

The Respect Due For The Nightingales

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The nightingales are still here, however has the fluorescent lost its shine? In over to hundred and fifty years of professional nursing existence in the country, by and large we have not been able to produce even a single “LADY of LAMP” or “The Order of Merit”. Obviously “the proud factor” has not grown up and the respect is due on the nation’s account.

In the most ideal way possible, nursing care (the most important organ in Health Care & Management) focuses on supporting & distributing superior quality health care with minimum cost possible. Nursing is the Diagnosis, outcome identification, planning, implementation, and evaluation of health and abilities of a person.

Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.

In different countries the above said role or responsibility of a Nurse is either limited to some or great extent or expanded depending upon the policies / Law / Guidelines. It depends that either a nurse is acting as just a hand to a doctor or acting as a case manager and exhibiting a larger responsibility. The goal for nursing could be a situation where a nurse is a case manager and in my opinion that would be an idealistic situation.

In developing countries this assumption does not hold good. There are reasons behind it and a larger share of this inability exists because of primarily the education, awareness and governing laws / guidelines and its implementation. The management style or overall management of a center for health care is also responsible for the same. By and large the current condition, social positioning of nurses also throws some effect on it.

In the rural areas of north India there is a decade old saying “*BETA BIGDE TO PADHE COMMERCE & BETI BIGDE TO BANE NURSE?*” Time has moved so far from then in the era of communication and Information revolution we are achieving new heights every quarter. However somehow it is felt that the above folk saying is there behind in the subconscious of human mind.

Today the government is trying to better the doctor – patient ratio from current 1: 1700 (while in developed nations it is 1: 400-500). We are also not in a position to address the doctor – nurse ratio (1:1.5, while in developed nations it is 1:3)? There is only one nurse available to 1100 people, which needs to be improved to further at least 500. I am sure this figure is alarming and enough to raise the eyebrows further and hope it happens sooner. The fact is not hidden and the concern authorities have

been doing something from months, however it's the result which brings changes.

The major worry is that is NURSING is being looked as a prospective carrier option or it is the last resort? The other question arises since has the system failed to nurture the NURSING? If I talk about the second part it will be an endless discussion so rather I would limit myself to first one.

There is much to be done not only the relaxing admission norms and announcing projects. The occupancy is nursing colleges and schools is somewhere close to 35-40% only? Are we missing the bigger figure? I would rather appreciate the efforts made by defense set ups to attract young talent. We will have to also think where the food prices has just doubled in last two years, the salaries has been stagnant is maximum point of care centers in the country.

MISSION:

Deliver the fundamental elements of good care - compassion, dignity, respect and safety- first time; every time and to everyone achieve their ambition of providing the very highest quality of care through supporting the adoption of best practice and promoting innovation.

In doing so, we want professional pride to be reignited and public confidence restored in the quality of nursing and care provided to the people.

MAJOR CHALLENGE:

- How to promote and achieve the essential need for accountable and empowered nurse leadership across the system?
- How to make sure that those providing care have the time to do so properly with appropriate knowledge, skills and educational needs of staff providing nursing and care to people in all settings.

100% doctor centered approach at point of care is not going to help in a long term prospective. We

will have to give a respectful pie to the nurses also by making the whole approach as service centered and let the doctor play it's part and let the nurses play its own.

We must also propagate awareness of public about getting the service and their perception about it. Minimum expectation must be defined. Ensure all healthcare organizations make patient care their core focus.

The on-job training must be Improve by encouraging a better correlation between theory and practice to develop desired skills. At the same time the explicit standards and expectations must be set for nurses' behavior and care provision.

Now since we are living in information age the media can be of great help to create and restore the public perception and fuel further for which all are practicing and or thinking to practice. We see it as a profession of weaker sex only; this is also a hindrance for the same. The development and deployment of men in the nursing profession will also enhance the current status. Few findings suggest that the first nursing school started in India in 250 B.C. during Charaka's time and only men were considered pure enough to be nurses.

The post nursing career must also be well defined and streamlined. It must not be a situation where Once a NURSE, always a NURSE. Distance education must be encouraged and arrangement must be done to pursue the higher diplomas or degrees while doing a job as a nurse. Promoting nursing and midwifery as a potential career for school leavers will also help

THE SOCIAL PERCEPTION OF A NURSE?

The society plays the most important role in making a profession decisive and attractive. Like every mother teaches their child to efforts can be made to change the name itself. It could be "**Health Care Managers**", "**Patient Care Managers**", "**Medical Case Managers**", "**Case Managers – Medical**", "**Medical Assistants – Patient Care or Health Care**" or it could be something which is appealing and motivating. It

is known that the naming to “Health Care Managers” is pending from decades with the Government. I am not even sure but the ultimate question hence rises are we trying to suppress it so that it remain unattractive because I think it must be done long ago..

The monetary compensation must be regulated, defined and underlined. Internationally Nurses get 75000 USD to 130000USD. In India’s metro the average salary is INR 4,25,000 – 575000 while for nurses it is less than 2,00,000.00. Currently it is just half of the average means we are taking unfair advantage of their positioning and a section of the system wants to remain it like this so that they can keep enjoying the advantage. One has to prove that nurses are worth it.

We will have to at least standardize so that they can lead a good life and in fact society can see it. One can see the hospital’s nurse hostel and you will easily understand why it is? As it is today. The living standards and conditions of nurses must be improved upon.

The current course curriculum must also be redefined. The inclusion of Computer & IT, Communication skills, writing skills in the present curriculum will help. Post Nursing Education or Continued Nursing Education can be harvested. It must be made convenient and possible to pursue through scholarship and other government supported programs.

Specialization for Nursing is one area where much of work has not been done yet. We should have super specialty Nurses and there must be proper recognition done. In most of the hospitals with some experience a nurse is shifted to ICU or others, we must develop **super specialty nurses** and deploy them in that specialty center. The government must frame policy for it. A particular specialty must have specialty nurses and it must be monitored properly at the time of renewal of license of a hospital.

We will have to take some revolutionary steps, may be allowing **Nurses Led Clinics** (Japan and UK). It will reduce a lot of burden from the

current health care system and it can be established faster even in remote areas with appropriate & strong guidelines. It will be a boon to the current health care system.

We will have to **doctor the social approach**. We will have to make it as cash fetching and respectful profession. Till now we have paid all the respect to Doctor’s only not to Nursing or paramedical without even recognizing that without these even a doctor is paralyzed.

Many a times it has been felt that the name “NURSE” itself is a bigger hindrance as there is social perception is attached with it and it is very difficult to detach this perception. Hence

Some revolutionary steps can be taken for immediate effect:

- 1) Addition of IT, Computer Science, Communication (written & Verbal), few management subject areas to course curriculum
- 2) 5 % quota in MBBS admissions for a nurse having BSc. and 2-4 years of experience after the qualifying the competitive examinations.
- 3) Promotion plans for nursing in administration and health care should be made more vertical.
- 4) Scholarship for doing higher degree in Nursing with employment guarantee.
- 5) Organizing events / functions for promoting nursing education. Like in Japan Dancing festival is being organized to promote health care and nursing.
- 6) Introduction of pre- nursing at school level.

NURSE LEADERSHIP PROVISION

The leadership provision must be outlined and it may come in many forms and this can be tailored to the needs of nurses across the nation. There is a need for developing leadership skills and also Nursing leadership programmes such as the Clinical Leadership Programme which will lead to Quality Health Care.

NURSING CONGRESS:

There is a need to develop a central nursing congress which focuses on sharing the information within and must provide a wide platform for sharing information about opportunities, best practices, recognising milestones and people.

It must also focus on continuing nursing education and must provide information for higher learning.

NURSING COMMUNITIES

The nursing communities can be designed to empower sharing the information and good practice using web & communications tools. Each community will facilitate simple and easy interaction between members who are interested in a particular subject, maintain an informational resource about the subject and allow better communication among and with the council.

Higher Learning and Education Zones

A nationwide network for higher learning and education must be set up. All members must have access to learning opportunities by developing e-Learning Zones. Just for example the Royal College of Nursing offers e-library

Available free to RCN members including:

More than 1,000 full text nursing and related journals.

All electronic and print journals are listed in a single A-Z list.

Reference access to a growing collection of electronic books on topics of interest to nursing staff.

Information databases including CINAHL, Medline,

RCN library catalogue: details of books held in RCN libraries, online renewals.

URGENT NEED

To produce more work force of all descriptions

To improve quality of current and future training

To rationally deploy the staff

To reorient the existing massive establishment to bring them on par with new workforce charged and ingrained in social responsibilities by the time the new cohort takes over

Develop man power through appropriate policies with a futuristic perspective

Simultaneously increasing resource allocations

Plan for resource mobilisation

Integration of medical colleges with the Nursing Education system

Curriculum planning process and faculty development need to emphasise the principle of building this social accountability matrix

Increase the range of nursing in overall health care

Improve healthy workplace environments and practices Align workforce with service needs

Emphasise on Awareness and creating a positive perception:

Establish national advertising and branding campaigns for awareness about nursing education and career (including websites).

To simultaneously build up awareness levels in the community and strengthen the empowerment processes

Ensure the collection of workforce information is robust, uniform and nationally co-ordinated.

Work-Force Development & Retainment

Workforce gap analysis

Develop a workplace assessment tool

Develop a method to assess the future workforce capacity required to meet population and community need

Improve national co-ordination of actions.

Monitor progress on workforce development plans.

Support the development of career pathways for the development the unregulated workforce

Implement career pathways and co-ordinated professional development programmes.

Develop strategies to train and recruit under-represented like midwifery, ANM etc.

Deliver career promotion

Support new staff through the transition from training to practice.

Promoting good employment practice

Career framework - "Modernising Nursing Careers"

Force 1: Quality of Nursing Leadership

Knowledgeable, strong, risk-taking nurse leaders follow a well-articulated, strategic and visionary philosophy in the day-to-day operations of nursing services. Nursing leaders, at all organizational levels, convey a strong sense of advocacy and support for the staff and for the patient. The results of quality leadership are evident in nursing practice at the patient's side.

Force 2: Organizational Structure

Organizational structures are generally flat, rather than tall, and decentralized decision-making prevails. The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. Executive-level nursing leaders serve at the executive level of the organization. The Chief Nursing Officer

typically reports directly to the Chief Executive Officer. The organization has a functioning and productive system of shared decision-making.

Force 3: Management Style

Health care organization and nursing leaders create an environment supporting participation. Feedback is encouraged, valued and incorporated from the staff at all levels. Nurses serving in leadership positions are visible, accessible and committed to effective communication Force 4: Personnel Policies and Programs Salaries and benefits are competitive. Creative and flexible staffing models that support a safe and healthy work environment are used. Personnel policies are created with direct care nurse involvement. Significant opportunities for professional growth exist in administrative and clinical tracks. Personnel policies and programs support professional nursing practice, work/life balance, and the delivery of quality care.

Force 5: Professional Models of Care

There are models of care that give nurses responsibility and authority for the provision of direct patient care. Nurses are accountable for their own practice as well as the coordination of care. The models of care (i.e., primary nursing, case management, family-centered, district, and wholistic) provide for the continuity of care across the continuum. The models take into consideration patients' unique needs and provide skilled nurses and adequate resources to accomplish desired outcomes.

Force 6: Quality of Care

Quality is the systematic driving force for nursing and the organization. Nurses serving in leadership positions are responsible for providing an environment that positively influences patient outcomes. There is a pervasive perception among nurses that they provide high quality care to patients.

Force 7: Quality Improvement

The organization possesses structures and processes for the measurement of quality and programs for improving the quality of care and services within the organization.

Force 8: Consultation and Resources

The health care organization provides adequate resources, support and opportunities for the utilization of experts, particularly advanced practice nurses. The organization promotes involvement of nurses in professional organizations and among peers in the community.

Force 9: Autonomy

Autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise and knowledge. The nurse is expected to practice autonomously, consistent with professional standards. Independent judgment is expected within the context of interdisciplinary and multidisciplinary approaches to patient/resident/client care.

Force 10: Community and the Health Care Organization

Relationships are established within and among all types of health care organizations and other community organizations, to develop strong partnerships that support improved client outcomes and the health of the communities they serve.

Force 11: Nurses as Teachers

Professional nurses are involved in educational activities within the organization and community. Students from a variety of academic programs are welcomed and supported in the organization; contractual

arrangements are mutually beneficial.

There is a development and mentoring program for staff preceptors for all levels of students (including students, new graduates, experienced nurses, etc.). In all positions, staff serves as faculty and preceptors for students from a variety of academic programs. There is a patient education program that meets the diverse needs of patients in all of the care settings of the organization.

Force 12: Image of Nursing

The services provided by nurses are characterized as essential by other members of the health care team. Nurses are viewed as integral to the health care organization's ability to provide patient care. Nursing effectively influences system-wide processes.

Force 13: Interdisciplinary Relationships

Collaborative working relationships within and among the disciplines are valued. Mutual respect is based on the premise that all members of the health care team make essential and meaningful contributions in the achievement of clinical outcomes. Conflict management strategies are in place and are used effectively, when indicated.

Force 14: Professional Development

The health care organization values and supports the personal and professional growth and development of staff. In addition to quality orientation and in-service education addressed earlier in Force 11, Nurses as Teachers, emphasis is placed on career development services. Programs that promote formal education, professional certification, and career development are evident. Competency-based clinical and leadership/management development is promoted and adequate human and fiscal resources for all professional development programs are provided

This holy and noble profession has served society more than anything in the world. When anybody comes in this world it is the NURSE's hands which give them the first support, love and care. Even before coming to Mother's lap all of us have come to a Nurse's safe hands. The first eye which sees with selfless utmost love is of a nurse. So it is pending on the society's account too and the society also must take the moral responsibility to pay them The Due Respect.