3	13	6.7
14	Allied health workers	70	35.9	56	28.7	47	24.1	16	8.2	6	3.1
15	Occupational hazard	77	39.5	52	26.7	47	24.1	14	7.2	5	2.6
16	Work place safety	85	43.6	56	28.7	38	19.5	13	6.7	3	1.5
17	Frequent mobilisation	92	47.2	54	27.7	34	17.4	10	5.1	5	2.6
18	Difference in pay in urban-rural settings	77	39.5	77	39.5	29	14.9	8	4.1	4	2.1
19	Unwilling to work in a rural area	67	34.4	55	28.2	49	25.1	15	7.7	9	4.6
20	Unwilling to work in small hospitals	76	39.0	53	27.2	44	22.6	18	9.2	4	2.1
21	Quack nurses	71	36.4	64	32.8	45	23.1	11	5.6	4	2.1

opinion scores of SWOT and priority areas of investment. The majority of the nurses rated high, that is strongly agreed or agreed with the factors listed. Only with regard to threat, 50.3 percent of the nurses rated high and 49.2 percent of the nurses had a moderate opinion on the factors listed as a threat.

Assessment of Nurses' Opinion about Priority Areas of Investment in Nursing: Table 5 shows that majority of the nurses opined all factors as high priority area for investment in nursing. The majority of the nurses opined that education and training (n=153, 78.5%), and standardisation of care 152 (77.9%) is the high priority area. Eighteen (9.2%) nurses have stated that investment in the salary and men in nursing (n=11, 5.6%) is the low priority area in investment in nursing.

Association was found using Chi square test which reveals that there is a statistically significant association between age and level of opinion on threat (p=0.012), level of opinion on weaknesses (p=0.005); educational qualification with level of opinion on threat (p=0.001); place of work with level of opinion on opportunity (p=0.043), level of priority (p=0.015); Years of experience with level of opinion on strength (p>0.024), level of opinion on threat (p=0.020) and level of opinion on weaknesses (p=0.023).

Discussion

Majority of the nurses either strongly agreed or agreed with the factors listed in SWOT in nursing. With regard to strengths and opportunities, 95 percent of the nurses had high opinion which means, they had a clear perception of factors and agreed with them. The findings of the study are supported by James & Hooda (2016) who stated that 77 percent of the final year nursing students had career option in nursing. The study also found that students had the least favourable opinion about the position of the nursing profession in society which reflects a weakness in nursing, the poor image. Similarly, nurses (19%) 37 were uncertain regarding acceptance by the public as a strength. Any profession and its practitioner, that is, the professionals need acceptance by the public without which the image of the profession will be negative. Twelve (6.2%) nurses disagreed with self-satisfaction as a strength and 17(8.7%) nurses were uncertain about the same. Zamanzadeh et al (2022) stated that job satisfaction, social status, quality of care, identity and role of nurses were related to the image of nursing.

Table 5: Assessment of opinion of nurses about priority area of investment

Sl.No.	Areas of investment in nursing	High priority		Moderate priority		Low priority	
		F	%	F	%	F	%
1	Education & training	153	78.5	35	17.9	7	3.6
2	Standardisation of care	152	77.9	38	19.5	5	2.6
3	Standardisation of nursing education	146	74.9	44	22.6	5	2.6
4	Matching qualifications with the roles and position	115	59.0	72	36.9	8	4.1
5	Clearly defined roles and responsibilities	125	64.1	65	33.3	5	2.6
6	Inclusion of Men in Nursing	104	53.3	80	41.0	11	5.6
7	Improvement of work environment	127	65.1	60	30.8	8	4.1
8	Salary	132	67.7	45	23.1	18	9.2
9	Regulation of workload	129	66.2	58	29.7	8	4.1
10	Regulation of shift	124	63.6	63	32.3	8	4.1
11	Regulation of timings	123	63.1	67	34.4	5	2.6
12	Creation of various positions in Nursing	122	62.6	66	33.8	7	3.6
13	On-the-job training	126	64.6	61	31.3	8	4.1
14	Adequate staffing	125	64.1	61	31.3	9	4.6
15	Image building	111	56.9	71	36.4	13	6.7
16	Staff welfare programmes	122	62.6	63	32.3	10	5.1
17	Opportunities for Higher education	131	67.2	56	28.7	8	4.1

In the current study, increased demand is considered one of the strengths. Roush (2022) explained the "Fauci Effect", so named after infectious diseases expert Dr Anthony Fauci. This has been used to describe the increase in enrolment for entry-level baccalaureate programmes by 5.6 percent in 2020 in the United States because the Covid pandemic had created visibility for the nursing profession and the public has viewed Nursing as a viable option for a career which is a strength in itself.

Despite the fact that the majority of the respondents have agreed to the weaknesses, considerable percentages of nurses were uncertain about the factors of weaknesses in nursing. Nurses also disagreed with lack of skill (17%) and Gender disparity (20%) as weaknesses in Nursing. Takase (2006) concluded that improving the public image as well as the self-image of nurses will enhance job performance. Hence we can understand that all factors are interlinked and all need immediate attention.

Similar to our results, Valizadeh et al (2016) found that a lack of professional pride due to physician's dominance, the intangible nature of nursing, and negative attitude toward clinical nurses and an oppressive work environment (high workload, disrespect, discrimination, and lack of support); and suppression of progressivism (lack of appreciation and attention to meritocracy) were the factors of threat to nurses' dignity and the reason for leaving the profession. It is understood that the participants were well aware of SWOT in Nursing.

Zamanzadeh et al (2022) stated that nurses should utilise the heightened awareness created by the Covid 19 to remove the stereotypical image and this opportunity can be utilised to portray the nursing profession in the community as a profession that requires higher education, has work specialisation and is independent of other medical professions. Also, the negative stereotypes such as being a physician subordinate, having lower academic standards, poor working conditions, less salary and limited scope for career advancement can lead to frustration, low self-esteem and disruption of nurses' professional and social identities, creating a repressive environment for enhancing the nursing profession.

The majority of the nurses have rated high priority in the areas of investment. Aranha et al (2022) stated that healthcare systems must acknowledge the need to heal frontline workers who are suffering from moral distress, compassion, fatigue and burnout. In India, the Central Committee has given recommendations on the salary and working of nurses working in private hospitals and nursing homes which has not yet been implemented. Dalia Sofer (2022) in the National Nurses United (NNU) report stated that systemic failures by healthcare organisations to invest in measures to protect nurses from health and safety hazards, overwork and inadequate resources to support safe and high-quality nursing care were the reasons for nurses to quit their job. Kennedy (2022) quoted a survey by Nurses.com in 2021 which found significant professional dissatisfaction, with 29 percent reporting that they were considering leaving the profession and 17 percent saying they were thinking about changing jobs.

Nursing is a woman-dominated profession, and it is high time to invest men in nursing. The deep-root-

ed stereotype in nursing needs complete attention and revisiting the policies and procedures related to the admission of male candidates in nursing needs to be prioritised. Nursing training and education must be sound and should be entirely outcome-oriented based on desired clinical competencies. The graduates of the Nurse practitioner course need to be appointed and the scope for their practice needs to be created. Since modern society interlinks status and salary, nurses should be paid well. Nurses must assume a leadership position and participate in policy-making to bring change (Sharma et al, 2020).

The global shortage of nurses has led to high-income countries recruiting nurses from low-income countries which in a way poses an opportunity as well as a threat. In low-income countries, where there is already a shortage, this will widen the inequality. There should be a trade-off between opportunity and threat. Nurse-led models of care are expected to strengthen the health system around the world for which autonomy and independent practice should be encouraged. Howard Catton, CEO of ICN (2022) has stated that Nursing is a golden thread that links the health care policy and practice. Nursing had come to the forefront in pandemics, war, disasters etc. and shouldered the responsibility towards global health. This is the crucial time that there should be strengthened global regulation of the nursing workforce. At the same time, countries have to evolve their own strategies to retain their prime health workforce and initiate training and development of individuals who can serve without compromising the standard and quality of education. Independent practice in nursing and nurse-led models of care will be economic and reduce health care costs.

Nursing Implications

There are nurses who were uncertain about the factors of SWOT. They need to be sensitised about the strengths, weaknesses, opportunities and threats in Nursing. Professional members should have a clear concept of weaknesses and threats to the profession. Policymakers, national and international health agencies and regulators, nursing associations, nurse educators and administrators must evolve with the strategy for immediate investment in Nursing such as staffing standards, workplace safety, creating a healthy working environment, improving flexibility in nursing roles, scheduling of the work shifts, addressing burnout and moral distress and improving compensation and benefits packages. Nurses' movement and migration need to be monitored and handled responsibly and ethically and gender-sensitive nursing workforce policies should be implemented. The areas of strength should be further strengthened and weaknesses should be transformed into strengths. The opportunities have to be utilised to the full extent and threats need to be mitigated with immediate attention.

A survey on nurses' satisfaction and their problems need to be conducted at the national level to understand the problems at a larger scale. Recommendations of the committee constituted in compliance with Honourable Apex court Judgment dated 29.01.2016 on salary and working of nurses working in private hospitals and nursing homes should be implemented. Social media should be utilised to promote nurses and nursing. Necessary infrastructure should be provided to recognise the roles of nurses in promoting health and strengthening healthcare systems by investing and developing training and counselling programmes with the active participation of nurses at various levels of society. More professional voice for nurses is the need of the hour in influencing future healthcare policies and practices to pave the way for reforming the stereotypical image of nursing in society. The nurses themselves need to improve by various means. Professional associations can play a major role in informing, stimulating, and creating awareness among nurses for their welfare. This cannot happen overnight which requires collective effort and strengthening nurses at the grass root level and influencing at the policy-making level. There is a strong need for advocacy at all levels.

Limitations

This study has certain limitations. The data collection tool is administered online and there is a possibility of randomly answering the tool. Participants' opinion is limited to the listed factors of SWOT by the researchers though which is exclusive but not exhaustive. Though any other option for SWOT as well as areas of investment is given, none of the participants has responded. This study is geographically limited to nurses working in Chennai.

Conclusion

This study elicited the opinion of the nurses on factors of SWOT in nursing as well as areas of investment in nursing. The majority of the nurses agreed with strengths, opportunities and priority areas of investment whereas they had equally moderate opinion on threats to the profession. Nurses must have a clear and strong opinion and perception of factors of weaknesses and threats to the profession. This can help change the direction of professional growth in future. This study has revealed the reality of the profession of nursing by its own members. Public opinion about the profession is changing for the betterment. It's high time to invest in nursing on strengths and opportunities with a high priority on threats and weaknesses, not only at the national and international level but at the gross root level too. There is no doubt that the work of nurses at all stages of their careers and at every level of practice is essential in achieving Sustainable Development

Goals. If SWOT in nursing is well addressed, we can definitely contribute to achieving the SDGs.

Abbreviations

- IEC- Institutional Ethics Committee
- SWOT- Strength, Weakness, Opportunity, Threat
- WHO- World Health Organization
- NNU- National Nurses United
- SDG- Sustainable Developmental Goals
- ANA- American Nurses Association

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कम नहीं हो रही हैं नर्सों की किल्लतें

मरीज या अन्य जरूरतमंदों की टहल में दिन राज कोई व्यस्त रहता है तो वह नर्स है। बीमारी या अन्य आपदा से जूझते उन मरीजों की तकलीफ की साक्षी बनना देश की करीब पंद्रह लाख नर्सों की नियति है। पेशेवरों में ऐसा अन्य तबका कौन होगा जो व्यथित जनों से अंतरंग तालमेल बनाए रखता है। माया एंगेल्यू ने कहा, ''नर्स का दायित्व निभाते हमारा सर्वोपरि कार्य है रोगी और परिजनों के दिल, मन और तन को दुरस्त करना ... हमारा नाम भले ही उन्हें याद न रहे किंतु हमारे सानिध्य से उनकी मनोदशा कैसे खुशनुमां हुई, इसकी यादें वे सदा संजोए रहते हैं।'' आपदा में राहत दिलाने में सबसे पहले कमान संभालने और सबके बाद विदाई लेने वाली नर्स औपचारिक, निर्धारित कर्तव्य से ज्यादा ही करती है। कोविड काल में दुनिया ने यह सब देखा और सराहा।

देश में नर्सों की भारी किल्लत है। कार्यभार के अत्यधिक दबाव से उनके द्वारा दी जाती देखभाल और सेवाओं की गुणवÿा प्रभावित होती है। डाक्टर-नर्स अनुपात अपने देश में 1-6 है जिसे इंडियन नर्सिंग कौंसिल के अनुसार 1-4 होना चाहिए। प्रति हजार जनसंख्या पर डब्लूएचओ मानदंडों के अनुसार 2.5 नर्स चाहिएं जब कि भारत में प्रति हजार जनसंख्या पर 1.7 नर्सें हैं। देश में नर्सों की कमी का प्रमुख कारण नर्सों का अपेक्षाकृत कम वेतन और जर्जर कार्यदशाएं हैं, विशेषकर निजी क्षेत्र में। विकसित देशों में उम्रदारों की तेजी से बढ़ती संख्या और कैंसर, एड्स जैसी बीमारियों में इजाफे से कुशल नर्सों की मांग में निरंतर वृद्धि हो रही है जिसकी आपूर्ति भारत सहित अन्य विकासशील देश करते हैं। फलस्वरूप अवसर मिलते ही भारतीय नर्सें नहीं चूकतीं और यहां नर्सों का अभाव हो जाता है। नर्सें बेहतर सेवाएं प्रदान करें, इस आशय से उनके अधिकारों का दायरा बढ़ाना होगा। दूसरा आज की जरूरतों के अनुसार उनके कौशलों में वृद्धि सुनिश्चित की जाए। नर्सिंग स्नातक के साढ़े चार वर्षीय कार्यकाल में उन्हें मेडिसिन, सर्जरी आदि का अच्छा खासा ज्ञान हो जाता है किंतु गंभीर रोगी को भी आईसीयू में दसियों साल के अनुभव के बावजूद स्वविवेक से सामान्य दर्दनिवारक दवा या इंजेक्शन देने की स्वतंत्रता नहीं होती, यह प्रथा उनका मनोबल गिराती है।