State of nursing in India: Persistent systemic challenges

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After the COVID-19 pandemic, the situation of health care in India has become more significant, and the government is working to improve and modernise the structure of its health system. Despite ample potential for private and corporate hospitals in India, there are still ongoing shortages of health services. The diversity in roles and team approach are crucial for effective health care. The COVID-19 pandemic has also exposed the true nature of healthcare and highlighted the value of healthcare professionals, particularly nurses. Unfortunately, the governing bodies are reluctant to acknowledge the impact of safe staffing and high-quality treatment. Since there is a focus on health both domestically and internationally, it is crucial to draw attention to them. A significant factor contributing to the low quality of care is the lack of qualified nursing staff. The 1948 recommendations made by the Bhore committee regarding primary health care and manpower deployment have still not been achieved at the root level. The population of the country is largely dependent on the public health system for medical care, and it is evident that all government hospitals have very low nurse-to-patient ratios and no set minimum wage for nurses as per their qualifications. Furthermore, the remuneration of nurses in India’s state and federally sponsored hospitals has decreased. The hospitals had to manage shortage of staff and equipment, recurrent infections including SARS-CoV-2, and violence by patient’s relatives. During the COVID-19 pandemic, several nurses got infected and died in the line of duty. This year’s International Nurses Day theme focused mostly on the longevity of the professionals in charge of caring for the sick. Still, a detailed gap analysis is necessary along with workforce planning, not only through existing guidelines but also a focus on health both domestically and internationally, it is crucial to draw attention to them. A significant factor contributing to the low quality of care is the lack of qualified nursing staff. The 1948 recommendations made by the Bhore committee regarding primary health care and manpower deployment have still not been achieved at the root level. The population of the country is largely dependent on the public health system for medical care, and it is evident that all government hospitals have very low nurse-to-patient ratios and no set minimum wage for nurses as per their qualifications. Furthermore, the remuneration of nurses in India’s state and federally sponsored hospitals has decreased. The hospitals had to manage shortage of staff and equipment, recurrent infections including SARS-CoV-2, and violence by patient’s relatives. During the COVID-19 pandemic, several nurses got infected and died in the line of duty. This year’s International Nurses Day theme focused mostly on the longevity of the professionals in charge of caring for the sick. Still, a detailed gap analysis is necessary along with workforce planning, not only through existing guidelines but also involving qualified and experienced nurses in core committees for effective workforce planning with specialized and skilled nurses.

The 5162 Indian Nursing Council-approved institutions in India train nurses via various courses. Annually, the number of students completing diploma, Bachelor’s degree, post-introductory course and Master’s degree in India are 134949, 107814, 25485, and 13971 respectively. More colleges are getting approvals every year and the training is also getting more specialised. However, opportunities for employment that utilize their specialist skills has not improved in addition to the overall quality of care. The inevitable stress faced by nurses in delivering the professional duties, and to keep their families fed and clothed, leads to burnout. Despite these challenges, nurses continue to pursue masters’ and doctoral degrees to increase their knowledge and experience. However, they do not receive financial assistance most of the time, and they hardly ever receive grants to support their research. Furthermore, there are only a handful of institutions in India viz. Christian Medical College (Vellore), Manipal Academy of Higher Education (MAHE, Manipal), St John’s Medical College Hospital (Bangalore) and National Institute of Mental Health and Neuro Sciences (NIMHANS, Bangalore) which have been supportive of the changing role of nursing in India. However, it is quite challenging for the specialised nurses to locate acceptable work spaces within the healthcare system. They have been bound to serve in poorly structured roles without acknowledging their qualifications and capacities, especially in clinical areas.

Indian nurses go abroad to pursue their dreams, compete internationally and get placed in practitioner programmes. However in India, they struggle to find suitable employment, let alone promotions and positions. There is a strong need of advocacy for nurses at all levels. Although nurses hold leadership positions, regrettably, they are not getting opportunities for contributing more. As the nomenclature and clinical duties have rarely been upgraded in India, clinical nursing is still battling to shake off the effects of colonialism. The UK and other nations have embraced the services of Indian nurses and thereby enabling high-quality healthcare. The gaps are multifaceted, starting with the level of education and training and extending far into the service industries because many nursing courses do not follow University Grants Commission (UGC) norms. They also include a lack of opportunities for practise, a poor staffing ratio, and a lack of qualification-based structures. Like other professions, nursing also needs to undergo methodical development.

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None.

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