

Empowerment and Autonomy to Nurses and Policy Issues: A case Study of Delhi Nurses Cell

Neerja Sood¹, Vijay Rai²

Abstract

Background: Ministry of Health & Family Welfare (MOHFW), Government of India (GoI), provided support to states for strengthening their nursing services by establishing respective Directorates of Nursing. Delhi was one such state that got grant-in-aid from GoI for establishing a 'Nursing Cell'. This paper traces important events in establishment, and affecting establishment of Delhi State Nursing Cell (DSNC) under the Directorate of Health Services (DHS), GNCTD. In 2010, MOHFW, GoI provided grant-in-aid of Rs. 90 lakh to DHS for establishing Nursing Cell in Delhi. DHS created an infrastructure, deputed CMO and part-time honorary Nursing Consultant. Progress remained slow till 2014, later in same year DSNC was under Sr CMO, who involved nurses on diverted capacity. A vision document and new plan scheme got approved with budgetary allocation in 2014-2015. With change of Secretary, lobbying by some officials to regain control of nurses' cadre resulted in change in leadership of DSNC. Consequently, the DSNC is no more visible as a plan scheme of DHS but office of Secretary (H&FW) states that scheme continues under DHS. The national and state health policies support strengthening of nursing services in Delhi. Yet, functioning DSNC is far from reality, due to contradiction in thinking of policy makers, political will, administrative staff in giving away powers to nurses and weakness of nurse leaders to take up responsibilities.

Nurses are critical workforce to deliver health care services in all settings and to contribute towards achievement of Sustainable Development Goals (SDGs). They contribute towards achieving national health goals especially universal health coverage goals and targets. Therefore, nursing leadership and governance at policy level is very critical to nursing workforce strengthening. Nursing leaders need to be involved in dialogue with policy maker and to take evidence-based decisions for the nursing profession. The World Health Organisation (WHO) has designated 2020 as the "Year of Nurse and Midwife", considering the role of nurses in Universal Health Coverage and as member of the 'Health Team'. Despite being an important and a cost saving human resource, nurses remain mostly under-utilised in the health system (WHO site, accessed on 25-03-2020). Understanding the factors responsible could pave the way for their empowerment and better utilisation.

Bagga et al (2015) reported that nursing professionals had not played a significant role in planning and policy formulation; related decision-making is vested elsewhere and consequently nursing issues

are diluted in the health policy. On one hand, nurses are not playing leadership roles and on other hand, non-nursing personnel are not keen to handover control. Lack of leadership skills amongst nurses and reluctance to hold leadership positions is affecting nursing growth.

Eleventh Five-Year Plan (2002-2007) envisaged establishment of Directorates of Nursing in all States and Union Territories, one of the initiatives for nurses' empowerment, capacity building and leadership development so as to use their expertise not only in nursing care delivery but also in policy formulation, planning and administration. The Health System needs that Indian Nurses should play such roles and accordingly the nursing education too should be oriented to address these challenges besides bridging the gap between demand and availability of such resource. Despite the above support for capacity building of nurses there has been little headway and the key recommendations remain mostly on paper except in some states like West Bengal, Orissa, Gujarat, Andhra Pradesh, Tamil Nadu, Kerala that has one sanctioned post of Assistant Director Nursing; Delhi despite having better resources is yet to establish a Nursing Cell/Directorate though much in need. This paper presents a case study of development of Delhi State Nursing Cell (DSNC) in Delhi and its journey since 2010-2016 and seeks to answer questions like:

The authors are: 1. Assistant Professor, School of Health Sciences, Indira Gandhi National Open University Maidan Garhi, New Delhi and 2. Sr Chief Medical Officer, Department of Paediatrics, ABVIMS & Dr RML Hospital, New Delhi

What were the challenges in establishing Delhi State Nursing Cell in DHS? What were the reasons to separate Delhi State Nursing Cell from the DGHS and to remove the relevant plan scheme from its Annual Plan 2015-2016?

Review of Literature

In 1948, the World Health Assembly (WHA) identified the need to strengthen the role of nurses and midwives. High Powered Committee on Nursing appointed by the (MOHFW), GoI in July 1988, reviewed their roles, functions, status etc. and made recommendations for their professional development. The committee observed that nurses are generally not involved in higher managerial and policy-making functions. Later in 2001 also, the member states in the WHO re-affirmed the role of nurses and midwives in reducing maternal mortality, morbidity, disability and in promoting healthy lifestyles. Bagga et al (2013) highlighted the key nursing management issues at the level of state health directorates in India and concluded that nursing professionals need to act as leaders and play more proactive role in improving health care delivery for achieving the MDGs. According to the WHO, key for HRH Strategy consultation is that nurses should play important role in achieving SDGs, particularly Goal 3 related to Health and Well-Being. Proper deployment of human resources in health, particularly nurses is an important factor in achieving Universal Health Coverage (WHO website, 12 Dec 2019).

The National Health Policy 2017 of Government of India also supports the need to enable nurses to assume leadership positions in the health system and to improve nursing practice and education.

The WHO report (2020), The State of the World's Nursing: Investing in education, job and leadership also emphasised to strengthen nursing leadership to ensure nurses have an influential role in health policy formulation and decision making.

Objectives

The study had two objectives:

1. To trace the history of establishment of Delhi State Nursing Cell.
2. To identify factors influencing and affecting establishment of Delhi State Nursing Cell.

Methodology

This descriptive case study used qualitative research method which is characterised by an interpretative paradigm that emphasises subjective experiences and the meaning they have. Therefore, subjective views of researcher on a issue/situation plays important role in the study results.

Qualitative research is characterised by an

interpretative paradigm, which emphasises subjective experiences and the meanings they have for an individual. Therefore, the subjective views of a researcher on a particular situation play a vital part in the study results.

Qualitative research is characterised by an interpretative paradigm, which emphasises subjective experiences and the meanings they have for an individual. Therefore, the subjective views of a researcher on a particular situation play a vital part in the study results.

Data was collected through primary and secondary sources. Secondary sources by secondary review of the documents in public domain viz government reports, office-orders, plan-documents related to the nursing services in Delhi. Primary sources were interviews and participatory observation. Willing officers, administrators, nurses and other officials of Government of Delhi were interviewed using interview checklist. A total of 5 officers, 5 officials, 4 administrators, 5 nurse educators and 10 nurse clinical practitioners willing to participate were selected purposefully, and interviewed. Supplementing participatory observation was helpful as authors were involved in the DSNC of DHS during 2010-2016.

Informed verbal consent was given by the participants, as they were working in the system and desired to be anonymous. Confidentiality of officials was assured, therefore their names and departments not mentioned in the study. Documents available in public domain were reviewed and references given. Interview guide and observation checklist were validated by 5 experts in the field of nursing and management. Information was validated and triangulation was done through secondary review of open-source reports, policy documents/circulars, interviews, participatory observation by using qualitative content analysis. Qualitative content analysis is a qualitative research method that is used for the 'subjective' interpretation of the content of text data through the systematic classification process and identifying themes or patterns.

Results and Discussion

Health Infrastructure in Delhi

The health care delivery at primary, secondary and tertiary levels in the NCT of Delhi has already been carried out by multiple agencies. The health infrastructure / institutions and beds capacity of various agencies in Delhi (as on 31 March 2019) is given in Table 1.

The Department of Health and Family Welfare (DH&FW) of Delhi Government is headed by the Principal Secretary (H&FW) who is assisted by a team of Special Secretary, Additional and Deputy

Table 1: Health infrastructure in Delhi under various agencies

S. No.	Agencies	Institutions	Beds
1	Delhi Government	38	11353
2	Municipal Corporation of Delhi	51	3508
3	New Delhi Municipal Council	02	221
4	Government of India (DGHS, CGHS, Railway, ESI, Army Hospitals, AIIMS, LRS Institute)	21	9716
5	Other autonomous bodies (Patel Chest Inst., IIT Hospital, AIIMS, NITRD)	04	3095
6	Private nursing homes/ hospitals/ voluntary organisations	1163	29301
Total		1279	57194

Source: Plan Document, 2019-2020, Planning Department, GNCT Delhi

Secretaries. Out of these, one Additional Secretary looks after Technical Recruitment Cell (TRC) that also manages the nursing cadre along with other paramedical personnel. The DH&FW is assisted by technical side by separate Directorates of Health (DHS) and Family Welfare (DFW), AYUSH, Prevention of Food Adulteration and the Drugs Controller, Principals/Deans of Medical Colleges and Medical Superintendents of about 40 Hospitals. In the Directorate of Health Services (DHS) (now Directorate General of Health Services DGHS), there are braches/divisions headed by Additional Directors. In addition, there are 9 Chief District Medical Officers (CDMO) under DGHS who look after District Health Administration and District Health Mission under NRHM Sood, 2017).

As per data from Technical Recruitment Cell (TRC) in year 2014-2016, there were approximately 6000 nurses deployed in the health system of Delhi in various Delhi Government hospitals; nearly 500 Public Health Nurses were working in the District and Special Schemes like School Health Schemes, Mobile Health Schemes and in Districts etc. These figures were not included the data of nurses in private health sector.

Nursing Manpower under Department of Health & Family Welfare, GNCT of Delhi

Status of Nursing Cell in DHS: Way back in 1956 it was proposed to have one Superintendent of Nurs-

Table 2: Nursing manpower under DOHFW (Delhi) 2014-15

S. No.	Designation	Post sanctioned
1	Nursing Superintendent	04
2	Deputy Nursing Superintendent	35
3	Assistant Nursing Superintendent	197
4	Nursing Sisters	1100
5	Staff Nurses	5300
6	Public Health Nurses	160
7	ANMs	370
Total		7166

ing at the level of DHS but the post was not filled-up due to non-availability of suitable candidate, and was later abolished (Sood 2017).

Years 1996 – 2005

In 1996-1997 a post of Assistant Director Nursing was created in DHS but it was not filled-up again for want of suitable candidate. Records of directorate indicate that the same situation was repeated in 2001-02 even though posts in Nursing College/Schools were filled-up with nurses having post graduate qualification. At that time the Cadre Management for Nurses was being

done by the Technical Recruitment Cell under one Joint Secretary. In DHS, the work related to nursing was looked after by the Medical Branch headed by one Chief Medical Officer (CMO)/Deputy Director. Following the initiative of (MOHFW), (GoI) in 2005, DHS established National Rural Health Mission (NRHM) Cell under one Additional Director (Nodal Officer) who involved 13 Public Health Nurses (PHNs) for initiating work in the cell, drawn from School Health Scheme and trained them for playing the role of leaders, coordinators for establishing NRHM. Nodal Officer Delhi State Health Mission (DSHM), had written a letter to districts to include section in their plan document for the formation of nursing structure at district level as per GOI guidelines. While reviewing the mission document it was found that none of the districts included section in their plan document for the formation of nursing cadre. Sood (2016) showed how the PHNs recruited for SHS can play the leadership role as mid-level leaders at district level.

Policy and Decision Making Related to Nursing Issues

In DOH&FW (Delhi Government) cadre controlling authority was Technical Recruitment Cell (TRC) headed by Joint Secretary/Additional Secretary (IAS/DANICS), who later, in 2000 was assisted by one Deputy Secretary. In DHS nursing issues were looked after by Medical Branch, headed by Senior Chief Medical officer or Additional Director (Medical Personnel). Bagga et al (2015) highlighted that some states have created the posts of DD/JD Nursing for looking after issue related to nursing teaching and nursing services. During interviews with senior nurses', a consensus emerged that there should be a separate nursing cell headed by nurse administrator. Even few medical professionals (administrators) supported their view point and emphasised that nurses' leadership and management skills needs to be upgraded and strengthened. West Bengal has a separate nursing branch in the State Health Directorate. The Deputy Director (DD)

Nursing is the Head of Nursing Branch. This post came into existence since 1975 and two Assistant Directors and 12 Deputy Assistant Directors were in place to assist the DD (Nursing). The Nursing branch in WB is the only one in India to have sufficient human resource, physical infrastructure etc.

Working Conditions of Nurses

Recruitment rules of nurses were not reviewed since years by the TRC, although in 2005-06 then Director (Delhi State Health mission) requested Delhi Nursing Council to submit a report suggesting revised recruitment rules for all cadres in nursing. There was transfer policy in place. Even there was no promotional structure in place for Public Health Nurses posted in districts, and various outreach programmes. There was no policy document either which suggested improvements in conditions of nurses working in the private sector in Delhi. Nurses' grievances were increasing and many court cases were filed against the Delhi Government for justice.

Establishment of Delhi State Nursing Cell in 2010

Factors Influencing establishment of Delhi State Nurses Cell: In 2010 MOHFW, GoI released a one-time central assistance of Rs. 90 lakh to DHS for establishing/strengthening nursing cell in Delhi in 11th five-year plan (2010-2012). The DSNC was established under a senior CMO and one part-time Nursing Consultant was appointed to begin with. Civil construction work was carried out to create the infrastructure for DSNC in DHS building and later some data collection formats were created.

Vision and plan document: In 2012, then Principal Secretary reviewed the status of DSNC and asked the Director, Health Services to come out with a vision-document for creation of a nursing directorate. One CMO was nominated as the Programme Officer for DSNC but the progress remained slow till mid of 2014 due to frequent transfers of CMOs and because nursing cell was a relatively low priority subject for DHS.

In 2014, under pressure MOHFW, GoI, seeking details of funds used for DSNC, the DHS deputed one senior Additional Director (SHIB & Computerisation) to look after establishment of DSNC as additional duty. He took initiative to carry out need assessment with help of nursing consultant, inducted one PHN to DSNC in diverted capacity and prepared vision and plan documents. The new plan scheme for DSNC was incorporated in the annual plan of DHS. A token sum of Rs. one lakh was allocated under the Revised Estimates (RE) for 2014-15 and Rs. 5 lakh under Budgetary Estimates (BE) for 2015-16.

Activities

In 2014, the then Principal Secretary (H&FW) decided to undertake a standardized quality induction training of newly recruited staff nurses. Noticing reluctance of TRC under one Special Secretary decided to entrust DSNC for the said training. He issued an order in July, 2014 and transferred some subjects related to staff-nurses and nursing sisters to DSNC.

In its new role, the Additional Director DSNC assisted by Nursing Consultant worked out a strategic plan for the induction training in three major hospitals viz. Deen Dayal Upadhyay Hospital, Lok Nayak Hospital and Guru Teg Bahadur Hospital using resource of DH&FW Delhi. Training needs were assessed, areas of training identified and detailed programme schedules, monitoring formats were worked out. PHNs from School Health Scheme were deployed as independent observers to report on quality of training through structured feedback.

The Additional Director simultaneously strengthened the DSNC as a section, maintained relevant files and records and organised leadership and management training for senior nurses. In March 2015 he was transferred and the DSNC was again shifted to TRC just because there was none else to look after.

Establishment of Delhi State Nurses Cell

Consequent upon transfer of the Additional Director looking after DSNC in 2015 and change of Secretary (H&FW), the files of DSNC were transferred from DSNC (now DGHS) to Office Superintendent TRC who later sent them to Nation Health Mission office staff. TRC however denied having taken over since appropriate orders were not issued and under the confusion the DSNC ceased to exist as a plan scheme of DHS. When asked the office of Secretary (DH&FW) Delhi maintains that the scheme DSNC continues under the DHS. The DHS on the other hand maintains that the scheme is not existing. Still nursing cadre is under bureaucrats in DH&FW, GNCTD, although Director, Family Welfare expressed her concern for separate Nursing Cell and had intension to try out to establish it.

DSNC Lost Priority

In DGHS, a new Skill-Training Cell (STC) was established and the infrastructure constructed for DSNC through the grant-in-aid from GOI was redistributed to other sections of the DGHS. CMO, STC was given the charge of DSNC who informed that he had transferred the files related to DSNC to TRC but TRC staff denied the facts. Although during this one of the senior nurse educator was transferred in DSNC on diverted capacity but she was transferred soon due to non-cooperation from nursing and medical colleagues working in DHS.

Kumar (2005) reviewed existing situation of nursing and midwifery in India, while focusing on the management of nursing and midwifery services, the paper quotes “Nurses and midwives are not well accepted or recognised as leaders or administrators. Nursing management skills, leadership, lobbying and negotiating skills are poor. There is inadequate number of nurse and midwife leaders at the national and state levels for nursing practice, research, education, management, planning and policy development. Although the nurse is a member of the health team, she/he is never asked to represent the profession in planning and policy formulation for nursing services, education, etc. The nursing chief only looks after the nursing personnel and has no authority to make decisions on pay scales, number of posts, staff development etc.”

In this way the TRC regained the powers of transfer, posting and promotion etc. for all nurses working in hospitals and teaching institutions as in the past. The training of nurses got shifted to STC and initiatives of 2014 got dissipated even though the PHNs and Nursing Consultant continued to be there in the DGHS but diverted to STC. According to these nurses DSNC as a subject lost priority in DHS (now DGHS) and they were participating in the work of STC and Bio-Medical waste management cell rather than of DSNC. Further, plan document 2016-17 onwards had no mention of Delhi State Nursing Cell.

Recommendations

1. Planning division should revive the plan scheme for Delhi State Nursing Cell.
2. Nursing directorate needs to be established in Delhi so that qualified efficient nursing professionals can be recruited.
3. Nurses should be empowered and involved in policy making at DOH&FW and DGHS level.
4. Nursing cadre i.e. clinical, public health and teaching should be controlled by nursing personnel at Department of H&FW, Delhi.
5. Leadership training and administrative skills of nurses should be provided to nurses.

Conclusion

In 1988, High-power Committee on Nursing and Nursing Profession had recommended that the position and status of nursing personnel working in the directorates needs to be upgraded so as to enable the nurses to participate in policy formulation and professional decision-making. Very few organisations have separate budget for nursing as it is included under medical head (High Power Committee Report, 1988). Bagga et al (2015) highlighted the absence of nursing leadership positions at the state directorates that has led to a weak supervisory structure for nursing staff, in both clinical

and public health cadres. The need of the hour is to bring about institutional reforms by creation of nursing directorates in each state. There is a need to have a fresh look into the reasons the bureaucracy has not been able to implement the state policy in reference to Nursing despite its importance. In 2017, NHM Report stated that involvement of nurses in policy making is not uniform in States. It is important to involve nurses in policy making and decision making.

References

1. WHO website: Strengthening nursing and midwifery to achieve health for all. <https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020/get-involved/key-messages>; accessed on 25-03-2020
2. Bagga R, Jaiswal V, Tiwari R. Role of Directorate in Promoting Nursing and Midwifery across the various States of India: Call for leadership for Reforms. *Indian Journal of Community Health* 2015; 40(2): 90-96. <http://www.ijcm.org.in/article.asp?issn=0970-0218;year=2015;volume=40;issue=2;spage=90;epage=96;aulast=Bagga>
3. MOHFW, Gol. Report of High-Power Committee on Nursing and Nursing Profession. Ministry of Health and Family Welfare, Government of India, 1998
4. WHO website. Moving the nursing agenda forward, www.who.int/hrh/news/2015/global_nurse_conf-kor/en/; accessed on 12 December 2019. https://www.who.int/hrh/news/2015/global_nurse_conf-kor/en/
5. Bagga R, et al. (2013). The changing faces of nursing and midwifery from the ancient to the post - independence period in India; *Indian Journal of Continuing Nursing Education* 2013; 14(1): 16-24. file:///C:/Users/user/Downloads/THECHANGINGFACESOFNURSINGANDMIDWIFERY-FROMTHEANCIENTTOTHEPOST-INDEPENDENCEPERIODININDIA.pdf
6. Planning Department (2019-2020). Plan Document, 2019-2020, GNCT Delhi <http://delhiplanning.nic.in/sites/default/files/1-1-82.%20Medical.pdf>
7. Sood N. Organizational Structure and Functioning of Directorate of Health Services, GNCT Delhi in 1990s. Unpublished PhD thesis, Centre of Social Medicine Community Health, Jawaharlal Nehru University, 2017 New Delhi
8. Sood N. Under-utilised opportunity: Key contribution of public health nurses and school health services for outreach in Delhi, India. *International Journal of Community Medicine and Public Health*, Nov 2016; 3(11): 3014-21. file:///C:/Users/user/Downloads/63-64-1-PB%20(1).pdf
9. Planning Department, GNCTD (2015-2016). Annual Plan, Government of National Capital Territory of Delhi. <http://delhiplanning.nic.in/sites/default/files/Ch%2B1%2BMedical%2B.pdf>
10. Kumar D. Nursing for the Delivery of Essential Health Interventions in India: Background paper for the Report of the National Commission on Macroeconomics and Health. Ministry of Health and Family Welfare, Government of India, 2005; p 175-83
11. National Health Mission. Nursing Policies, reforms and governance structures: Analysis across five states in India, NHM in collaboration with National Health System Resource Centre, 2017 Gol