

Study on Nursing and Midwifery in India:



A Critical Review



National Institute of Health and Family Welfare in collaboration with World Health Organization

Study on Nursing and Midwifery in India: A Critical Review



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Presentation Outline:

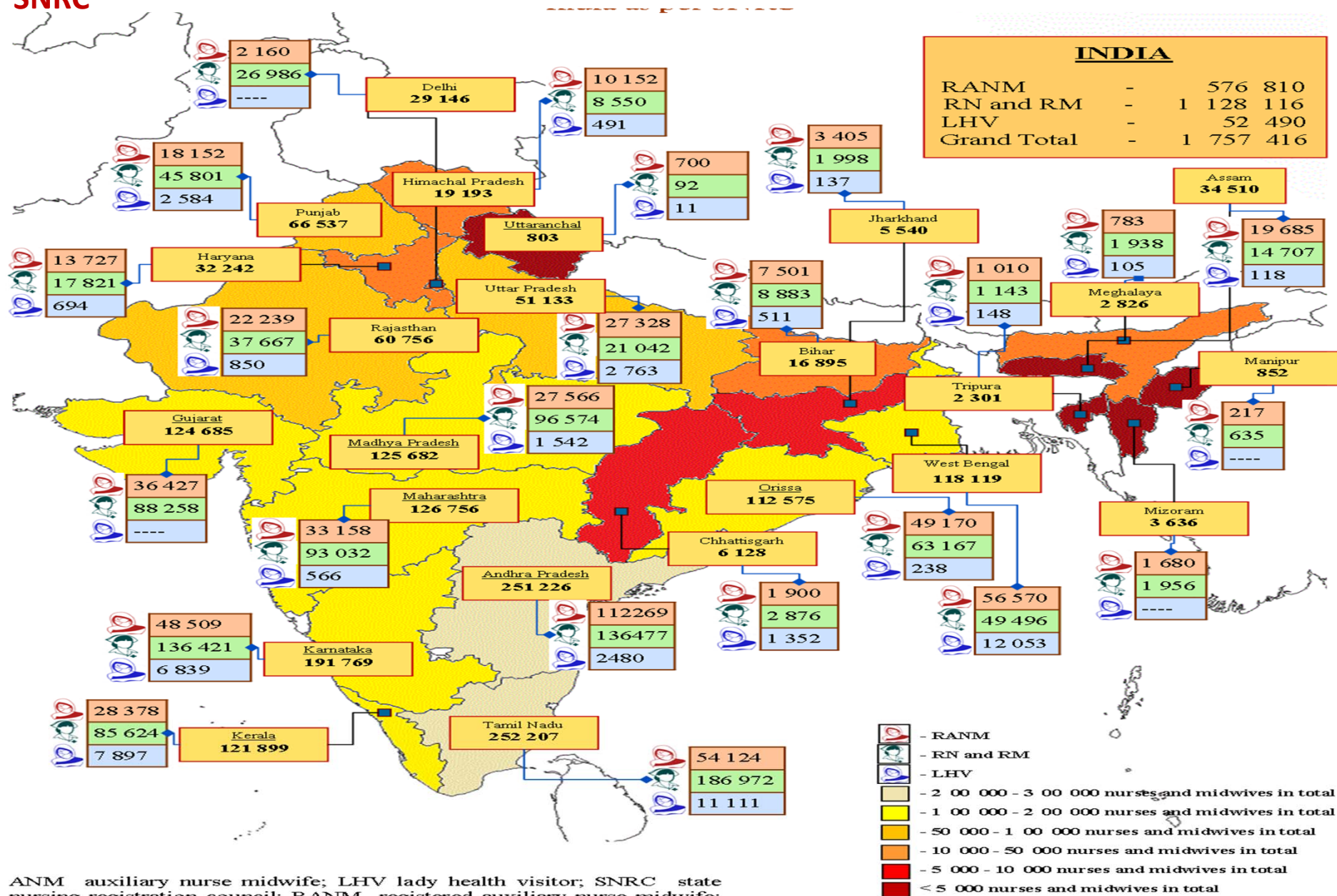
- Study Design and Objectives:
- Role of Directorates for promoting Nursing and Midwifery
- Dilution of the quality of teaching and training for N/M
- Comparison of nursing grade pays as per Sixth Pay Commission
- Career opportunities for the nursing workforce in the public health clinical and teaching institutions in India
- HR issues of nursing workforce in the Health Facilities
- SWOT analysis on nursing issues in Kerala and MP
- Model practices to be learned for strengthening N/M
- Reframing leadership for strengthening the nursing and midwifery workforce
- Recommendations



Why This study:

- **Nursing Human Resource in India : current scenario**
 - **RANM: 576 810**
 - **RN and RM: 1 128 116**
 - **LHV: 52 490**
 - **Total: 1 757 416**
- **Established health facilities**
- **Major challenges still exist:**
 - **IMR**
 - **MMR**
 - **TFR**
 - **Perinatal mortality**

Geographical Distribution of Registered ANMs, Nurses & Midwives and LHVS in India as per SNRC



ANM auxiliary nurse midwife; LHV lady health visitor; SNRC state nursing registration council; RANM registered auxiliary nurse midwife; RN and RM registered nurse and registered midwife

NIHFW/WHO/NSG

Note: Figures indicate total numbers.

Data Source: Indian Nursing Council, 2011



Study Design and Objectives:

General Objective:

To review and critically examine the various aspects related to **policy, service, education & training** for nursing and midwifery in India and suggest suitable strategies for development of competent nursing and midwifery human power.



Study Design and Objectives:

Specific Objectives:

- To critically review the evolution of the nursing and midwifery from historical to contemporary times in areas of policy, service, education & training in India
- To examine existing evidence, challenges, ongoing innovations and identify the gaps between needs, demand and supply of nurses and midwives,
- To recommend policy directions and options on how to lessen gaps both in terms of education and training as well service provision, and to suggest suitable strategies for development of competent nursing and midwifery personnel and services in India.



- The study descriptive and highly qualitative in nature.
- The study collected data from both primary and secondary sources.

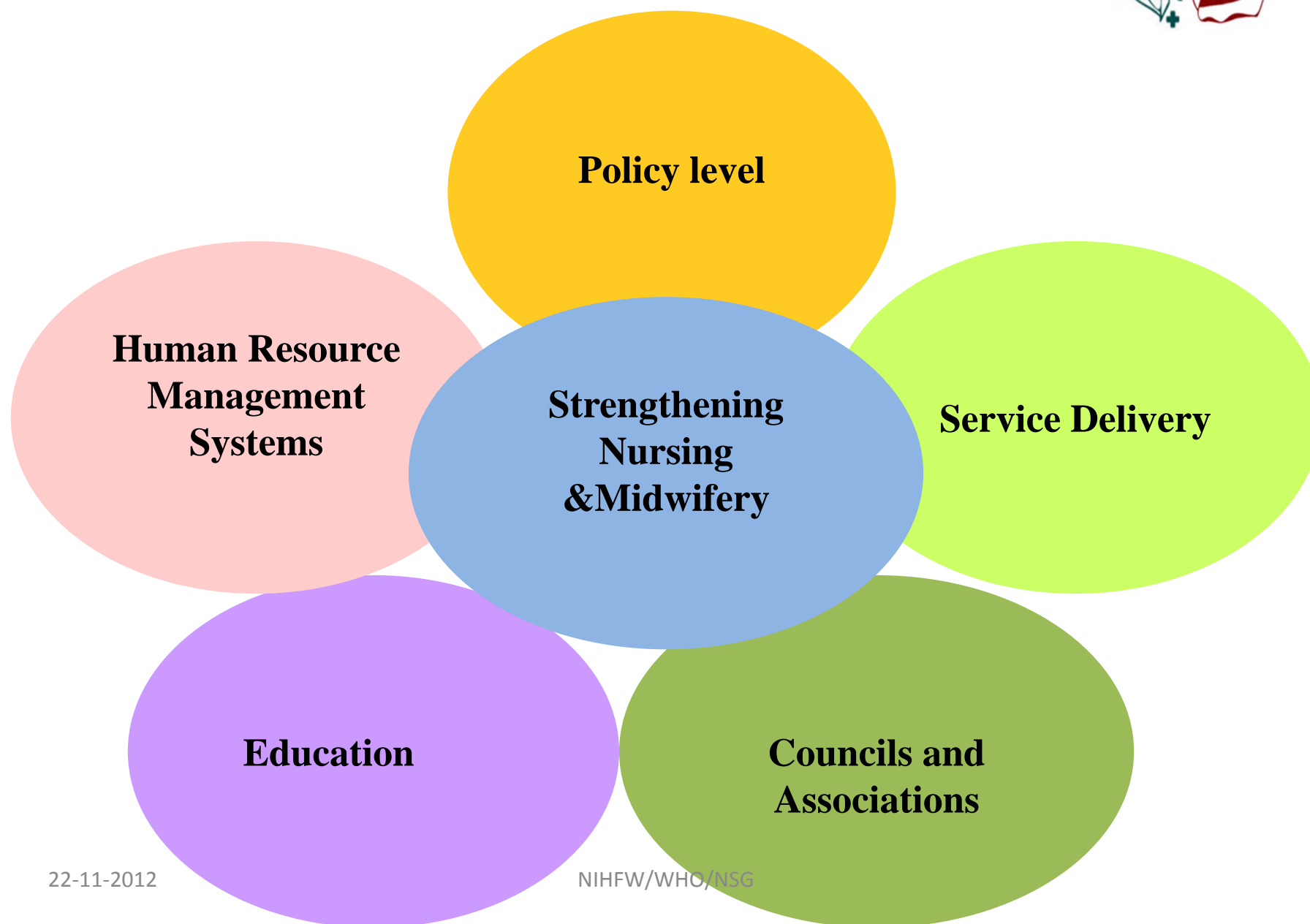
Study area:

- State health directorates
- Educational and training institutions (nursing schools and nursing colleges)
- Health care facilities
- State nursing councils (SNCs)
- Other professional bodies

All in all, the study conducted in a short span of 6 months, gathered the information :

- Interviews with 60 key contributors
- Interactions held with 228 key respondents
- Made visits to 23 educational institutions
- Made visits to 17 healthcare facilities
- Visited 3 Directorates
- Visited 4 councils and 2 professional bodies

Focus of the Study



Key findings of the Study

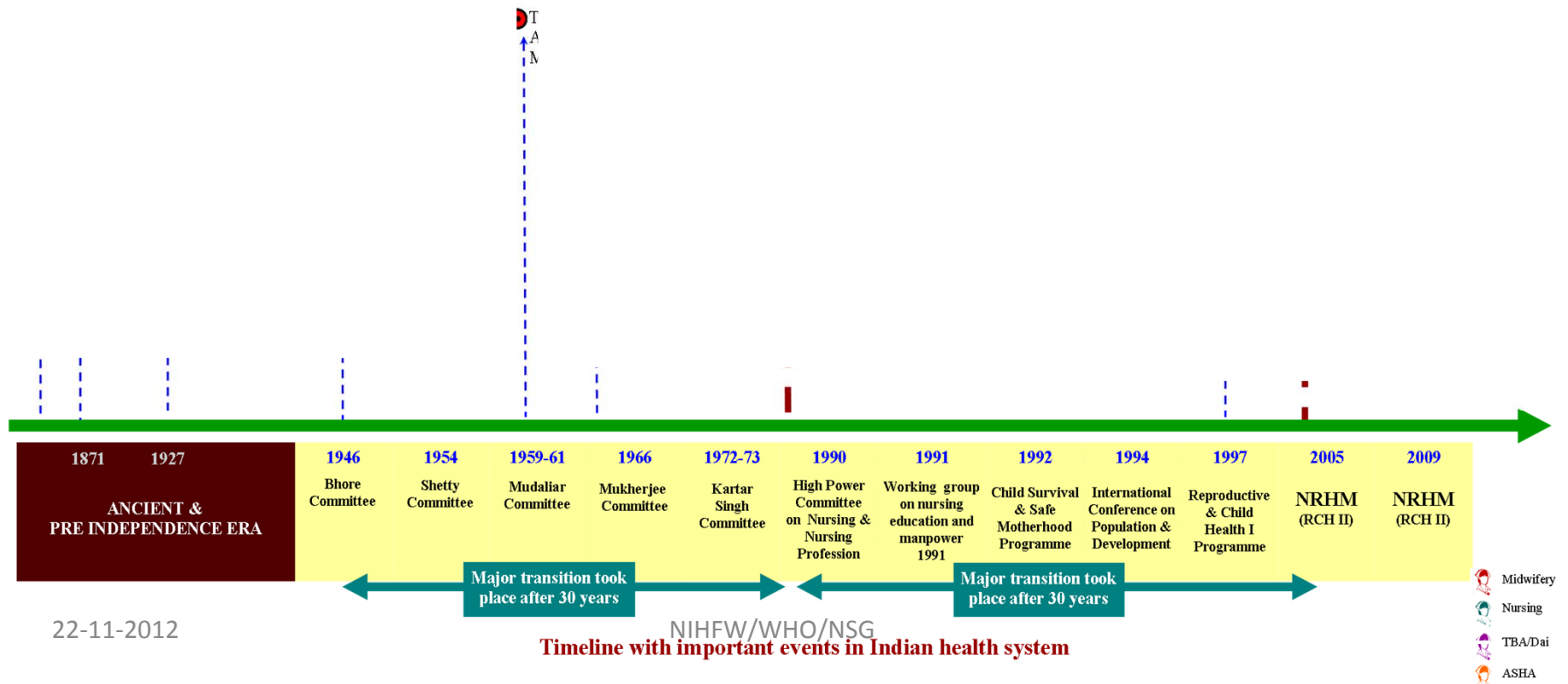




Policy level

Role of Directorates for promoting Nursing/ Midwifery

The changing faces of nursing & midwifery in India over the years



Role of Directorates for promoting Nursing/ Midwifery



- None of the states have a separate nursing Division and by far the best nursing structure is in the State of WB
- The nursing management structure is majorly managed by senior policy makers from the medical fraternity, and provides very little scope for nursing professionals to participate in policy decision making and to bring about any reforms.

Role of Directorates for promoting Nursing/ Midwifery



- Lack of coordination between the senior nursing positions under the Dept. of Family welfare /Department of Medical Services (DMS) and Director Medical Education (DME).

The weak supervisory structure for nursing staff both in clinical and public health cadres may be partially explained by the absence of nursing leadership positions at the state directorates.

- In Jan' 2010, under 11th Five year Plan, Rs. 1 crore released to each of the 15 states for up-gradation/strengthening of Nursing Cells



Status of N/M Teaching Institutions and the Teaching Patterns



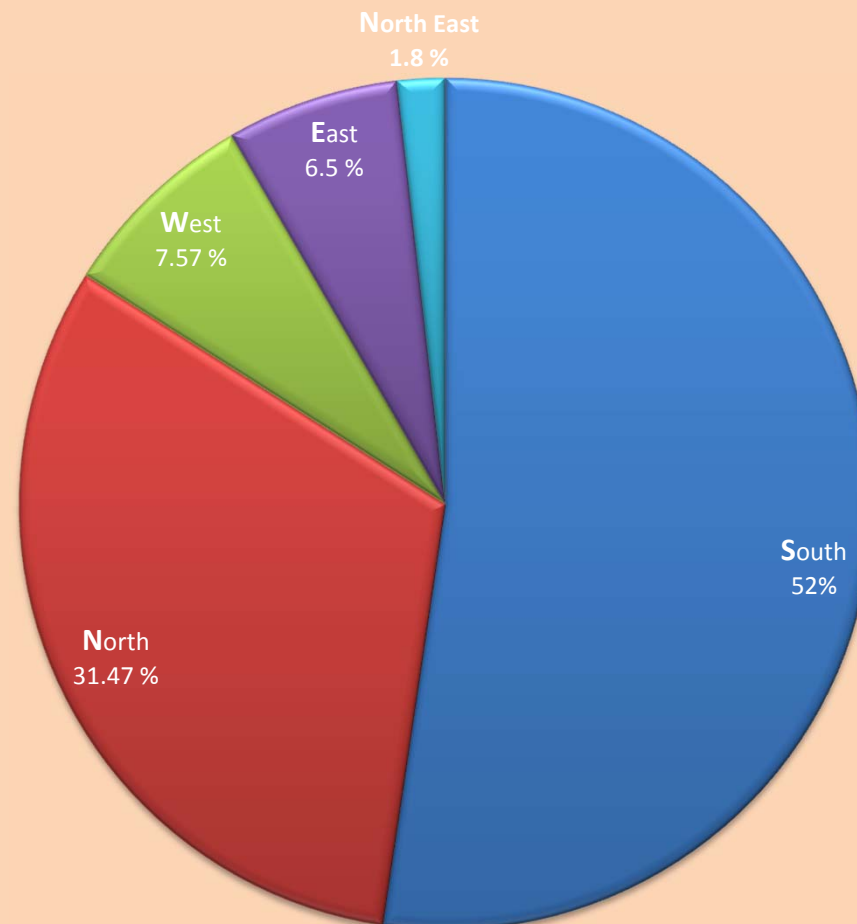
Geographical distribution of teaching institution: current scenario

- Auxiliary Nurse Midwife Training Centre (ANMTC)
- General Nurse and Midwives Training Centre(GNMTC)
- Bachelor of Science(Nursing) Colleges (B.Sc)
- Master of Science(M.Sc)



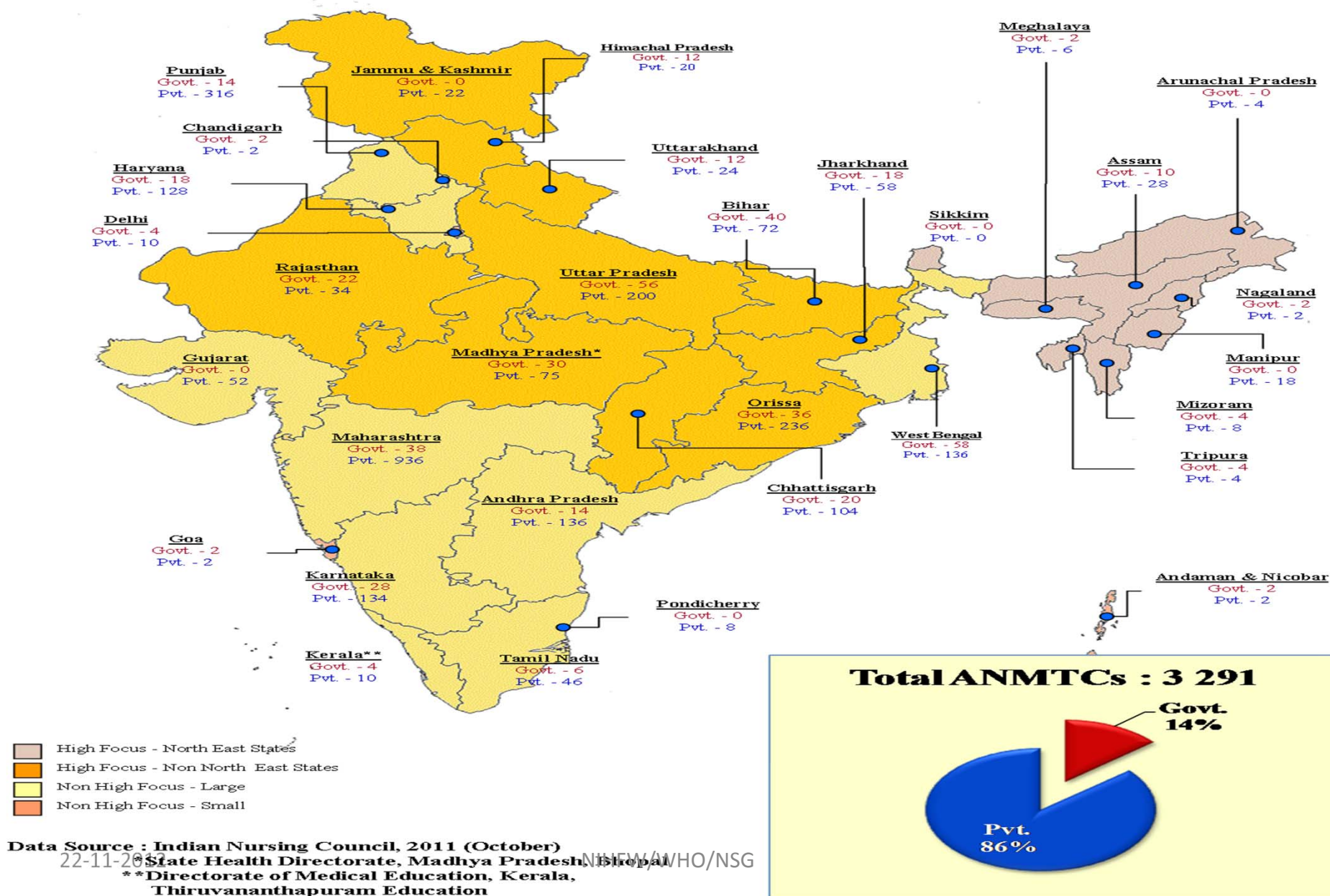
TRENDS IN NURSING EDUCATION

UNEQUAL DISTRIBUTION OF NURSING SCHOOLS

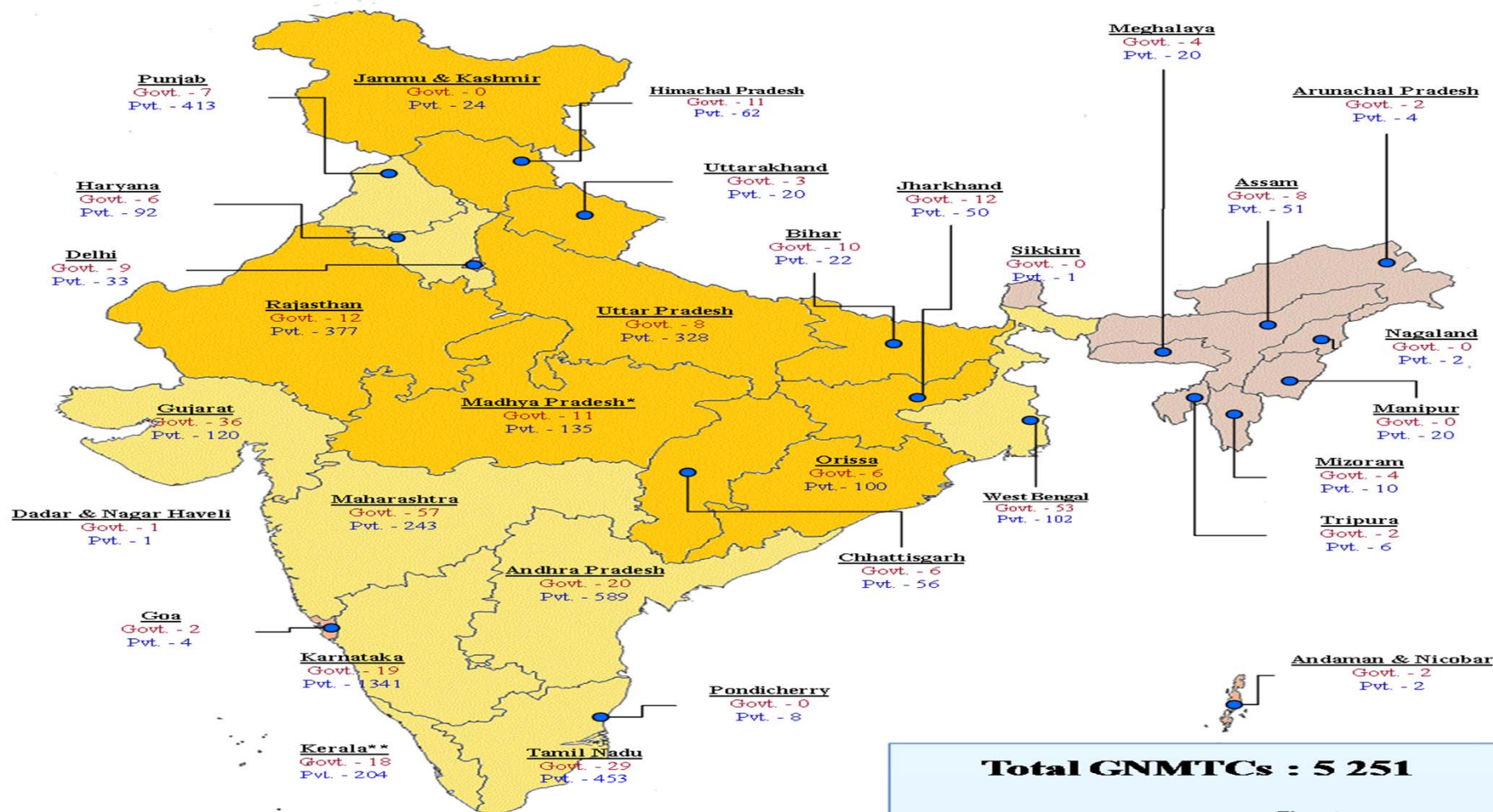


Percentage of Schools against total no. of Schools

Geographical Distribution of Auxiliary Nurse Midwife Training Centre (ANMTC): Current Scenario



Geographical Distribution of General Nurse & Midwife Training Centre (GNMTC): Current Scenario

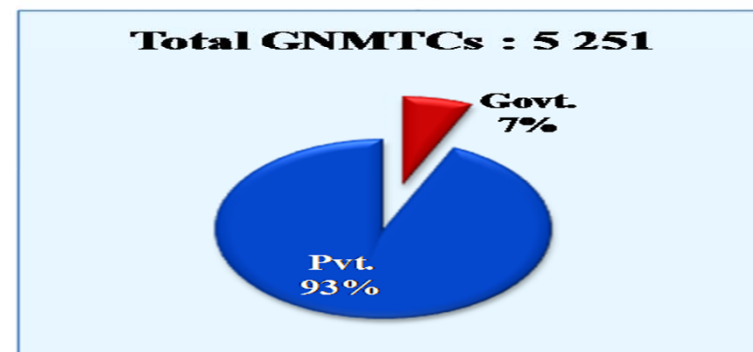


- High Focus - North East States
- High Focus - Non North East States
- Non High Focus - Large
- Non High Focus - Small

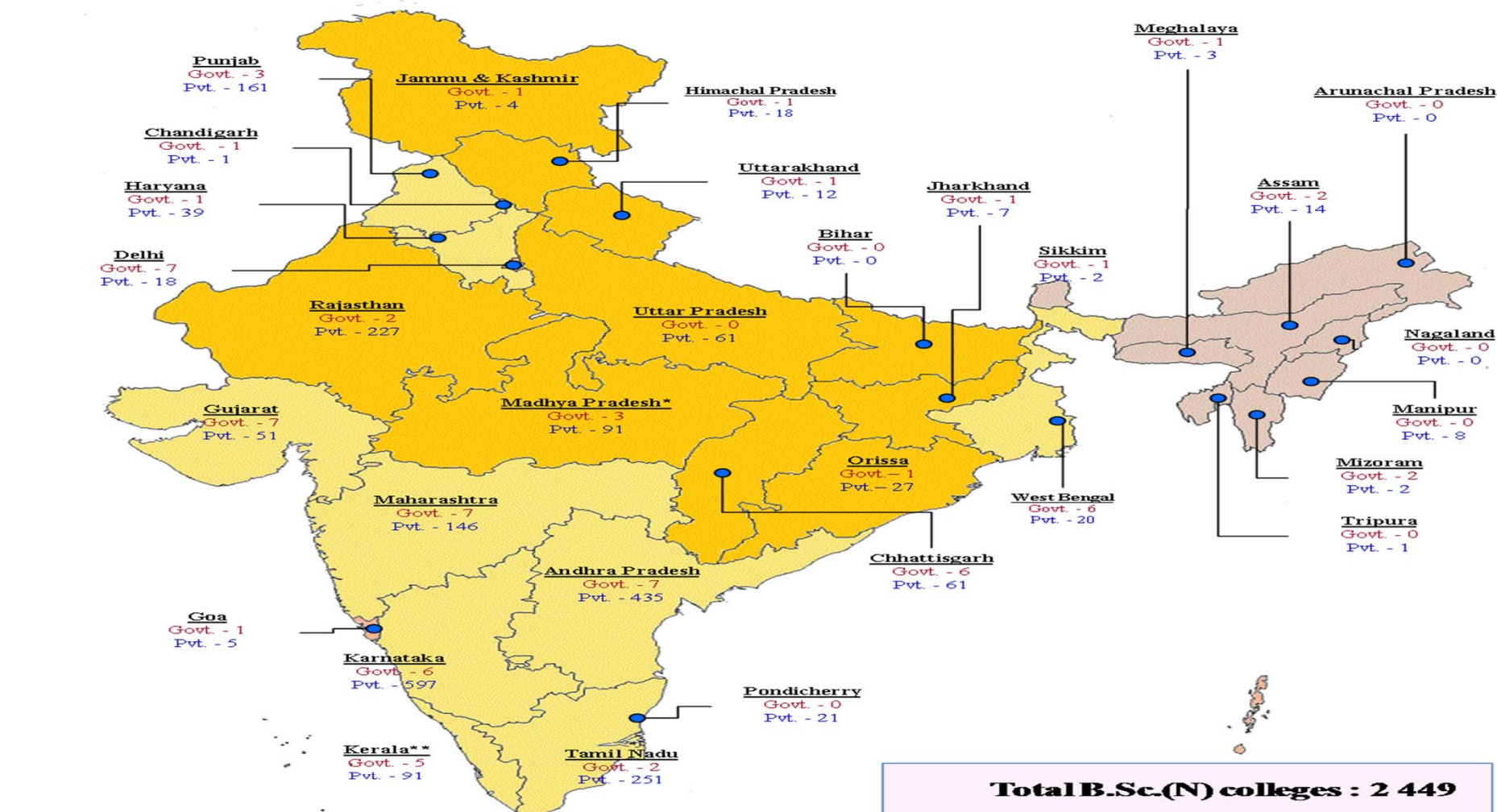
Data Source : Indian Nursing Council, 2011 (October)
 *State Health Directorate, Madhya Pradesh, Bhopal
 **Directorate of Medical Education, Kerala,
 Thiruvananthapuram Education

22-11-2012

NIHFW/WHO/NSG

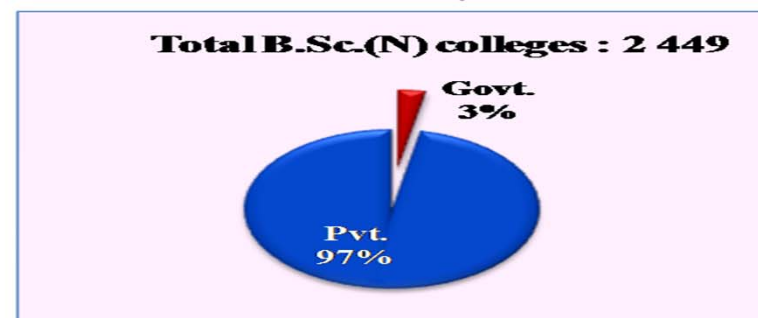


Geographical Distribution of B.Sc(N) Colleges: Current Scenario

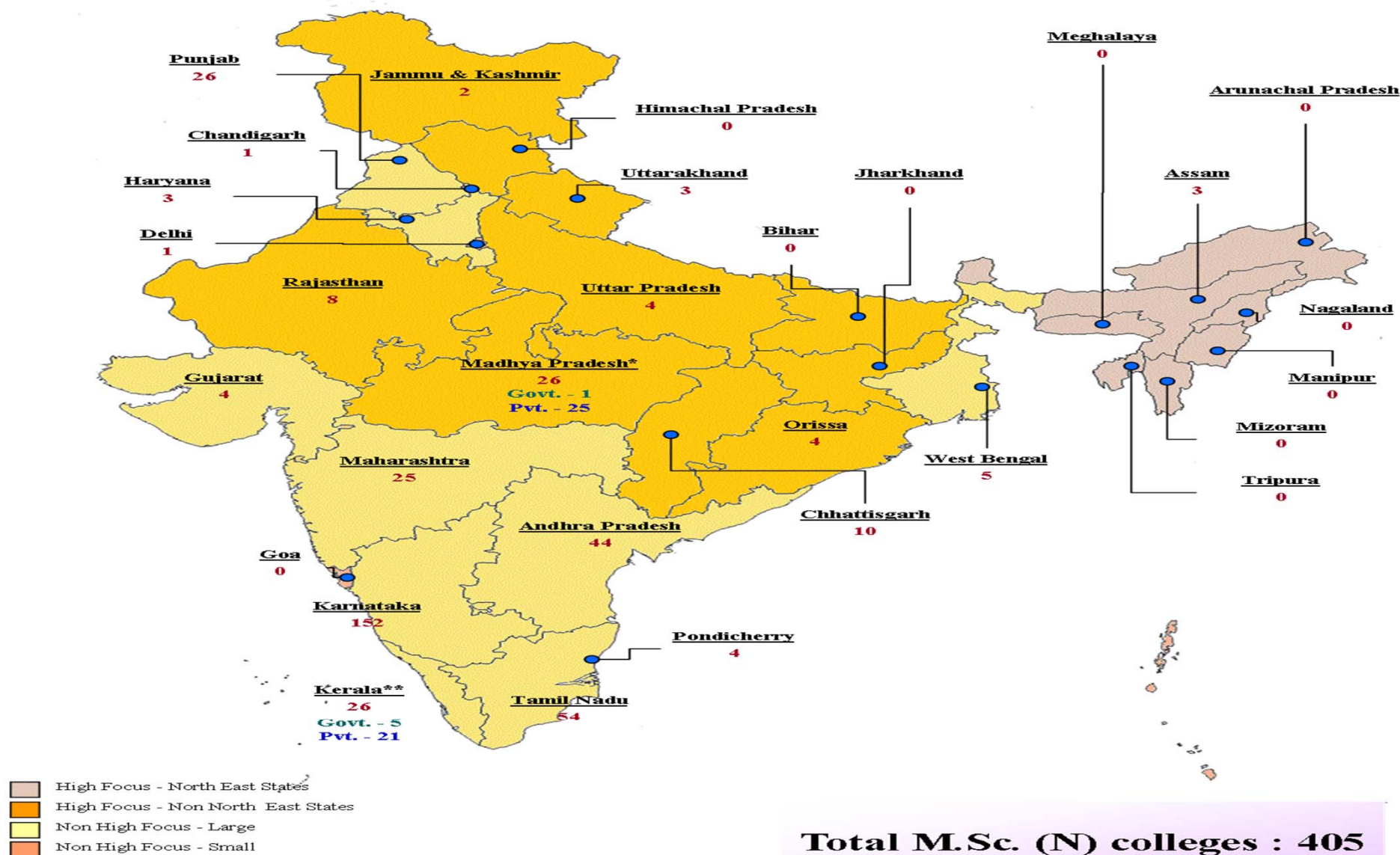


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Data Source : Indian Nursing Council, 2011 (October)
 22-11-2012
 State Health Directorate, Madhya Pradesh, Bhopal
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 Thiruvananthapuram Education



Geographical Distribution of M. Sc (N) Colleges : Current Scenario



Data Source : Indian Nursing Council, 2011 (October)
 *State Health Directorate, Madhya Pradesh, Bhopal
 **Directorate of Medical Education, Kerala,
 Thiruvananthapuram Education



Coverage of ICM competencies in the INC curriculum of ANM, GNM and BSc.

- ANM, GNM and B.Sc. Syllabi by INC, & followed by teaching institutions, cover almost 98% of the theory and 95% of the practical components of the ICM competencies.
- Competencies covered in the syllabi, but lacunae exist in the implementation of actual clinical practice.
- Interactions held with the faculty/students, along with the observations made, conclude the non-implementation due to the Managerial, HR and Logistics constraints/ barriers faced by educational institutions

Dilution of the quality of teaching and training for Nursing & Midwifery

Variables	Actual on-site observations and feedback
<ul style="list-style-type: none"> • Norms for number of deliveries to be conducted • Norms for attachment with hospitals for hands-on training • Existing infrastructure at the teaching institutions 	<ul style="list-style-type: none"> • Actual hands-on experience limited, varies from institution to institution. • Numbers of teaching institutions not commensurate with the number of hospitals and Improper attachment of multiple teaching institutions with a single hospital • Lack of coordination between INC and SNC for providing recognition for opening educational institutions in the private sector, thus resulting in mushrooming of private institutions • Physical facilities and teaching aids grossly inadequate in various govt. and pvt. Institutions

Dilution of the quality of teaching and training for Nursing & Midwifery

Variables	On -site observations and feedback
<ul style="list-style-type: none"> • Teacher's role as practitioner & Supervisory and mentoring role • Safety and security issues of the students & lack of clean, healthy hostel facilities • Non-attending institution a matter of concern 	<ul style="list-style-type: none"> • The supervisory roles of the tutors/educators reduced considerably, Lack of accountability of the roles and responsibilities of the tutors. • Lack of proper security measures for the girl students • Very old , dilapidated Hostel buildings, overcrowded, cramped dormitories at most of the places, Water & sanitation facility scarce • This unethical practice widely known but no action taken against this.

Demonstration Rooms/ Models



Demonstration Rooms/ Models



Pictures of the Girls Hostel



Pictures of the Girls Hostel



**Non attending Post BSc Nursing Admission in Bangalore,
Karnataka, Non attending Post BSc Nursing course Admis-
sion in Bangalore, Karnataka**

Non attending Post BSc Nursing Admission in Bangalore, Karnataka, Non attending Post BSc Nursing course Admission in Bangalore, Karnataka

providing Guidance and arrange B Sc. Nursing Admission 4 Years, M Sc. Nursing Admission 2 Years Post Basic B.sc nursing Admission / Post BSc Nursing Admission / PC BSc Nursing Admission / PBBSc Nursing Admission) correspondence and regular/irregular Nursing Admission, Attending and Non attending Nursing Course admission and GNM Admission (General Nursing and Midwifery).

Get admission to M.Sc Nursing, B.Sc Nursing, Post B.Sc Nursing General Nursing in this academic year.

providing admissions in Major cities Like Delhi, Mumbai, Bangalore, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Hyderabad and across the country for all nursing Courses.

provides Nursing admissions only in INC and State Nursing Council approved Colleges with less fees and no donation.

Only Limited Seats are remaining. For more Admission details contact below Numbers as well as send an email along with your details, contact number, and your requirement.

For More Details Contact



Websites : 



Service Delivery



HR Issues Of Nursing Workforce In The Health Facilities

HR issues of nursing workforce in the Health Facilities

Variables	On-site observations and feedback	Impact
In-service training	<ul style="list-style-type: none"> • Lack any opportunity for knowledge and skill up-gradation. 	<ul style="list-style-type: none"> • Stagnation, merit not linked with promotion
Supervision by the seniors	<ul style="list-style-type: none"> • Culture of supportive supervision and learning on the job is lacking 	<ul style="list-style-type: none"> • Lack of supervision and mentoring led to vacuum of role models

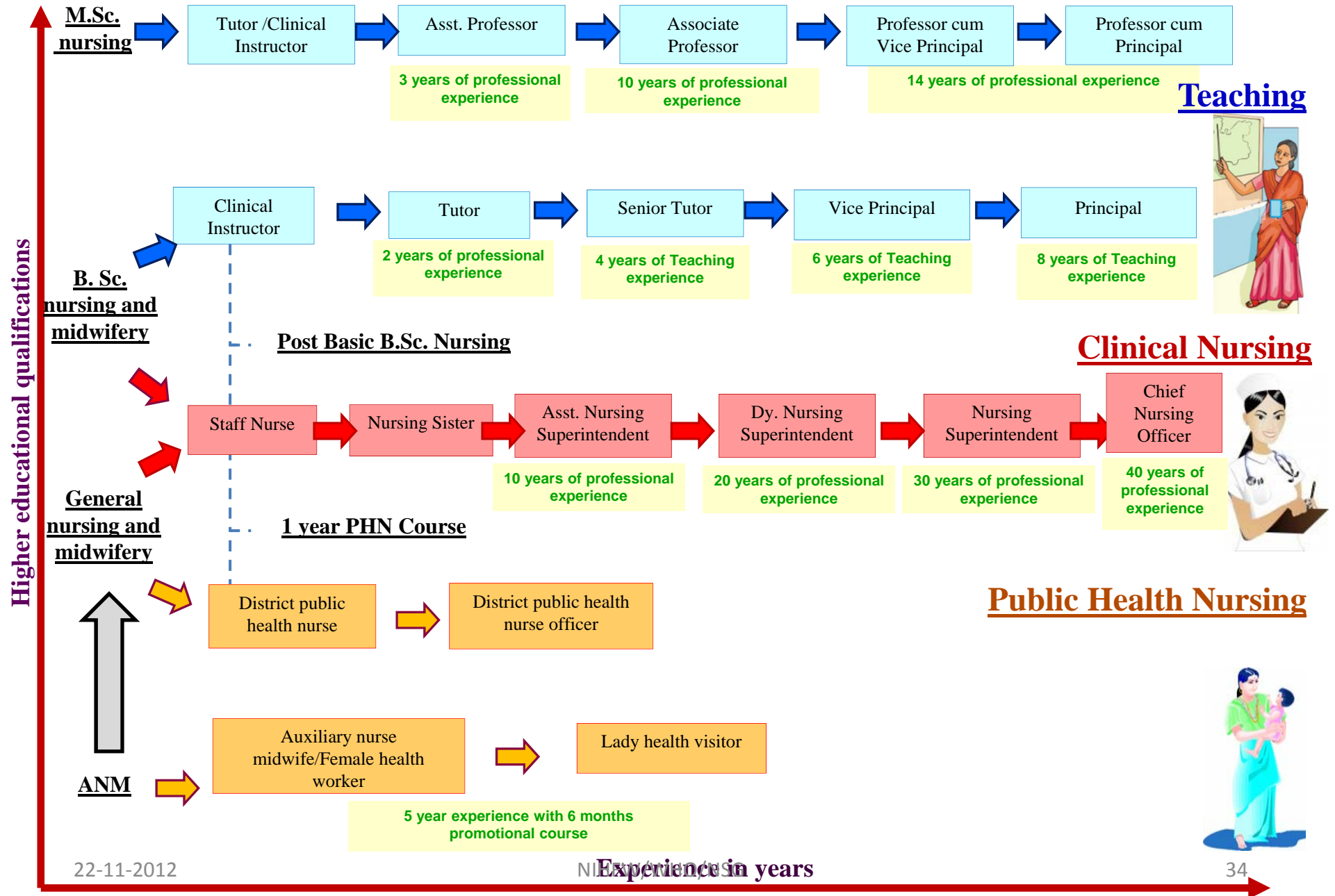
HR issues of nursing workforce in the Health Facilities

Variables	On-site observations and feedback	Impact
Involvement in decision making	<p>No representation at the policy level in the hospitals,</p> <p>No delegation of financial and administrative powers</p>	<p>Nurse–bed ratio norms not revised for decades.</p> <p>The heavy burden of patient care, especially on the nursing workforce not addressed for a long time.</p> <p>The budget for the nursing workforce not revised.</p>
Gender and sexual harassment and human rights issues	<p>Several instances of harassment are silently being voiced by the victims.</p> <p>Due to the fear of job-related discrimination and further victimization, several such cases go unreported.</p>	<p>Many cases of harassment are not reported due to fear. As a result, perpetrators feel more encouraged, Women prefer not to take up ward duties or to accept the postings in remote areas.</p>

Comparison of nursing grade pays as per Sixth Pay Commission

Grade Pay (in Rs.)	8 700	Principal college of nursing	Nursing Advisor to GOI	
	6 600	Professor		
		Vice Principal	Principal	Chief Nursing Officer
		Senior Lecturer	Vice Principal	Nursing Superintendent
				Chief of PHN
		Senior tutor/ Lecturer	Senior sister tutor/ Nurse-tutor	Dy. Nursing Superintendent
	5 400	Sister tutor/ Nurse tutor	Sister tutor/ Nurse tutor	Asst. Nursing Superintendent
				District PHN
				ADGNS
	5 200		Lady health visitor/ Supervisor	
	4 800	Clinical instructor	Clinical instructor	Nursing sister
				Junior PHN
	4 600		Staff nurse	
	4 200		Auxiliary Nurse Midwife (MPW (F)/HW (M))	
				College of Nursing
				MOHFW
				School of Nursing
				Hospital Nursing Services
				Community Health Nursing

Career opportunities for the nursing workforce in the public health clinical and teaching institutions in India





SWOT analysis on nursing issues in Kerala and MP

- **Socio-demographic and Health indicators**
- **Directorates**
- **Educational institutions**
- **Service Delivery Institutions**
- **Regulatory Bodies and Professional Associations**



Model Nursing and Midwifery Practices: Integration of Teaching and Services and lessons to be learnt

- ✓ **Christian Medical College (CMC), Vellore**
- ✓ **Military Nursing Services in the Armed Forces**
- ✓ **Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Thiruvananthapuram**





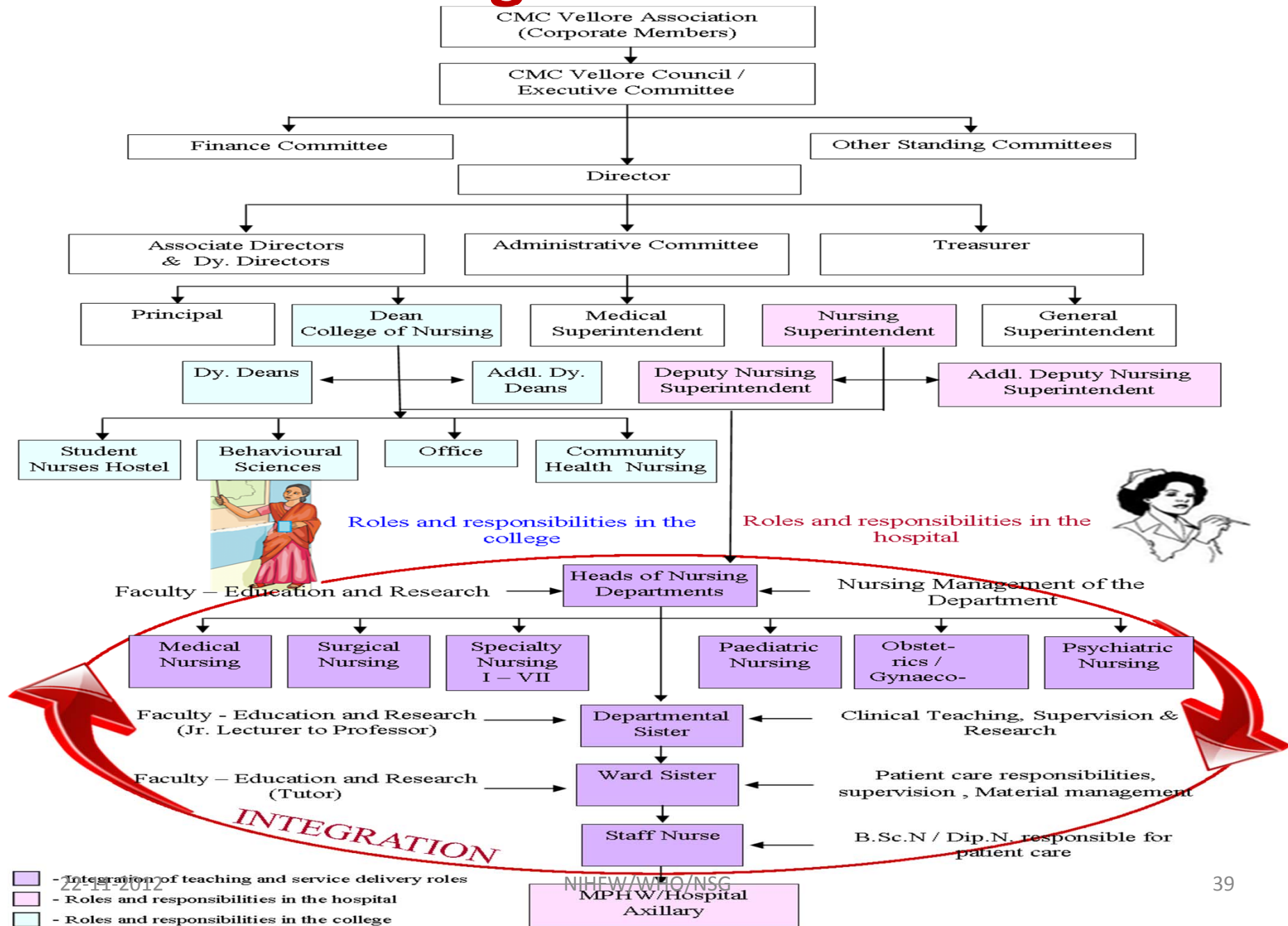
Model practices to be learned for strengthening N/M viz organizational structure and leadership positions

- ❖ **Senior nursing positions (from both service delivery as well as the academic sides) are at par with the senior medical positions.**
- ❖ **Senior nursing administrators are involved in policy decision-making and enjoy full financial as well as administrative authority at par with their medical counterparts.**
- ❖ **The various nursing departmental heads are supported by a number of subordinates/supportive staff, which enables them to look into nursing issues efficiently.**
- ❖ **Nursing is given the due professional status.**

Model practices to be learned for strengthening N/M viz teaching

- ❖ **Integration of teaching & services and teachers are also practitioners.**
- ❖ **Ideal teacher–student ratio of 1:10 is maintained**
- ❖ **Nurse-managed community-based programmes part of curriculum**
- ❖ **The major focus is on training the students for conducting low risk deliveries independently.**
- ❖ **Implementation of the ICM competencies viz-a-viz the INC syllabus for both practical and theoretical components.**
- ❖ **Overall personality development of the students , in terms of building their management skills, confidence and self-esteem.**

Integration Model



Model practices to be learned for strengthening N/M viz service delivery

- ❖ **HR planning and revision of nurse–patient ratio done regularly to ensure the ideal nurse–bed ratio.**
- ❖ **Senior nurses facilitate the learning opportunities of the junior nurses by mentoring, supervising and demonstrating clinical tasks to them.**
- ❖ **Nursing superintendent being the ward in-charge and the decision maker, is the role model for the entire nursing personnel.**
- ❖ **Nurses are trained and empowered to practice their skills proactively, especially in providing emergency care, even in the absence of the doctor.**

Conclusions & Recommendations

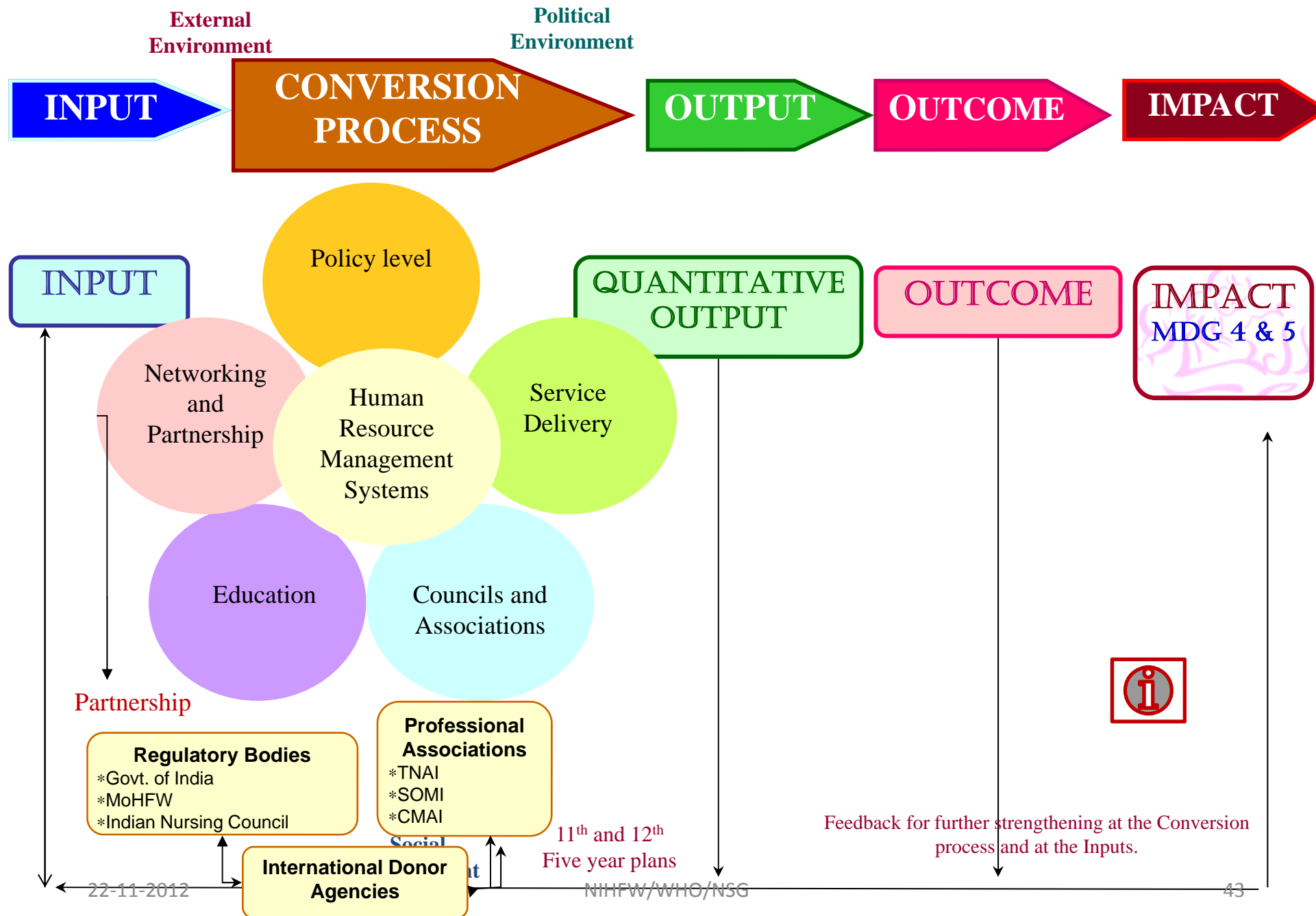




Conclusions & Recommendations

- **Strengthening nursing at the Directorates of both Central and State level for policy level reforms**
- **Promoting N/M role in the health care services**
- **Promoting reforms in the educational institutions for strengthening the N/M workforce**
- **Strengthening nursing management issues at the INC & SNC and TNAI**
- **Networking, partnership and advocacy at the national and international levels**
- **Human resources management issues**

Nursing & Midwifery Leadership Management Model





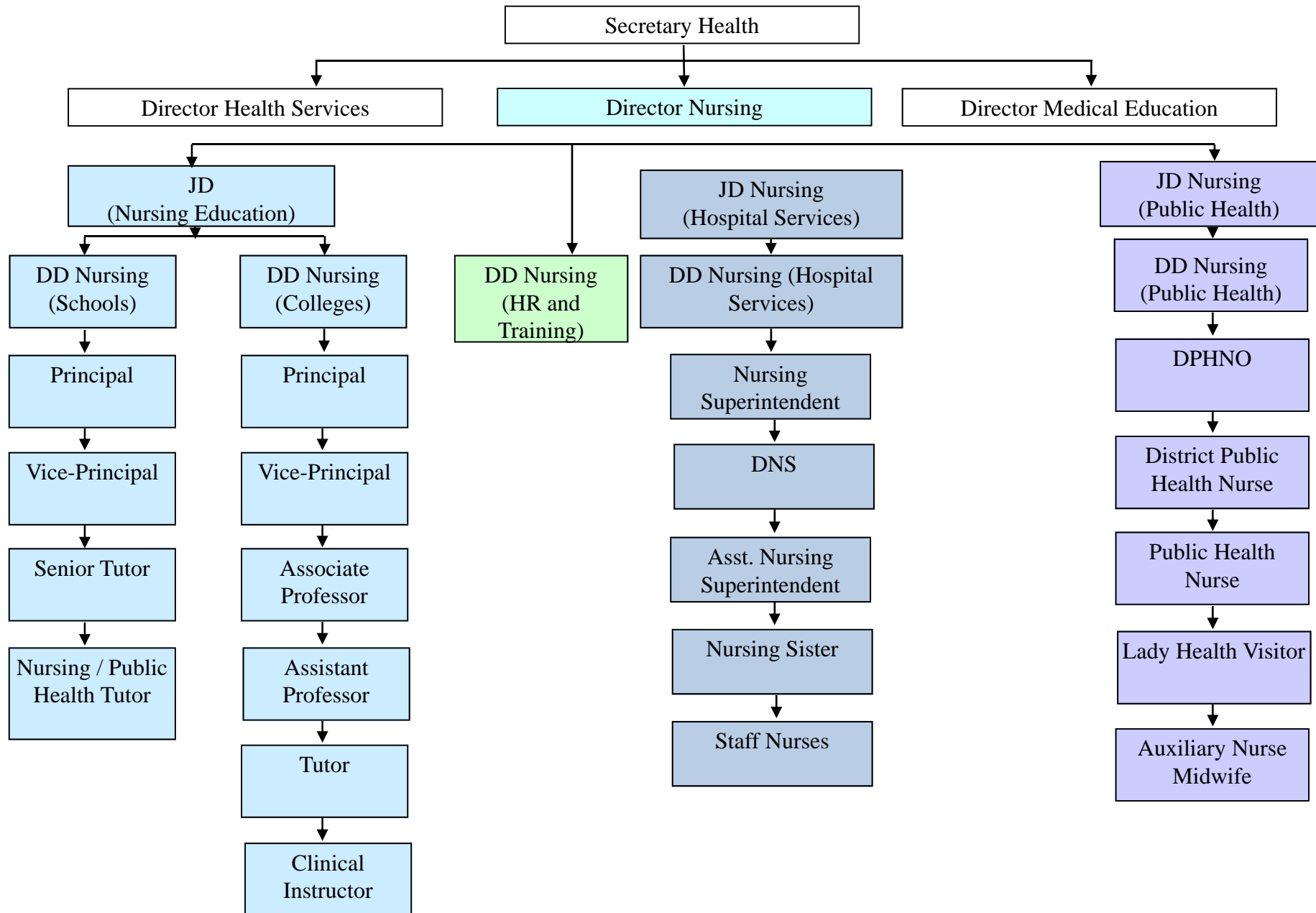
1. Strengthening nursing at the directorates for policy level reforms:

- * Strengthening nursing at the Directorate for policy level reforms by setting separate nursing division at both Central and State Level.**
- * Separate budget for nursing and midwifery and Utilization of the Rs. 1 crore released to each of the 15 states for up gradation / strengthening of Nursing Cells.**
- * Creation of more posts of Nursing Administrators in the Directorates.**

Action Points:

- Creation of separate Nursing Directorate.**
- Filling –up of vacant posts**
- Professional status to Nursing**

Proposed organizational structure for a separate nursing division



JD Joint Director; DD Deputy Director; DNS Deputy Nursing Superintendent;
 DPHNO District Public Health Nursing Officer



2. Promoting N/M role in the health care services:

- * Improved Pay Scales and career graph**
- * Strengthening supervisory/management role**
- * Decentralizing powers e.g. financial and ward management.**
- * Regular in-service training/ CNE**
- * Clinical postings to be based on specialization/ expertise.**
- * More involvement and responsibility for MCH services in line with their expertise.**

Action points:

- To resolve disparity in pay scales between services delivery and education**
- Training Policy for In service Nursing Professionals**
- To be members of the Decision making bodies in Hospitals**
- Certificates for CNE to be based upon clinical skills acquired**
- Midwifery cadre**
- Second ANM**



3. Promoting reforms in the Educational institutions

- * Integration of teaching and services
- * Autonomy and financial powers to the principals.
- * Mentoring and supervisory role of the faculty.
- * Norms for midwifery hands on training not to be compromised.
- * Compulsory attachment with the hospital for skill practice
- * Implementation of INC syllabus both theory and practice.
- * Regular in-service training for the faculty.
- * **Teaching and boarding** infrastructure in place.
- * Research/ Advocacy.
- * Healthy learning environment.

Action points:

- Teachers to be practitioners
- Strict implementation of INC guidelines for attachment of teaching institutions with service delivery centre for skill based training.
- Supervisory norms to be put into place along with accountability measures.
- Guidelines for Safety/ Security of Girls in Hostels



4. Strengthening nursing management issues at the central and state level nursing councils/Association (INC, SNC,TNAI):

- * Leadership Role of the Council and Associations, To become agents for change.**
- * Coordination and Hand holding between central and state nursing councils.**
- * Strict implementation of regulations and guidelines for the conduct of teaching institutions.**
- * Surprise inspections to check teaching practices, faculty placement and infrastructure availability**
- * Strong regulations for promoting nursing and midwifery. professionalizing the nursing and midwifery services and upholding the dignity and honour of the profession.**
- * Addressing gender and human rights issues for ensuring safety and security of nursing human power**

Action points:

- **Guidelines for coordination between the functioning of the SNC and INC**
- **Strict Norms to check large-scale mushrooming of private institutions**
- **The Registrar of state nursing councils to be only a nursing professional.**
- **Transparency and openness among the councils and the associations**
- **Re-registration to be made mandatory, and CNE to be made a pre-requisite for re-registration**



5. Networking, partnership and advocacy at the national and international levels:

- * Networking & partnership with various nursing associations/bodies both at national & international level for bringing about systematic and strategic changes as required.**
- * Advocacy and sharing best practices through regular symposiums/workshops etc.**

Action points:

- TNAI /professional bodies/associations to take the lead to develop partnership and collaboration at national and international level.**
- Research/ advocacy given preference, to be promoted at the national and international level through inter institutional collaboration.**



6. Human resources management issues

- * Revised selection and recruitment norms.**
- * Revised norms for Nurse/ Bed Ratio to reduce the workload and burnout**
- * Transfer and Placement Policy.**
- * Merit to be considered for Promotions.**
- * Career Graph to be streamlined.**
- * Clear cut job profile**

Action points:

- HR policy**
- Training policy**
- HR mapping of nursing professionals**
- Uniformity in the pay scale between the teaching and the service delivery**



We Value your time & attention
Your comments and suggestions are invited

