

Overview of Redefining Nursing: An Overview

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Rapidly expanding knowledge, information, technology and complexity of health care mandate that nurses possess sound knowledge, and critical, creative thinking and competencies to handle varied responsibilities that are given to them. They are the first line health care professionals who spend the most direct time with people and patients, their families and communities.

The National Health Policy (NHP), 2017 is shift from earlier paradigm of health missions with the focus on quality, accessible and equitable care (Universal Health Care) to all irrespective of their economic status concentrating on health and wellness and community approach. Nurses are the best workforce that can practice across multiple settings. These redefinitions will equip them to shoulder these responsibilities with full awareness and commitment.

India has a growing population of 1.30 billion and ninety percent of its population falls under poor, lower, and middle-income groups. The World Bank estimates that a third of the global poor reside in India. According to the World Bank data 2014, a family spends 62 percent of health expenditure through their income and 75 percent through their saving. Though India is a welfare state, health facilities are not free of cost. India delivers its primary care through its sub-centres, primary health-centres and hospitals in rural areas and through urban centres and dispensaries. The primary care is mainly concentrated on the reproductive and child care and caring for and limiting communicable diseases. With emergence of on Communicable Diseases burden, caring has become a major challenge to the country. India's expenditure on the health sector has risen from 1.2 percent of the GDP in 2013-14 to 1.4 percent in 2017-18.

The rich people of India hold 77.4 percent of the country's wealth (Fig.1). The middle class holds 17.8 percent of the wealth. The poor who are sixty percent of the population hold only 4.7 percent of the wealth (<https://www.oxfam.org/en/india-extreme-inequality-numbers>).

In India cardiovascular diseases-ischaemic heart disease and stroke-made the largest contribution to the total burden of mortality in India in

2016, at 28.1 percent and contribution of cardiovascular diseases to mortality increased by 34.3 percent (26.6–43.7) from 1990 to 2016. This is not surprising given rapid population ageing and significantly increasing levels of the main risk factors for cardiovascular diseases: high systolic blood pressure, air pollution, high total cholesterol, high fasting plasma glucose, and high body-mass index.

The three leading causes of mortality-cardiovascular diseases, respiratory diseases, and diabetes kill around 4 million Indians annually (2016), and most of these deaths are premature, occurring among Indians aged 30–70 years (DOI: [https://doi.org/10.1016/S2214-109X\(18\)30448-0](https://doi.org/10.1016/S2214-109X(18)30448-0)).

India planned for its health care delivery through planning commissions and five-year plans and national health policies (1983, 2002). Now, plans for its healthcare are delivered through Niti Aayog and National Health Policy, 2017. This latest policy has come with enhanced National Health Mission that provides equitable, affordable and quality health care to the needs of its people through Universal Health Care (UHC) (Fig 2). The 12th Five-Year plan (2012–17) identified UHC as a key goal and had called for 70 percent budget allocation for primary care.

Universal Health Coverage is defined as ensuring that all people can use promotive, preventive, curative and rehabilitative and palliative health services they need of sufficient quality to be effective, while ensuring that the uses of these services do not expose them to financial hardships.

“UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from

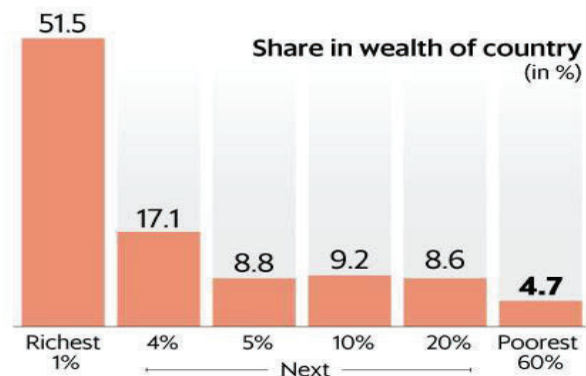


Fig 1: The Indian plutocracy – The richest 10% have 77.4% of national wealth; the poorest 60% have 4.7% (Source: Credit Suisse).

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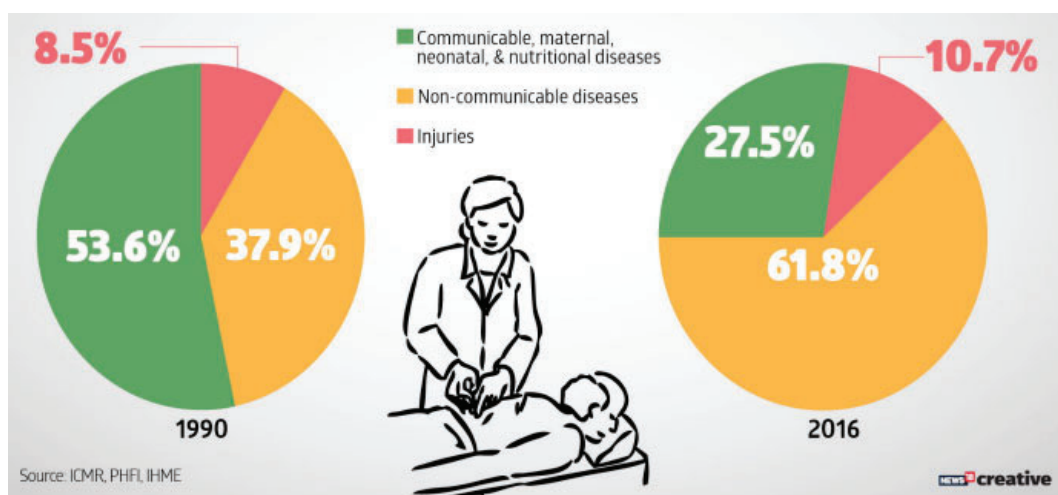


Fig 2: Health of the States - Contribution of major disease groups to total deaths in India, 1990 and 2016 (National Health Policy, 2017).

health promotion to prevention, treatment, rehabilitation, and palliative care. UHC enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them. Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children” [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)].

The new NHP has three salient innovative ideas:

Involvement of Nurses and AYUSH doctors as midlevel health providers in 1.5 lakh health and wellness sub centres catering to 5000 population throughout the country

Swatch Bharat mission - making people involved in their personal and environmental hygiene whereby communicable diseases can be prevented

PMJAY's Ayushman Bharat - a scheme through which 10.74 crore below poverty line families will be insured for Rs. five lakh per year for secondary and tertiary care in private hospitals.

Health of India and Nurses

Nurses are the frontline workforce for promoting, protecting and caring for the health needs of any given population. Around 40 percent of the health workforce is that of nurses. Nurses are the vital workforce that can transform the health care delivery system. The essential activities of RCH, National Health Programme, disease control and prevention, management of epidemics, in short major primary care to the country has been delivered by

nurses in both urban and rural areas. Nurses have proved their capabilities by initiating innovative, nurse-led model of care that have approachable access and improved care to the communities as done in some states such as Tamilnadu and especially in Christian Medical College's Nursing College, Vellore.

Nurses have a central role in universal health coverage, a transformed health care that provides wide access to all essential health services while improving quality and controlling the financial hardship. In short UHC can be achieved with maximum contribution of nurses. Nurses as mid-level health practitioners can meet the health needs of population in health and wellness centres of primary care. Nurses as nurse practitioners can handle the secondary and tertiary care units as expert care givers whereby, they can ensure quality and efficient care.

WHO has declared year 2020 as the Year of Nurses, in view of this year being the 200th birthday of Florence Nightingale. There is a new initiative of International Nursing Council (INC) with WHO called Nursing Now. This initiative will concentrate on nursing leadership and governance. Such initiatives are centred on achieving “Sustainable Development Goals”. The Nursing Now will develop career pathways of Nurse-led care modules and holistic care.

Research evidence on Indian nurses shows an upsetting trend of lack of clear career pathways, absent mechanism of promotion and poor pay, lack of sufficient nurses' workforce, lack of equipment, infrastructure and allotment of non-nursing jobs (Varghese et al, 2018). Nursing profession lacks strategic representation at key decision-making forums, and archaic Acts at INC and SNCs. Nursing needs a greater participation in policies con-

cerning its workforce. The World Health Assembly has given a mandate to WHO to strengthen nursing workforce to its members. WHO together with Global Strategy on Human Resources for Health Workforce 2030 has planned four areas for nursing in 2016-2020. They are:

- Ensuring quality nursing and midwifery workforce
- Optimising policy development, effective leadership & governance in nursing
- Maximising capacity of nurses through education
- Mobilising political will for building evidence based nursing workforce.

Global strategic directions for strengthening nursing and midwifery 2016–2020 provides a robust response to develop nursing and midwifery as it outlines critical objectives. The global strategic directions are organised according to the following four thematic areas:

- Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings;
- Optimising policy development, effective leadership, management and governance;
- Working together to maximise the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development; and
- Mobilising political will to invest in building effective evidence-based nursing and midwifery workforce development.

[Source: [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))]

Investing on nurses and midwives is the good value for money. The report of the UN High level Commission on Health Employment and Economic Growth concluded that investment in job creation in health and social sectors will result in triple return of improved health outcomes, global security and inclusive economic growth.

Redefining Nursing

This transformative change addresses all the challenges that India is facing in delivering equitable, accessible and quality health services nursing to redefine the way it is taught, learnt, and practiced (FICCI, 2016).

- Redefinition is the action or process of defining something again or differently.
- Right definition will give the right path for the

future for existing and future nurses.

Why redefine?

- To adopt to changing situations or changed health policy (the current health policy)
- To be relevant & responsible to society, to the profession and self.

Redefinition of policies governing nursing

- Reformation of Indian Nursing Council and its Act of 1947
- Supervision of Nursing Council by Ministry of Health and Family Welfare
- HR cell for nursing
- Prime Minister Jan Arogya Yojana (PMJAY) initiating 1.5 lakh Health and Wellness Centres in India with promotive, preventive, curative, rehabilitative and palliative care at door step covering RCH, communicable, non-communicable diseases of all descriptions and mental and adolescent health
- Mid-level health workers manning the sub-centres
- PMJAY's Health Insurance Policy (Ayushman Bharat) covering 40 crore below poverty line families for 5 lakh health insurance per annum
- Addition of preparation of mid-level worked in nursing curriculum
- Live registry of all nurses in India
- National Electronic health Records
- Nursing cell in ICMR.

Redefining policies governing nursing education

- Competency-based quality nursing education
- Single entry into nursing through BSc Nursing for faster career progress into doctorate in nursing in all specialties
- Addition of mid-level practitioner course in under graduate nursing
- Improve quality of nursing faculty in teaching
- Redesigning/ upgradation of existing specialty programmes as nurse practitioners courses i.e., all MSc (N) and PB diploma nursing
- National license exit exam (piloted in Arunachal Pradesh)
- Integration of nursing education and practice (dual role piloted in Bangalore)
- Centre of excellence in nursing in each state
- Establishing nursing college for 20-30 lakh population
- Nursing research cell for pooling and utilisation of nursing researches Dileep Kumar &

Ezhilarasu, 2020).

Redefining of policies governing nursing practice

- Reviewing nurses salary through a Bill
- Strengthening in-service education through CNE/ e-learning modules
- Standardization of nursing procedures/Clinical protocols
- NABH status for teaching hospitals
- Formulation of nurse Practice Act
- Strengthening public health programmes through expanding role of nurses
- Development of nurse HR management systems
- Periodical renewal of license linked with ongoing learning credits.

Redefining of image of nursing

- Political good will and support at centre and state levels
- Strong nurse leadership and positions at all levels
- Participation of nurse leaders in policy making
- Leadership training for nurses
- Exchange programs to promote leadership in nursing
- Strong affiliating bodies
- Strong nursing associations
- Better visibility and public image
- Better mass media projections
- Self-esteem and self-pride as a nurse
- Democracy at student level

Challenges to implementation of redefinitions

- Centre is an advisory or supervisory body, whereas states are responsible for its health and education policy
- Though INC found 61 percent of institutes failing standards SNCs have gone ahead and permitted them leading to poor quality in all areas, it needs to become more transparent and strong body
- As NMC Act was passed INC act to be passed still in parliament

- We need strong associations voicing out nurses concern and their representations in policy making.

Conclusion

Rapid expanding knowledge, information, technology, complexity of health care, mandates that nurses possess sound knowledge, and critical, creative thinking and competencies to handle varied responsibilities that is given to them. They are the first line health care professionals who spend the most direct time with people and patients, their families and communities. The new NHP, 2017 is shift from earlier paradigm of health missions with the focus on quality, accessible and equitable care to all irrespective of their economic status concentrating on health and wellness and community approach. Nurses are the best workforce that can practice across multiple settings. These redefinitions will equip them to shoulder these responsibilities with full awareness and commitment.

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