Awareness and Opinion of General Public and Health Care Professionals regarding the Prospects and Challenges of Independent Nursing Practice

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Abstract

Nurses are the most widely distributed professional group performing most diverse roles when compared to any other health professional. This study was done to assess the awareness and opinion of general public and health care professionals regarding the challenges and prospects of Independent Nursing Practice (INP). The study included General Public (50), Nurses (30) and Doctors (20). Non-probability convenient sampling was used for the study. Analysis showed that the average awareness regarding the INP of general public, nurses and doctors were 40 percent, 56 percent and 13 percent respectively. The major challenges identified in this study are lack of role clarity and understanding of NP's role by doctors and general public, lack of proper regulatory environment and legislative support, uncertainty about client acceptance and lack of support from administrators and policy makers, which are congruent with the previous studies. But almost all the samples had the view that it is possible to start INP in India after modification of the curriculum.

If millions of nurses in a thousand places articulate the same ideas and convictions about pri mary care, and come together as one force, they could act as a power house for change. According to the International Council for Nurses - 70 countries including Asian countries like South Korea, Singapore and Thailand have established Nurse Practitioners (NPs) / Advanced Practice Nurses (APN) roles. At present, there are about 200,000 NPs in US and INP was started about 80 to100 years back.

One of the resolutions passed by Indian Nursing Council in the year 2001-2002 is that "Nursing is an Independent Profession". In India to strengthen the quality of MCH services, the National Commission on Macroeconomics and Health (2005) had suggested that one Independent Midwifery Practitioner should man each Community Health Centre. This has led to the concept of Nurse-Midwifery Practitioners.

West Bengal was the first state in India (in 2002) to start Nurse Practitioner in Midwifery (NPM) course followed by Gujarat (in 2009) by giving 18 months specialised training to prepare trained nurses to function as Independent Midwifery Practitioners. In Gujarat, 25 posts for nurse midwife practitioner were sanctioned. The trained nurses are competent but still waiting to be appointed as NPs. The policy process was delayed for several reasons; being a state driven policy, there was less push and shared vision, many were unconvinced about developing an autonomous cadre of midwives who can displace doctors, it was seen as a competition by obstetricians, there was less space for open dialogue and the main actors to push the policy forward were less powerful within the government.

Kerala Health Policy, 2013 states that the potential of nursing cadre as an independent professional needs to be identified and propagated.

In India, due to unemployment or under-employment, many graduate nurses are waiting to migrate to foreign countries with many already migrated and working successfully as NPs in countries like US, UK, Singapore. In US, as per the Affordable Care Act (ACA-2014), known as Obamacare, 30 million people will soon obtain health care coverage and NPs are an answer to an acute shortage of primary care.

There is an increased need for NPs because of increasing health problems and significant health disparities. According to census of India 2011, 83.3 crore (70%) live in rural areas, while 37.7 crore stay in urban areas where 75 percent of Indian medical practitioners are positioned.

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The favourable circumstances needed for implementation of the programme are clearly defined role descriptions, support from physicians, employer, profession and the local community, active participation of stakeholders in the early stages of implementation NP programme and the practitioner's personal characteristics like passion and hard work. The odds are: lack of support and understanding of the NP role, challenging work environment, the unwillingness of specialists to accept referrals from NPs, lack of trust on nursing capabilities, and threats to General Practitioners status, including job and financial security. There can be inconsistent team acceptance, uncertainty in establishing the NP role and feelings of isolation from the part of NP.

The studies shows that the patient outcome with NPs is equal or better than that of physician-managed cases. NPs provide effective and high-quality patient care, with reduced length of hospital stay, patient waiting times, reduced cost of care, better management of serum lipid levels, and increased management of pain and risk factors. They also reduced the avoidable consumption of medicines.

Objectives

This study attempted to assess the awareness of general public and health care professionals regarding Independent Nursing and assess the opinion of general public as well as health care professionals regarding the prospects and challenges of Independent Nursing Practice.

Operational Definitions

Opinion - views of general public and health care professionals about prospects and challenges of INP in India; **General public** - includes the common people who are the consumers of health care. **Health care professionals** - includes doctors, nurses and administrators of the health care settings. **Prospects** - chances or opportunities for success of Independent Nursing Practice in India. **Challenges -** effort and determination needed for implementing Independent Nursing Practice in India. **Independent Nursing Practice** - the system in which graduate nurses acquire advanced knowledge, decision-making skills, and clinical competencies for expanded practice beyond that of an RN, and the characteristics of which would be determined by the context in which he or she is credentialed to practice.

Assumptions: General public and health care professionals have some awareness regarding INP although both the groups have different opinion towards developing an advanced nursing role in general practice.

Table 1: Frequency and percentage distribution of samples according to awareness on INP

Awareness about NP programme	Good	Average	Poor
General public	13%	40%	47%
Nurses	32%	56%	12%
Doctors	0%	13%	87%

Methods

Quantitative approach and non-experimental descriptive survey design were used for the study. Selected private hospital and nursing college and urban areas in Kottayam district were selected. The study population consisted of general public and health care professionals. Non-probability convenient sampling was used.

Sample size: General Public - 50, Nurses - 30, Doctors - 20 (total - 100).

Inclusion criteria: Educated people (graduates) like social workers, lawyers, teachers from different community settings between the age group of 25 to 75 years and both sexes were included.

Exclusion criteria: Cognitively impaired and those who were not willing to participate.

Tools and Techniques

Section A was the Demographic data.

Section B had 2 parts : Part-I - Assessment of awareness about Independent Nursing Practice by using structured questionnaire; Part-II - Semi structured questionnaire to analyse the opinion of general public and health care professionals regarding the prospects and challenges of Independent Nursing Practice.

Procedure for Data Collection

A combination of structured questionnaire and semi structured questionnaire was used for data collection. The data was collected from 25 September to 2 October 2014. The medical and nursing superintendents of the selected hospital were personally contacted. The objective and nature of the study was explained and consent was sought to carry out the study. All the doctors and graduate nurses and PG nurses of the selected hospital and College of Nursing was tried to be included in the study. The completed questionnaires was collected and analysed.

Results and Discussion

Among the samples 68 percent were post graduates and 32 percent of them were graduate. Among them were: nurses (30%), doctors (20%), engineers (10%), teachers (20%) and other categories like social work-

Table 2: Opinion of samples regarding the prospects and challenges of INP (all figures in percent)

Opinion	Public			Nurses			Doctors		
	A	DA	DK	A	DA	DK	A	DA	DK
Is it possible to have NPs in India	80	4	16	100	0	0	50	35	15
Can reduce the disparities in health care delivery	60	12	28	88	12	0	45	5	50
Can do health screening and referral services	50	30	20	100	0	0	50	5	45
Will doctors collaborate with NPs	42	14	44	43	11	6	50	15	35
Is profession and TNAI taking necessary steps	18	26	56	33	33	34	0	0	100
Is it a threat to doctors in the job and financial security	24	30	46	32	48	20	0	35	65
Lack of understanding of the NP role by administrators, managers, and physicians	20	46	34	10	76	14	3	30	67
There will be proper regulatory environment	**32**	**12**	**56**	40	20	40	10	20	70
There will be legislative support	**28**	**16**	**56**	40	27	33	25	10	65
The policy makers will support NPs	**32**	**14**	**54**	50	17	33	20	0	80
Clients will accept NPs	**52**	**10**	**38**	67	13	20	25	5	70

A – Agree, DA – Disagree, DK – Don't know

ers (20%). None of them were having previous work experience with NPs. Most of the samples (80%) were having relatives as nurses.

Table 1 shows that only 13 percent of doctors were having average awareness about INP which is even less than that of general public (40% average awareness) which indicates that doctors are rather reluctant to accept the scope of NPs.

All nurses (100%) and among the public and doctors, 80 percent and 50 percent had the opinion that it is possible to have NPs in India whereas 35 percent of the doctors felt that it was not possible (Table 2).

Among the nurses, public and doctors 88 percent, 60 percent and 45 percent respectively had the view that NP can reduce the disparities in health care delivery system. Majority of the subjects agreed that nurses can do health screening and referral services.

Around 50 percent of the nurses, doctors and general public had the opinion that doctors will collaborate with NPs. Among nurses 65 percent had the opinion that there will be support from the nursing profession, clients, administrators, and policy makers; 33 percent of nurses opined that the profession and TNAI is taking necessary steps for implementing NP programme, while 33 percent opposed it and 34 percent were not having any particular opinion. Among the samples 48 percent, 35 percent and 24 percent of the nurses, doctors and public respectively showed that NPs were not a threat to doctors in the job and financial security while 65 percent of the doctors were not knowing.

As the doctors lack role clarification about NPs many of them were reluctant to complete the awareness questionnaire and the results shows doctors had less awareness than general public. Still 50 percent of the doctors and 80 percent of the public agreed that NP programme can be started after modification of the curriculum and can reduce the health disparity. Studies show that doctors from China and Japan after working with NPs in US want to have NPs in their country also.

The major challenges identified in this study are with regard to the following which are congruent with the previous studies: lack of role clarity, lack of understanding of NPs role by doctors and general public, lack of proper regulatory environment and legislative support and uncertainty about client acceptance and lack of support from policy makers.

Many of the nurses opined that the INC, State Nursing Council and TNAI working in collaboration can influence policy makers and administrators in implementing the NP programme.

Conclusion

After modification of the curriculum and the qualifying examinations and open discussions, NP programme can be implemented in India. Many among the general public opined that NPs are not a threat to doctors because their nature of work is different form that of a doctor and they have limitations. They also share and reduce the work load of doctors. With more utilisation of the mass media like TV, newspapers there will be larger awareness among the general public about the scope and practice of NPs, and support and collaboration from administrators and doctors.

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Economic Plan for Acquiring TNAI Membership

With a view to make the TNAI Membership more attractive, the TNAI Council (vide Minutes No. EC/CL/2015/4) have decided to offer an attractive alternative Membership plan which is more simplified and economic for students.

A student opting for the new Membership Plan has to pay just a lump sum Rs. 2,000/- (inclusive of SNA subscription for 4 years, Scholarship Fund and SNA to TNAI Membership fee) and he/ she shall become a full TNAI Member automatically after completion of the course, thus saving substantially and avoiding to pay annual fee every year.

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The new Membership Plan shall be applicable from the academic year 2016-17 although the existing rules for SNA membership shall also remain valid. The Institutions are free to choose either of the Membership plans.

Secretary-General, TNAI