



# Reimagining Nurses' Role In India

## Acknowledgement

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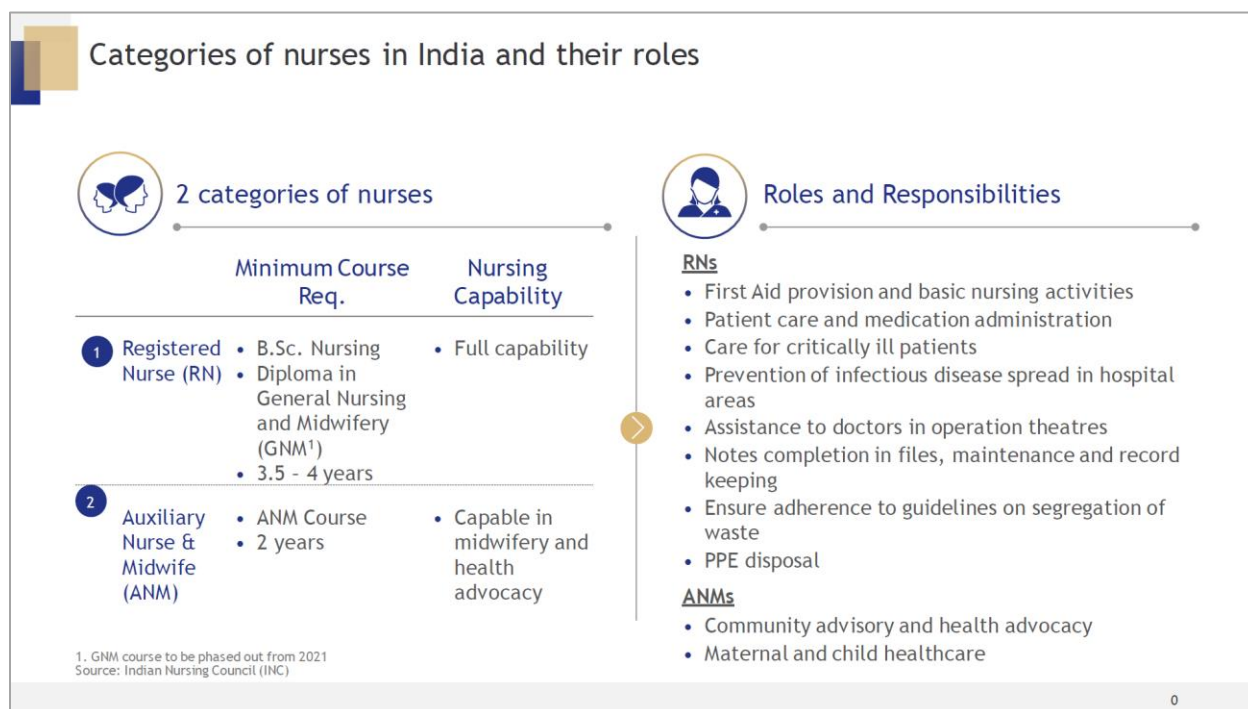
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## Current Context and Starting Point

Nurses form a significant part of the healthcare workforce. They are crucial in the care and rehabilitation of patients. While doctors perform primary healthcare activities like diagnosis, medication prescription and care planning, procedures and surgeries, nurses play a crucial supportive role in assisting doctors with their actions, bedside care of patients and helping them with appropriate recovery. Nurses are frontline workers in administering of medication and stipulated medical care. They are a patient's greatest advocate since they spend a lot of time with them. Nurses also provide invaluable emotional support to the patient. They counsel a patient and their families in understanding the disease and ways for coping up with the treatment. The growing market for home care further highlights the importance of the profession.

In India, nursing professionals form a significant part of the healthcare delivery system. Indian Nursing Council (INC) is the current apex body looking after nursing education and professional standards. Government of India is already planning to bring a National Nursing and Midwifery Bill 2020 for setting up a National Nursing and Midwifery Commission which will replace the INC and enhance focus on improving and regulating standards in Nursing as well as setting rigorous entry examinations for nurses in India. As per current provisions of the INC, the nurses pursue training and career in two ways (Refer to Exhibit 1).



**Exhibit 1: Nursing Categories and Roles**

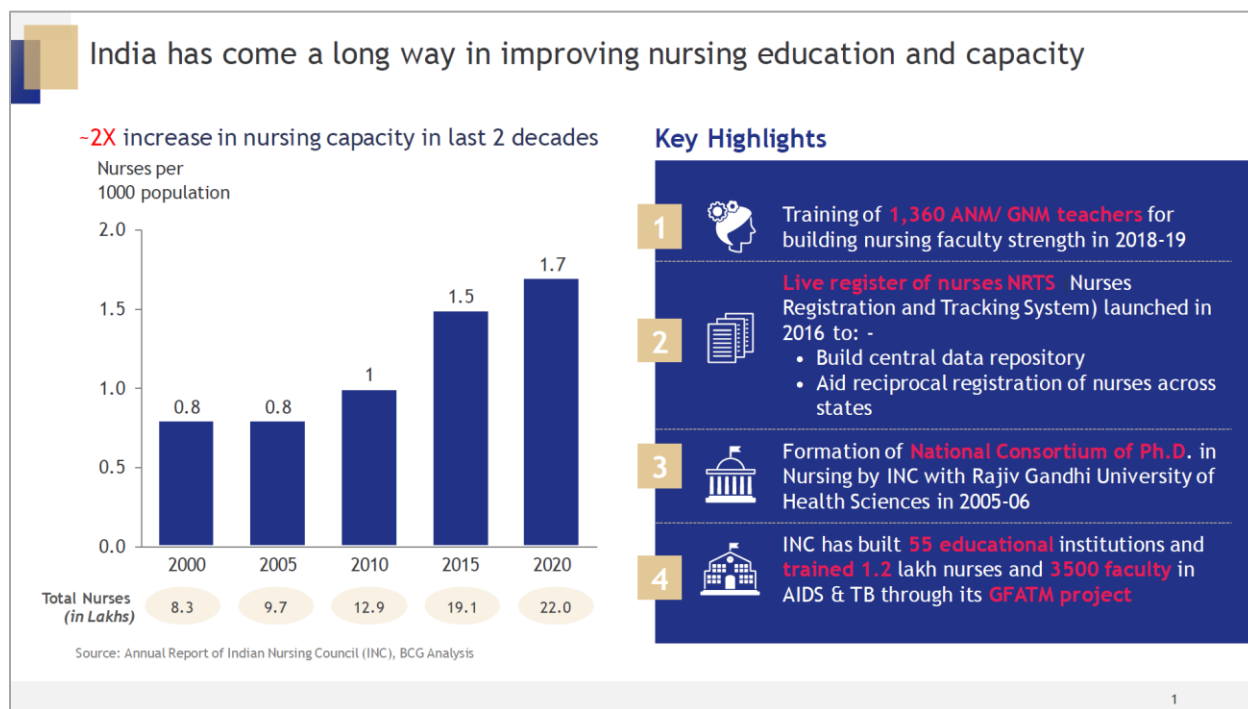
India currently has 1.7 nurses per 1,000 population, less than the WHO norm of 3 nurses per 1000 population. The problem is more acute in states of Uttar Pradesh and Bihar, where nurses per population are even less than the national average. With an increase in disease burden and frequency epidemics, India needs to build a robust health workforce. This paper explores the current challenge and provides a path forward to build a quality workforce of nurse professionals.

Additionally, while the government has already made significant efforts, quality of education for nurses in India can be improved further. More practical training and experience will help nursing students be job-ready when they graduate. The quality of nursing education also faces obstacles due

to lack of infrastructure and shortage of trained faculty. As a result, a significant part of the training of nurses happens during initial years of career through on-the-job practice.

## Nursing Supply and Capacity in India

India has made significant progress in increasing the overall availability of nurses over the past two decades. Several initiatives, such as enhancements of seats in government colleges and nurse training institutes to spur demand and large-scale training of faculty have led to a 2X increase in nursing capacity in the last two decades (Refer to Exhibit 2).

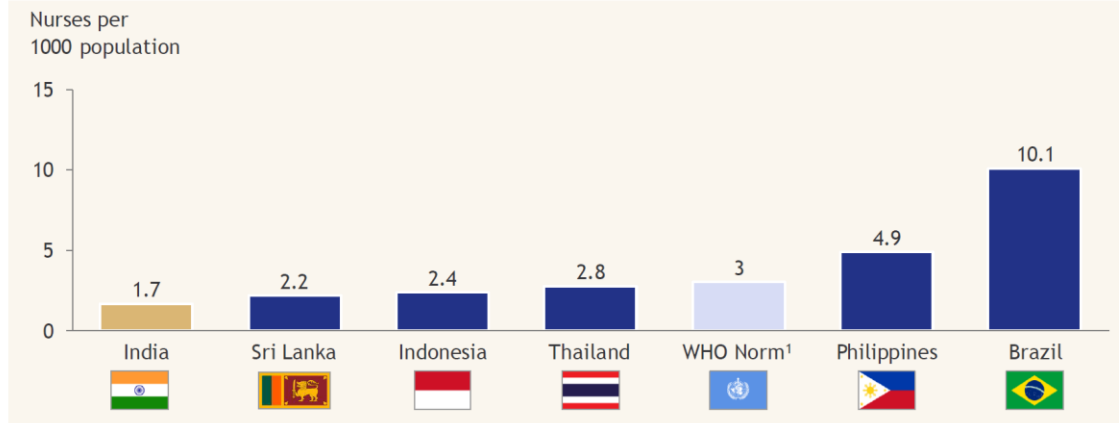


**Exhibit 2: Nursing Capacity in India over the years**

However, India still lags the WHO norm of 3 nurses per 1,000 population. As per the WHO norm, India would need 4.3 million nurses by the year 2024. Additionally, availability of nurses in India's nursing ratio per 1,000 population is also lesser than other comparable countries like Thailand, Vietnam, Indonesia and Sri Lanka (Refer to Exhibit 3).

## India still lags behind other comparative countries and the WHO norm of 3 nurses per 1000 population

### India having lesser nursing capacity as compared to other countries & WHO norm

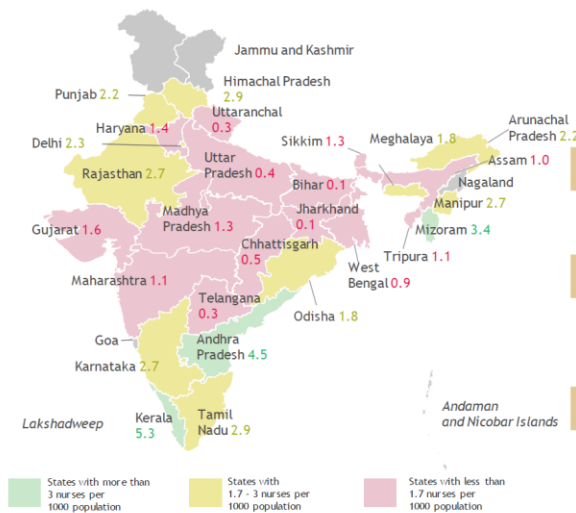


1. India Spend Article (<https://www.indiaspend.com/indias-shortage-of-doctors-nurses-may-hamper-covid19-response/>)  
Source: Annual Report of Indian Nursing Council (INC), Worldbank Database

**Exhibit 3: India's Nursing capacity vis-à-vis Other Countries and WHO Norm**

On a state basis, there is significant skew in nursing availability across various regions of the country. There are states which have more nurses per 1,000 than the WHO norm, examples being Kerala (5.4), Andhra Pradesh (4.5) and Mizoram (3.4). On the other hand, large populous states like Bihar, Jharkhand, Telangana, Uttar Pradesh, and West Bengal (having more than 35% of the total population of India) have less than one nurse per 1000 people. (Refer to Exhibit 4).

## High state-wise disparity in available nursing capacity across India



### Key Highlights

- 1 Kerala, Andhra Pradesh and Mizoram have higher number of nurses than WHO guideline
- 2 10 states (Tamil Nadu, Rajasthan, Manipur, Karnataka, Delhi, AP, HP, Punjab, Orissa & Meghalaya) are above national average of 1.7 but below WHO recommendation of 3
- 3 7 states (Bihar, Jharkhand, West Bengal, Chhattisgarh, Uttarakhand, UP & Telangana) have less than 1 nurse per 1000 population; among lowest in the country

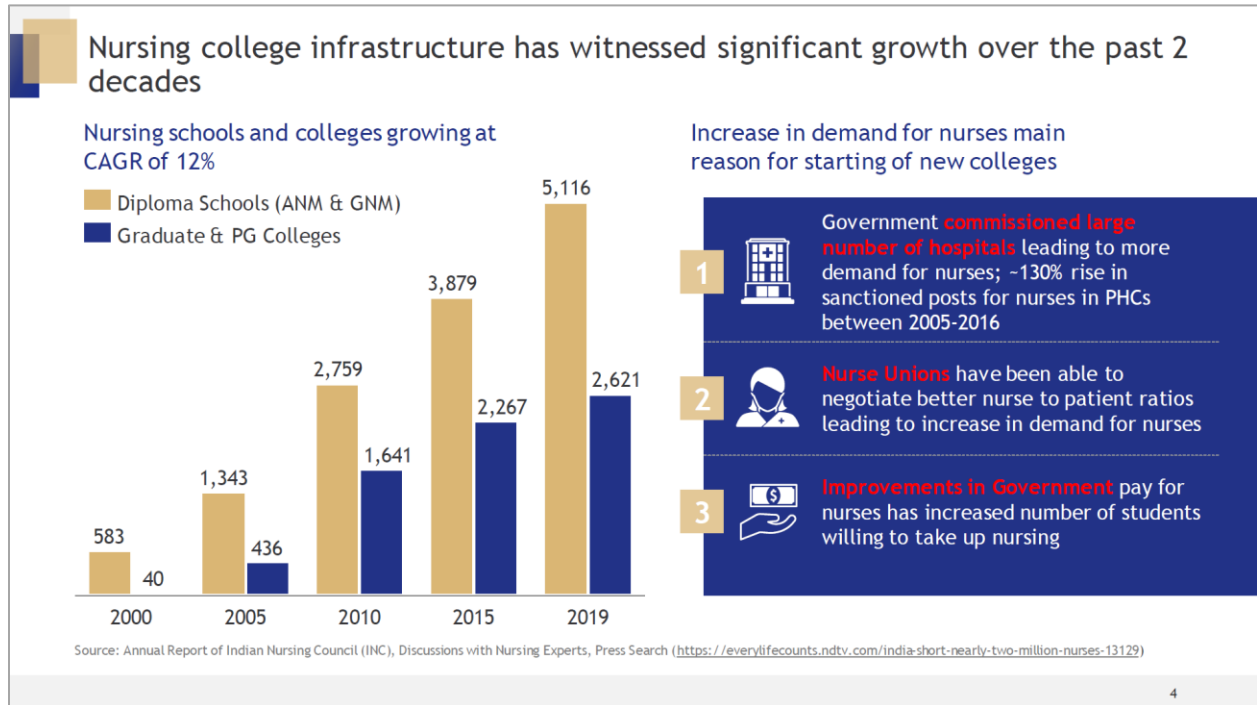
1. India Spend Article (<https://www.indiaspend.com/indias-shortage-of-doctors-nurses-may-hamper-covid19-response/>)  
Source: Annual Report of Indian Nursing Council (INC)

**Exhibit 4: Regional Disparity in Nursing Capacity**

Through further analysis of supply and capacity, two major challenges have been identified:

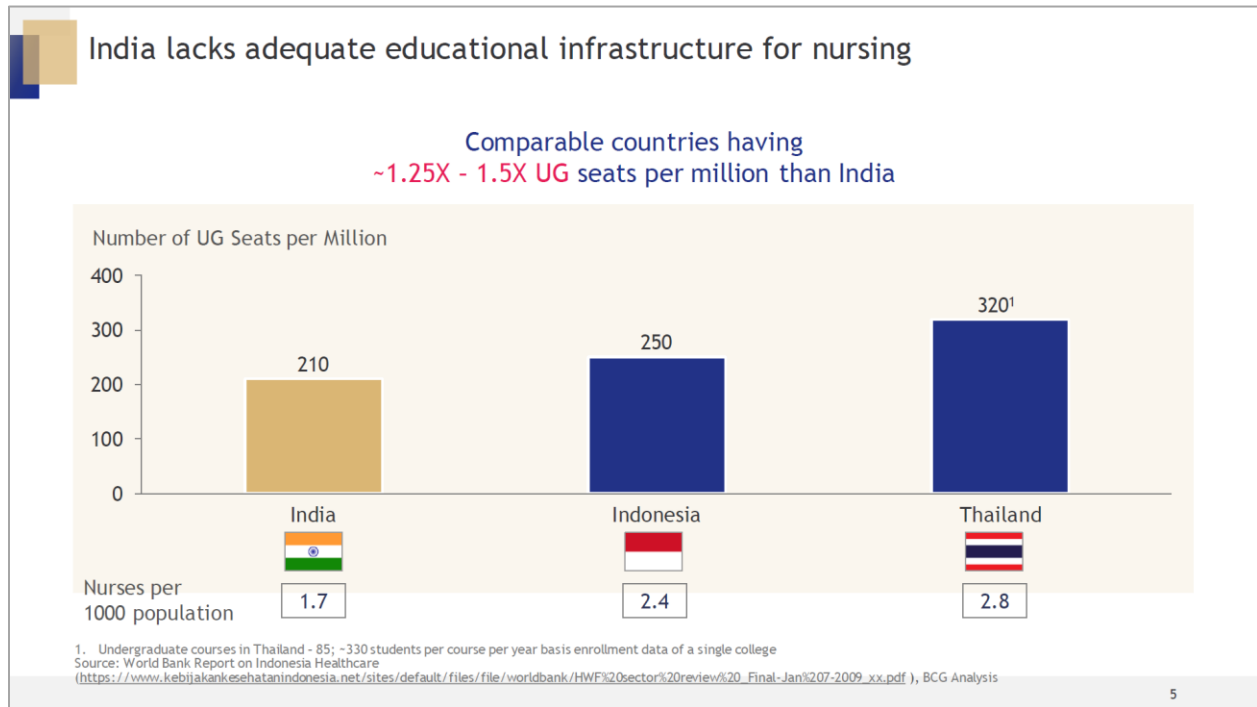
### Inadequate College Infrastructure

There has been significant growth in the nursing college infrastructure over the years (Refer to Exhibit 5).



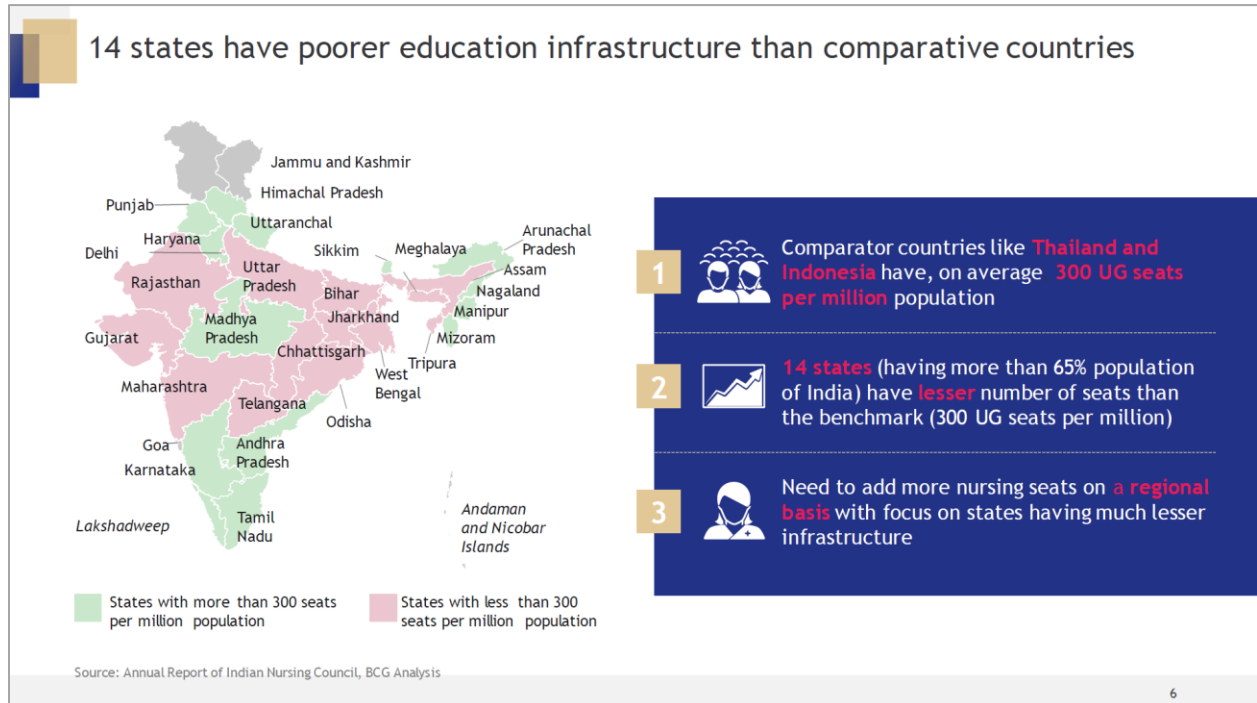
**Exhibit 5: Growth in Nursing Colleges over the past 2 decades**

However, when compared to other countries, India continues to have lesser seats per million population (Refer to Exhibit 6).



**Exhibit 6: Comparison of Nursing Seats in India vis-à-vis comparable countries**

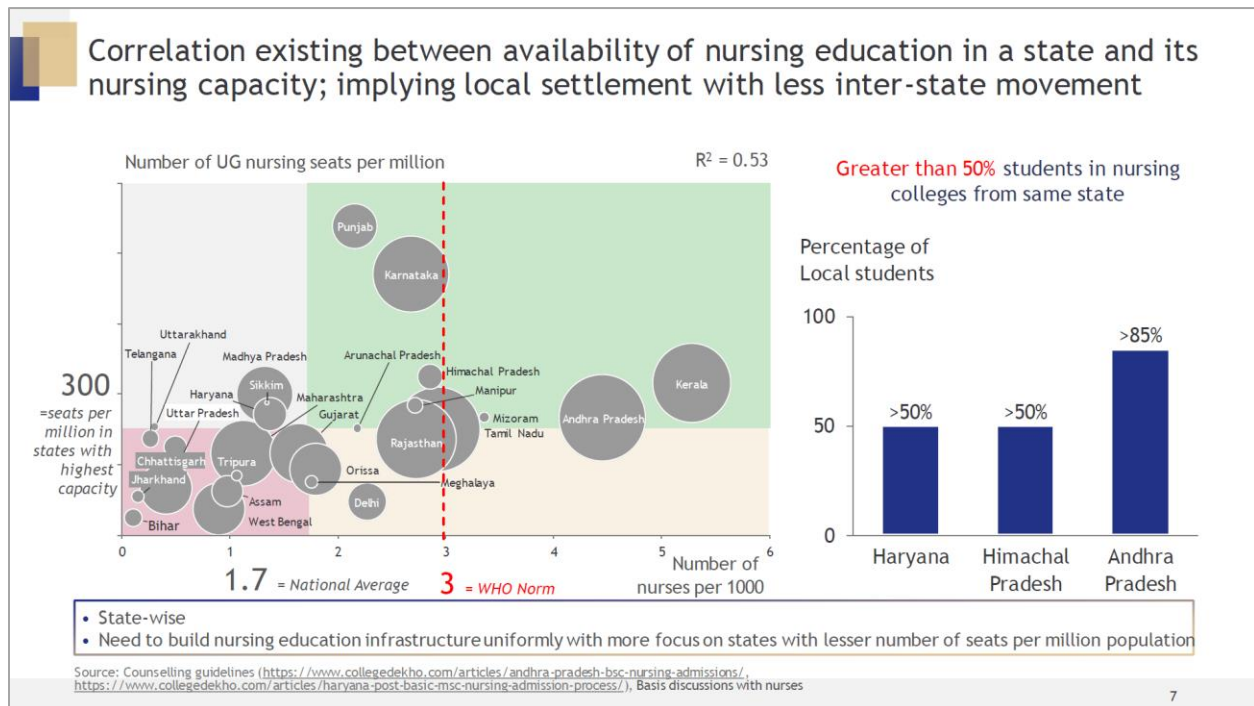
When this view is further de-aggregated to states, it is further observed that the problem of infrastructure availability is more pronounced in 14 states across India (Refer to Exhibit 7).



**Exhibit 7: State-wise Availability of Nursing Colleges**

Further analysis of state seat availability and nursing capacity highlights that there is a correlation between the availability of education infrastructure and nursing capacity within a state, signifying local settlement of nurses with minimal inter-state movement. The choice for settling locally is driven

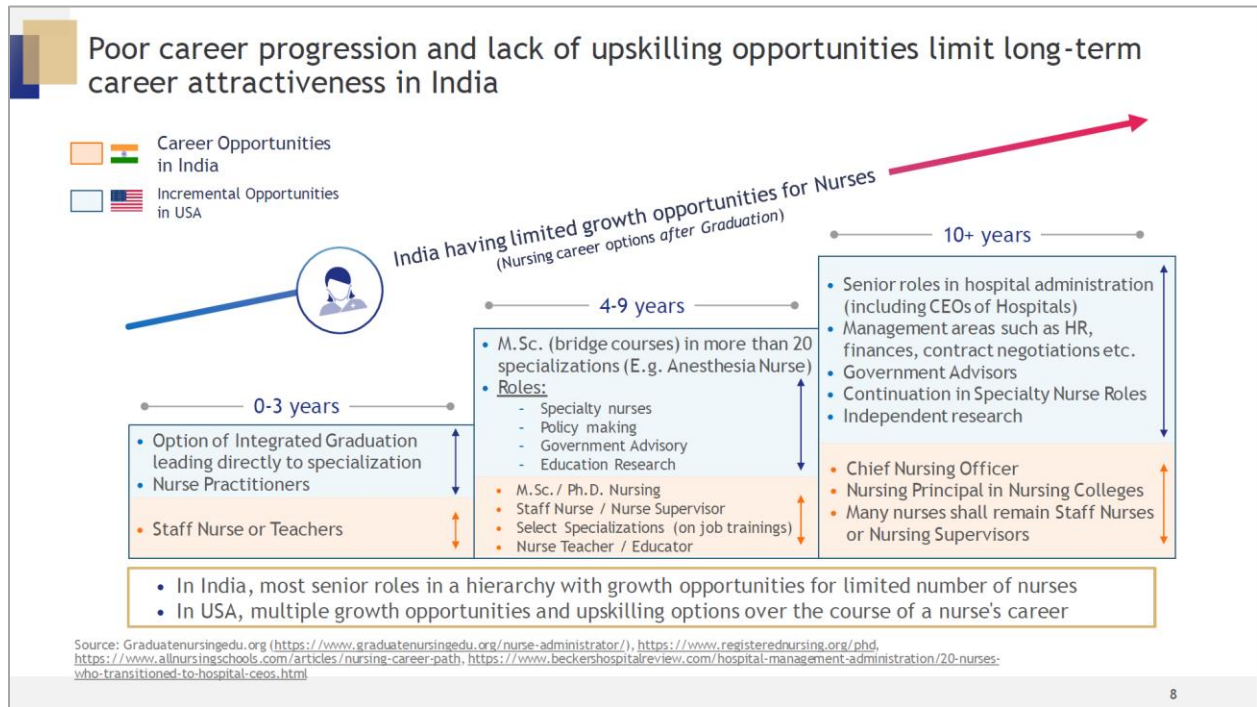
by economic reasons like higher living expenses in a new city, economic conditions necessitating financial support for family and other social and religious conditions (refer to Exhibit 8).



**Exhibit 8: State-wise Nursing Education Infrastructure and Nursing Capacity**

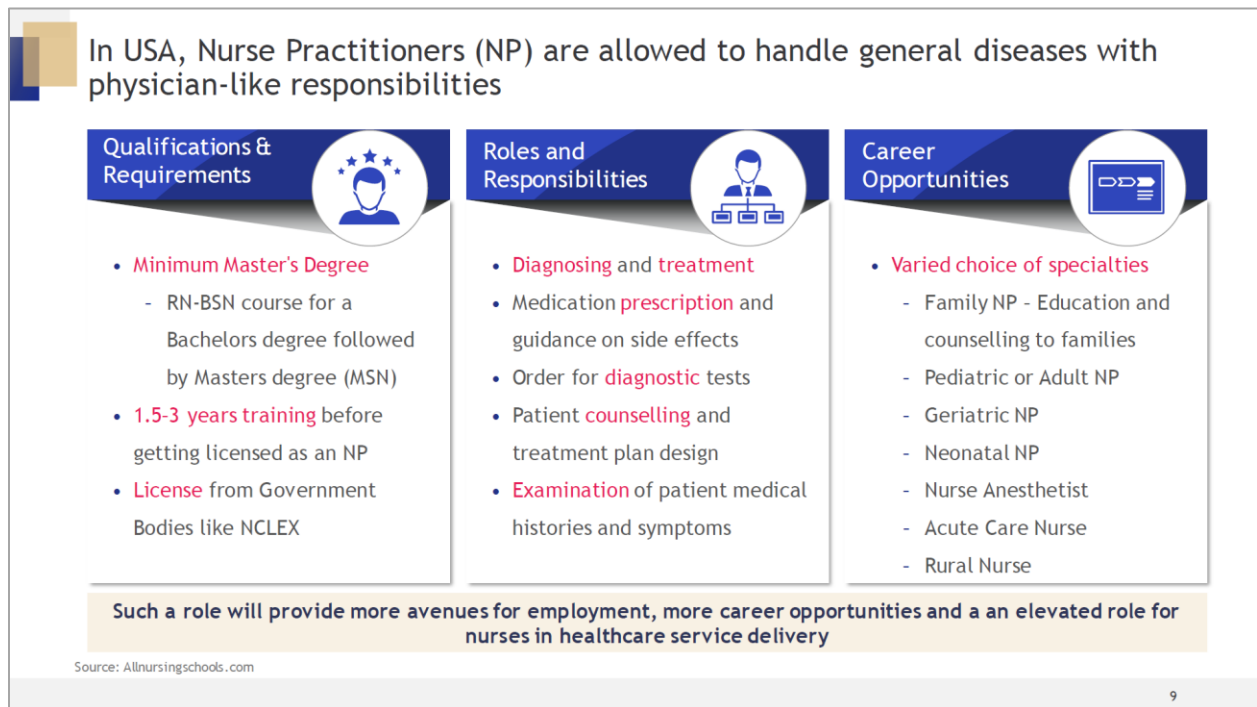
### Low Fill Rates & Outward Migration

Seat fill rate in nursing colleges in India is around 60%. This highlights that nursing, very often, is not a primary career choice for students. Discussions with experts, as well as fresh nursing students, indicate that a major reason causing this is the lack of significant career advancement opportunities outside of traditional nursing roles (Refer to Exhibit 9).



**Exhibit9: Comparison of Career Progression and Higher Education Opportunities**

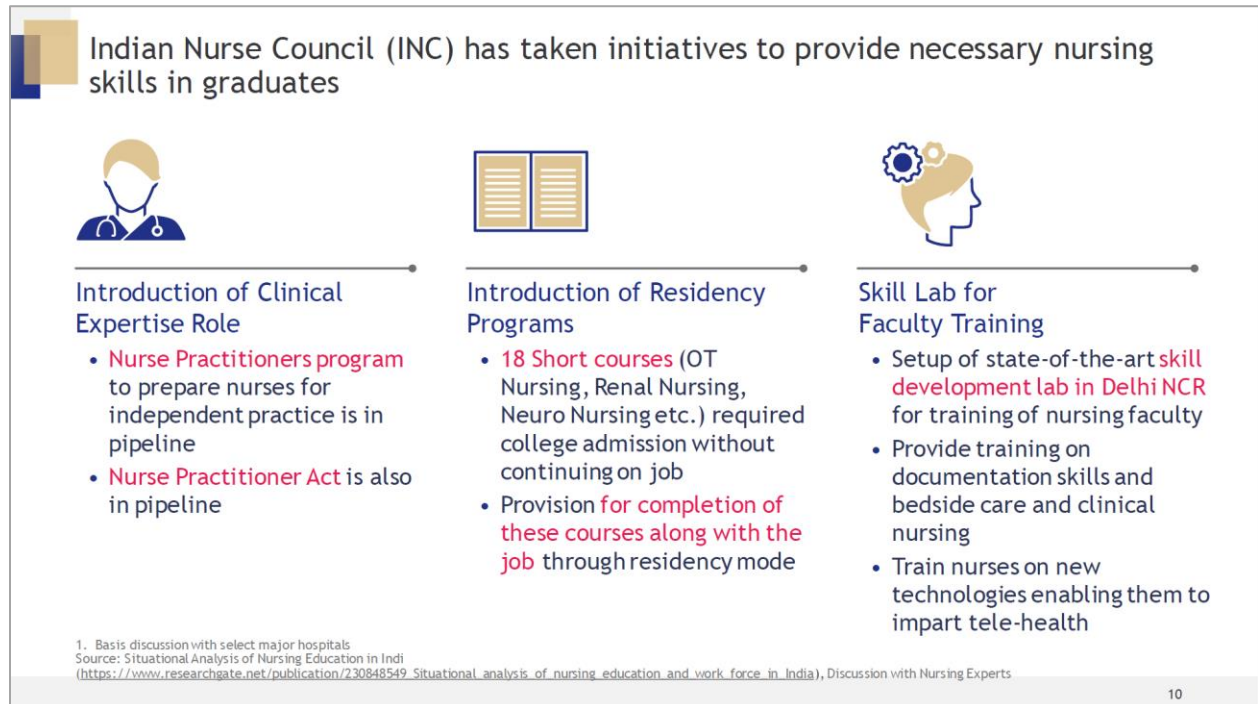
Benchmarks from other countries show that roles like Nurse Practitioners provide significant career advancement opportunities that attract nursing professionals abroad (Refer to Exhibit 10).



**Exhibit 10: Typical Nurse Practitioner Role and Responsibilities**

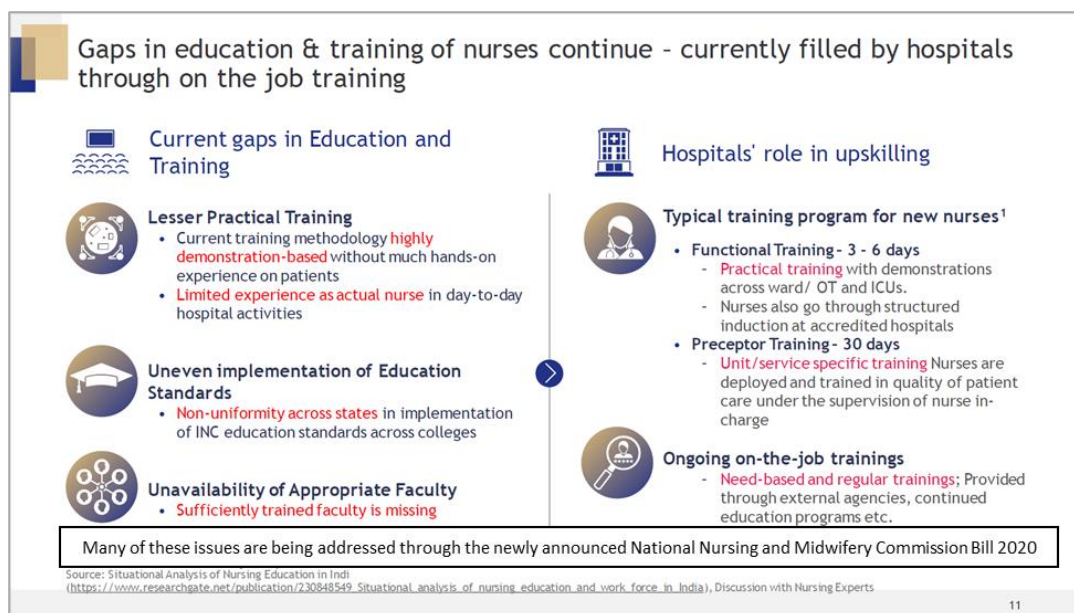
## Nursing Education and Skilling Quality

The INC has rolled out significant measures in the last few years to improve nursing education and quality in India. A Nurse Practitioners program has already been planned, and a Nurse Practitioner Act is in the pipeline to support this. Residency programs have been added to allow nurses to start specializing beyond general nursing skill sets. INC has also set up a skills lab in Delhi NCR to provide state of the art training to nursing faculty (Refer to Exhibit 11).



**Exhibit 11: Initiatives taken by INC**

However, there is further scope for improvement in Nursing training and education. Gaps exist in terms of training methodologies and hospital settings in which training happen. In terms of education curriculum, advancements are needed to bring it more in line with today's requirements. There is also a shortage of faculty in nursing colleges which can impact the quality of education (Refer to Exhibit 12). Many of the gaps are being addressed by the Government through the newly announced National Nursing and Midwifery Commission Bill 2020 – However, while standardizing education norms and implementing better entry standards for nursing – it is equally important to address issues around setting up of nursing colleges and addressing skewness in locations currently (more than half of the colleges in India are in South India)



**Exhibit 12: Gaps in Education and Training Pedagogy**

## Path going forward

Government of India has already proposed National Nursing and Midwifery Commission Bill, 2020 for setting up a National Nursing and Midwifery Commission and repealing the Indian Nursing Council Act 1947. The commission aims to focus on the following

- Form regulations
- Maintain standards of education and institutions
- Maintain standards of services provided by nursing and midwifery professionals
- Assessment of institutions
- Creation of a system to improve access, R&D and adoption of latest scientific advancements

This is a much needed move by the GOI but as we move forward, it is crucial to plan a holistic strategy for Nursing in India that can comprehensively solve for both the challenges that are faced by India – supply and nursing capacity as well as the quality of education and training of nurses in India. We have laid out below the key recommendations that should be evaluated to solve for these issues and bring India in line with best in class countries:

### 1. **Augmentation of nursing capacity**

#### a. **Address lack of college infrastructure**

- Focus on setting up of new colleges in 14 states with lesser infrastructure (primarily Bihar, Jharkhand, Gujarat, Maharashtra, Orissa and West Bengal) through special incentives to private colleges in the form of tax breaks, low-interest loans and through PPPs.
- Colleges should be mandatorily tagged with an operational and functional multispecialty hospital.
- Conduct a thorough study of existing public sector capacity and identify measures to enhance nursing seats in existing colleges. After evaluating an increase in intake of government colleges by 100% and private colleges by 25%, seats can increase by 25,000 per year.

#### b. **Increase the attractiveness of the profession for better fill rates**

- Ensure better implementation of safety norms mandated by INC/NNMC.

- ii. Improve the social status of the profession through elevation of nursing roles from 'skilled' worker to 'professionals'.
- iii. Pitch nursing as a profession to the community and sensitize students in secondary school and colleges.
- iv. Introduce a new stream and coursework – healthcare sciences for 11<sup>th</sup> and 12<sup>th</sup> standard students. It will spread awareness about different career options available to students in the healthcare profession.
- v. A short film on role of nurses highlighting nobility, understanding, righteousness, sympathy, efficiency (NURSE) a healing touch with compassion and selfless dedication be shown in high and senior secondary schools depicting nursing profession as a desirable and prestigious professional career choice. The wider publicity should include reaching the remote villages to attract potential candidates.
- vi. Create bridge courses for nurses for advancements into alternate areas (e.g. anesthesia).
- vii. Make lateral entry into other medical areas such as MBBS easier, for those who wish to switch careers.
- viii. Expedite passing of Nurse Practitioner Act to allow the establishment of nurse-led clinics for primary healthcare services and provide better quality care in small towns and rural areas.
- ix. Provide more scholarships for nursing students; make education loans readily available.
- x. Highlight the role of nurses and their criticality for healthcare services delivery by running ad-campaigns, TV and radio broadcasting, social media outreach etc.

## **2. Improvements in Nursing Education and Skilling**

- a. Enhance current skilling pedagogy and adopt new methodologies
  - i. Nursing colleges ought to be accredited by NABET, NAAC etc. – bodies which accredit Educational Institutes.
  - ii. Expedite provision of residency programs for short and specialized nursing courses (e.g. OT Nursing, Renal Nursing, etc.).
  - iii. Training on clinical practices as mandated by NNMC (PPE handling, quality of patient care, etc.) should be conducted. Include training for newer and emerging nursing specialties, e.g., Tele Nursing, Robotic Nursing, Forensic Nursing, Toxicology Nursing, Nursing informatics etc.
  - iv. Promote Nurse Practitioner in Critical Care program launched by MoHFW to prepare nurses in specialty and super-specialty services.
  - v. Setup and encourage two-way exchange programs at colleges for knowledge sharing and better leveraging global expertise, particularly from the NRI community.
  - vi. Create and disseminate a standardized curriculum, teaching videos and practical online interaction with experts in different topics so that the education offered is well structured and prepares the nursing students uniformly throughout all nursing institutions in India.
- b. Increase the availability of trained faculty for nursing colleges
  - i. Setup more skill labs for the training of faculty for nursing colleges (e.g. One skill lab has been set up in Delhi NCR).
  - ii. Engage partner institutes for preparation of nursing faculty (e.g. Andhra Pradesh's collaboration with SNMP UK in 2008).
  - iii. Leverage e-learning methodology for access to training in resource-poor areas.
  - iv. Augment faculty capacity by asking retired nurses to come back to duty; provide them with flexible work schedules and leverage their experience to train young faculty, students etc.
  - v. Provide non-monetary support to faculty through reimbursements for conferences, assignment of graduate assistants etc.

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