Injecting Dignity Into Nursing

Aug 12, 2015

The nursing profession has come a long way from the time of Florence Nightingale. However, a lot leaves to be desired opines Team HE.

If there aren't as many nurses as required...you need better workplaces

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Imagine being a nurse. You study for few years, do internship in a hospital, and become a registered nursing professional. Nobody respects you even a bit. You might be worried about physical injuries than any other professional. Verbal abuse from patients, work overload, huge expectations from management, lack of respect even from other members of the community. Well. This is exactly the reason why majority of youngsters don’t want to enroll for nursing courses anymore.
“I do not want my kids to follow my footsteps, as there is no respect for the profession,” says Antonia P, Assistant General Manager, Nursing of HCG group of Hospitals. One of the most respected nurses of HCG, has spent 25 years of her life insisting that she will never switch careers. Coming from her the answer is surprising. Surely, a nurse as dedicated as her would want her children to follow nursing.

Antonia was only 17-years-old when she enrolled as a nursing student in St. Johns Medical College, Bangalore and she remembers being mesmerized by the career plans of her peers. “It was one of the most exciting phases of my life,” Antonia recalls 26 years on. And now 45, she is absolutely clear about her career path. “It is a tough job and someone has to do it. But I don’t want my children to enter in to the profession. My route into nursing came due to limited career opportunities for women at that time. Today, there are many exciting job opportunities for young women.”

She points out the nursing jobs are real jobs and the women who do it should be treated with respect. “Today a nurse gets less salary than housekeeping staff or security, when she joins the workforce,” says Antonia.

Alarming statistics are reported today in journals and major newspapers. There were 2.4 million vacancies for nurses nationwide in 2012. Though certain states are harder hit than other areas, there are few areas that didn’t feel the pinch. Young women, who had historically made up the bulk of the nursing profession, faced unlimited career opportunities and were choosing to enter other fields. “The need for quality nursing care is increasing by the minute. With the increase in the elderly population - they will constitute 20 percent of the Indian population by 2050 - and in the prevalence of chronic diseases, more patients will need long term care in a setting outside the hospital. We will need high quality nurses and nurse practitioners to provide this care in a comfortable and convenient way to these patients,” says Anitha Arockiaswamy, President, India Home Healthcare.

“We also need strong nursing leaders in the country who can be good role models for our nurses and are able to guide the community through these changes”

- Anitha Arockiaswamy, President, India Home Healthcare.
A Day in the Life a Neonatal Nurse

In India, more than one million babies die in their first month of life. Rekha Samant is a senior staff nurse in the Neonatal Intensive Care Unit at King Edward Medical Hospital and Seth Gordhandas Sunderdas Medical College in the megacity of Mumbai. With 15 years experience as a senior staff nurse she is also one of a rare breed of nurses: she has a one-year diploma in neonatal nursing, which she obtained at SNDT University in Mumbai. Samant is a national trainer in Kangaroo Mother Care (KMC) and the KMC Unit at her hospital is internationally recognised as a centre of excellence.

Where are the nurses?

According to Atul Raja, Executive Vice President, Marketing, Wadhwani Foundation, shortage of nurses in India is due to a complex combination of professional, social and economic factors. "Paucity of training" is one of the main reasons for the nurse shortage, not just in India but also globally. The nursing education programme in India should be strengthened. We need to be concerned about educational governance, institutional and educator capacity, quality and standards, development of nursing faculty, over-cluttered curricula and poor clinical linkage. Second, the institutions responsible for nursing training lack the required physical and human resources. Most of these training institutes work as appendages to hospitals. An equally important reason is the significant migration of Indian nurses to overseas markets, mainly for higher compensation. Striking global disparities in nursing incomes persist.
It is estimated that up to one-fifth of the Indian nursing labour force may be lost to wealthier nations. Major reasons cited by migrated nurses include supporting families and repayment of education loans. Third, the nursing profession in India lacks high professional status, has low and unattractive salaries, gets inadequate recognition from the community for the services provided by them and has little incentives for quality performance. At the same time, some of the key issues like job insecurity for the contractual staff also need to be tackled," says Raja.

Another sore point for nurses is that the job rarely fits the promise made at the time of recruitment. An experienced nurse might find herself taking care of more than 10 patients, even though she was promised something else while signing the contract. "In India nursing is defined by unsatisfactory working conditions, low pay, low staff to patient ratios, and in some cases physical and verbal abuse. As a result India is one of the prime recruitment grounds for overseas employers, especially the developed countries like the United States of America (USA), United Kingdom (UK), Canada, Australia, European Union and the Middle Eastern nations," says Akanksha Dicholkar, Chief Nursing Officer, Aster Medcity, Cochin.

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Where is my career heading?

In an industry that is constantly trying hard to cut corners, a good pay package is hard to come by. Majority of nurses pay for their education using family savings followed by a bank loan and then other methods and the lack of employment opportunities within India to provide adequate salaries for nurses increases the brain drain to overseas. "Unlike overseas where nurses have opportunities for professional development such as a Certified Legal Nurse Consultant, Nurse Anesthetist, Nurse Case manager and Nurse Practitioner, we have limited opportunities in India from career perspective," says Dicholkar. The total cost of nursing education -fees plus any ‘donation’ that is made to the college in order to get a seat-varies across the sample, but the most common cost is between 100,000 and 200,000 Rupees. "Nursing education is quite expensive. After having spent four years and a considerable amount of money, students look for good financial returns from the
prospective job opportunities. Nursing is unable to assure them of that. In today’s scenario, there are a plethora of well-paying jobs with better work-life balance, that is alluring to a majority of the students,” adds Arockiaswamy.

While young graduates quit their jobs for greener pastures, baby boomers stick on even though they might find their job frustrating.

According to Anjan Bose, Secretary General of Healthcare Federation of India (NATHEALTH), the situation is similar across the globe. In any health system, the

“Strong political commitment is required for improving nursing situation in India”

Anjan Bose, Secretary General of Healthcare Federation of India (NATHEALTH)

health worker determines the nature and quality of services provided, says Bose. “Most health systems across the globe face nursing shortages, varying across regions and rural-urban distribution. Although nursing services are an integral part of both preventive and curative aspects of India’s health system India has been facing a shortage of nurses since independence. Professional, social and economic reasons are considered to be behind nursing shortage in India. Similar reasons induce Indian nurses to look for migration opportunities in other countries. The developed countries
have discovered India as a new source of well trained nurses, to overcome their nursing shortage. This has resulted in mass migration of nurses from India, which in turn may lead to non-availability of standard quality health services especially to the economically deprived section of the population in the country. Strong political commitment is required for improving nursing situation in India.”

He also adds that healthcare services are expected to generate demand for 15 million to 20 million new jobs for doctors, nurses and allied health professionals by 2025.

According to a NatHealth report, currently, there is a shortfall of nearly 2 million doctors and 4 million nurses in the Indian healthcare system. The numbers of Primary health care centres (PHCs) are limited, 8 percent of the centres do not have doctors or medical staff, 59 percent do not have lab technicians and 18 percent PHCs do not even have a pharmacist. Despite the scarcity of medical personnel, the problem of under-utilization exists. Ironically, about 50 percent of the existing medical workforce does not practice in the formal health system.

**Impact of Shortage**

The one word to describe the impact of nursing shortage is alarming. Studies suggest that nursing shortages have been linked to increased workloads, risk for error, risk of spreading infection to patients and staffs, occupational injury, attrition and greater costs for the employer and the health care system.

“Increased workload is responsible for medical errors as nurses’ overlook processes and protocols to be followed. They adapt to shortcuts to in fulfilling their tasks,” says Valsa Thomas, Director, Nursing, Dr LH Hiranandani Hospital. “There is an increase in incidence of nosocomial infection, delay in treatment advised, patient falls, bedsores etc. this lead to increased morbidity in patients and effect patient satisfaction as nurses who are supposed to provide succor to patients have no time to provide compassion,” says Thomas.

What makes the situation particularly bad is the society’s perception about nursing says Dicholkar. “A study by the Commonwealth of Australia identified matters that led to attrition of nurses. The report says that many younger nurses are thinking of changing their profession because of constant schedule changes, high load of patients, tedious paper work, fluctuating work shifts, most importantly lack of appreciation from superiors, lack of appreciation from patients and their
relatives, bad work milieu and smart pay scales. In colonial Indian society, working women’s claims about the status and importance of nursing found even less acceptance.

Indian society tended to view nursing as not only menial and morally dubious, but also as polluting work typical of lower castes. Due to many professional opportunities available for women today, nursing is found less lucrative compared to other professions like engineering, IT, Media etc.”

But is it easy to measure the impact of nursing shortage on healthcare? No. But new studies indicate that the nurse’s role is vital to a patient’s safety and health; when nurses have to care for too many patients, a patient’s risk of death following surgical procedures rises by 7 percent per patient. These statistics lend real urgency to the growing shortage.

“Several recent studies document a significant association between nurse staffing levels and quality of patient care in hospitals. An increased number of hours of RN (Registered Nurses) care per day for each patient is associated with improved outcomes, including shorter lengths of stay and lower rates of urinary tract infections, upper gastrointestinal bleeding, pneumonia, shock or cardiac arrest, and death from complications (termed “failure to rescue”) such as pneumonia or shock. The study, conducted under contract with the Health Resources and Services Administration in the Department of Health and Human Services (DHHS) in October 2002 found that an increase of each additional patient per nurse (within a range of four to eight patients) was associated with a 7 percent increase in the odds of dying within 30 days of admission and a 7 percent increase in the odds of death following complications such as shock or pneumonia,” says Dicholkar.

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Department / Area</th>
<th>Nurse: Patient Ratio</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>ICU- Ventilator Beds</td>
<td>1:1 each shift</td>
</tr>
<tr>
<td>2</td>
<td>ICU- Non-Ventilator Beds</td>
<td>1:2 each shift</td>
</tr>
<tr>
<td>3</td>
<td>High Dependency Unit (HDU)</td>
<td>1:3 each shift</td>
</tr>
<tr>
<td>4</td>
<td>Inpatient beds</td>
<td>1:6 each shift</td>
</tr>
<tr>
<td>5</td>
<td>Operation Theatre (OT)</td>
<td>2 nurses per table each shift</td>
</tr>
<tr>
<td>6</td>
<td>Emergency - Ventilator Beds</td>
<td>1:1 each shift</td>
</tr>
<tr>
<td>7</td>
<td>Emergency- Other Beds</td>
<td>1:4 each shift</td>
</tr>
<tr>
<td>8</td>
<td>OPD</td>
<td>As per workload</td>
</tr>
<tr>
<td>9</td>
<td>Various Procedures</td>
<td>As per workload</td>
</tr>
<tr>
<td>10</td>
<td>Labor table</td>
<td>1 nurse per table each shift</td>
</tr>
<tr>
<td>11</td>
<td>Supervisor staff</td>
<td>As applicable</td>
</tr>
<tr>
<td>12</td>
<td>Infection Control Nurse</td>
<td>1 for 100 beds</td>
</tr>
</tbody>
</table>
“When we discuss with nurses in our hospital, they express that nurses are often taken for granted by their employers, doctors, and the families of patients, who expect them to be tireless angels who don’t need a break. According to the norms of Indian Nursing Council (INC) the nurse-patient ratio should be 1:3 for medical colleges and 1:5 for district hospitals. But the stark reality is that, in the medical colleges and other hospitals of the state, there is only one nurse against 20 to 30 patients,” adds Dicholkar.

“Nursing shortage is a global phenomenon, but in India and most of the developing world it has assumed alarming proportions. This is worrisome as nurses are the backbone of Indian healthcare system. Today we still face shortage of nursing staff to the extent of 40 to 50 percent. This is accentuated by the fact that many nurses prefer to work overseas for higher compensation. As a result it is a challenging task to maintain a healthy doctor-nurse ratio in state and privately run hospitals of India.

It is an internationally accepted norm today that patient care is a collaborative effort that requires inter-disciplinary interventions. Nursing staff are the nodal points of this ‘collaborative’ effort which results not just in patient care but also in enhancing the ‘patient experience’.

Shortage of nursing staff means higher number of patients per attendant and this, in more ways than one, definitely has a negative impact on patient safety. More importantly, it is the sustainable nature of the cure - a definite aspiration for most patients- that suffers in many cases and may result in repetitive patient visits, post discharge. Overall, any human resource shortage in the healthcare industry is likely to result in discouraging health indicators and higher infant and child mortality,” says Raja.

To help address the enormous gap that exists between skills needed by the Indian industry and what academia is producing, and the resultant deep fracture in the talent supply chain, Wadhwani Foundation has set up the Skills Development Network (SDN) in 2011. SDN co-develops industry driven curricula as technology enabled learner-centric models to mainstream education and enhance employability. SDN’s strategic partnership with Narayana Health - and subsequently with other players in the healthcare industry has resulted in a successful ‘game changing’ training program across Narayana Health’s 20 centers and other industry establishments to train medical support staff and partly fill the current void of a million nursing staff in India.

Arockiaswamy points out that home care is an exception. “In home care, since we provide one on one care, we need to have the staff to cover every shift that we have committed to. Hence, patient safety is rarely impacted due to manpower shortage in home care. However, growth is affected due to shortage as we may not be able to recruit as many nurses we need, to increase our volume and reach,” says Arockiaswamy. “Today, there is a huge demand for specialized nurses. Specifically, in home care, we need nurse practitioners and psychiatric nurse specialists
who can be part of our dementia care programs,” explains Arockiaswamy.

The present may be a precursor to the future, says Minnie Bodhenwla, CEO of Wadia Hospitals. “Even though the quality of nursing services and the education we provide in India is amongst the best in the world, the number of students who graduate every year are not enough to fill the gap. Unfortunately there is a lot of brain drain of nursing staff from our country. A major step required to avoid this brain drain is to empower our nurses by involving them more in the treatment of the patients and remunerating them in par with the pay scales of the west. Also nursing has much been focused as a profession for women, in my view the same needs to be looked as an equal opportunity as a great profession by both the genders. There is an absence of effective reimbursement incentives for quality care in general and nursing care in particular. Further, there is a lack of funding for clinical training costs of nursing education.”

**What it’s really like to be a nurse**

According to majority of the nurses, there has been a considerable increase in the number of patients they are required to treat and many feel dissatisfied with their jobs. “Insufficient financial compensation and poor working conditions are the main reasons why our nurses are choosing to work in a foreign country. Also, there is still an obvious lack of respect for the work they do, from, both, within the medical community and from the general public,” says Arockiaswamy.

**Indian Nurses**

There are only 4 lakh trained nurses in India and they too are low on morale.
Many nurses also reported being verbally abused by the patients. They added that they often missed meals because they were busy to take a break. They felt overburdened with the paperwork and often wondered whether management cared. “NABH and Indian Nursing Council have clearly mentioned the ideal nurse to patient ratio in a hospital. But a nurse often takes care of more than ten patients in a single shift in Indian hospitals,” says Antonia.

The average nurse is in her mid-thirties and anticipating a job in a developed country. At the same time, nursing schools report decreased applicants. According to a newspaper report in 2009, even though 6,66,000 seats are available each year to pursue nursing studies in India, most remain vacant. Ironically, just as nurses are becoming scarce, the need for them is also increasing dramatically. “From my understanding, between 2000-2010, there were a lot of male nurses passing out, due to the job opportunities abroad. However, with most countries enforcing tighter regulations on the nursing immigrations, number of male students opting for nursing courses has reduced,” says Arockiaswamy.

“With disease specializations, even nurses can grow within a particular specialization”
- Kumar Krishnaswamy, HR Head, Medwell Ventures

**Specializations and Certifications**

One glance at job sites, illustrates the broad employment opportunities currently available to nurses. From birthing centers to psychiatric centers, from public health to infection control, from staff nurse to directors and vice presidents of nursing, the variety of positions is unlimited.

“The entire healthcare system has expanded including nursing. A lot of opportunities have opened up within the sector. With disease specializations, even nurses can grow within a particular specialization. Now there are not only government hospitals, but also numerous private players as well as home healthcare providers who have their own advantages and provide various incentives to nurses,” says Kumar Krishnaswamy, HR Head, Medwell Ventures.

In a market like India, especially like healthcare sector, things change very fast, says Raja. “India has long been an exporter of nurses to the world; however with rapidly improving standards of living, the demand for healthcare services in India is also growing. In addition to the local demand for increased health services, India has also successfully forged an excellent reputation as a medical tourism destination. Despite nursing being marginalized within the health system in India, working as a nurse may now offer a wide variety of clinical settings and career pathways. However, for the nurses’ numbers to exponentially increase will by no means be an easy task as we are nowhere close to a desired nurse-patient ratio of 1:4. Also, the Indian ratio of 0.8 nurses per 1000 citizens as compared to the world average of three nurses per 1000 means that our healthcare system will need to add about two million nurses to its existing numbers. While the past seems to be riddled with
bottlenecks and the numbers look daunting, this in itself reflects the untapped potential of nursing in India. The nursing role in India will need to reinvent and cast itself into myriad range of emerging healthcare responsibilities. The new age nurse will no longer be the Florence Nightingale for the sick, but is ready to take the mantle of the shining knight to become an equal partner in the continuum of patient care,’ says Raja.

**Experience and Mentoring**

This brings me to the point that in this environment, the one thing that will solve shortage is probably a focus on what academic Avani Oke, Principal of KJ Somaiya, College of Nursing calls exclusive skill sets. Her key argument is that while relatively short time is required to train a nurse, the shortage of qualified nursing instructors and the low enrollment ratio of nurses are some areas of deep concern. She points out that a new nurse needs years of experience and mentoring to fully develop her skills. She says that what is apparent to the public is often the kind nature of a nurse, but what is less visible but essential to patient's well being is the sophisticated level of knowledge and experience utilized in their care, that helps prevent complications or allows for quick intervention if a complication occurs.

“They not only take care of the patients, but have to work with other members of the health team, relatives on a daily basis”

Avani Oke, Principal of KJ Somaiya, College of Nursing

“Nursing is an art and science. Nurses lead an exhaustive life right from the time they enter the profession. They not only take care of the patients, but have to work with other members of the health team, relatives on a daily basis. The major force in any hospital organization comprises nurses. The hospital will come to a standstill if it does not have the required nurses. Thus, it is truly said that nurses are the backbone of the healthcare system. The nurses are responsible for not only treating the patient but healing the mind and the soul. ‘It is one of the noble professions', where clients are looked with empathy and not sympathy,” says Oke.

The major issues for nurse retention which need to be tackled in India, according to Oke are job insecurity for the contractual staff, low salary package and infrastructural facilities, brain drain due to migration. The lack of respect was listed many times as a source of dissatisfaction by many nurses. “It is clear that we can produce more than 2 lakh nurses per year. But the ground reality is that more than half of the seats in various institutes remain vacant,” explains Oke.

Arockiaswamy seconds Oke’s views. “Today, nursing is more about documentation than about care. There are hundreds of forms to fill and reports to generate, which leaves them thirsting for hands on time with the patient. Even though, the shift is technically six hours, they end up working eight hours on any given day. Ratios are improving in the big branded hospitals because of accreditation requirements. In general, it is in between 1 nurse to 8-12 patients.”
A 2013 study on Migration of Indian Nurses to the OECD Countries by Society for Labour and Development, New Delhi and National Guestworker Alliance, US shows that the migration trend has moved towards western countries, like U.S. and U.K., and others like Philippines.

The same study also sees migrated nurses acknowledging their working conditions to be much better than in India. In fact, as per the study, working condition has become the major reason for these nurses deciding not to return to India. According to them, they can compromise on the issue of salary but adjusting to the working conditions in India is more difficult. As a result, India is considered as a fertile ground for recruiting trained nurses by the high-income countries to overcome their own shortages.

**Number of nursing institutes providing the training at various levels (2012)**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name of the Program</th>
<th>Total Institutes</th>
<th>Total Available Seats</th>
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<tr>
<td>1.</td>
<td>ANM</td>
<td>1,642</td>
<td>46,719</td>
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<tr>
<td>2.</td>
<td>GNM</td>
<td>2,670</td>
<td>1,09,224</td>
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<tr>
<td>3.</td>
<td>B.Sc Nursing</td>
<td>1,578</td>
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<tr>
<td>4.</td>
<td>PB B.Sc nursing</td>
<td>696</td>
<td>22,655</td>
</tr>
<tr>
<td>5.</td>
<td>M.Sc Nursing</td>
<td>535</td>
<td>10,026</td>
</tr>
</tbody>
</table>

“Nursing is generally perceived as a demanding profession. Along with the increased demand and progress in the nursing profession, stress among the nurses has also increased. Job related stress and job dissatisfaction are becoming an increasingly large disorder among Indian nurses leading to inadequate staffing, poor teamwork, inadequate training, and poor supervision.

Also, there has been a profound gap between nurses’ understanding of themselves and the way society perceives them. Nurses are trained to see themselves as skilled professionals with a specialised body of knowledge. Yet, outside of the profession they have often been seen as unskilled. This gap between self-image and public image leads to anxiety about status and is a deterrent for the rising middle class to actively pursue nursing as a profession,” says Raja.

**Personal Safety**

Now here’s another uncomfortable fact. One must also remember that several nurses have worries about their own exposure to HIV, hepatitis and infections and bringing disease home to their children. There is also the problem of physical nature of the work. "Many nurses worry that they will
be forced to leave their jobs due to injury before they reach 50,” says a nurse, who doesn’t want to be named. “It’s not just lifting of patients in bed. It’s walking with them down the hall or to the bathroom and suddenly they faint,” she adds.

**Shifting Social Factors**

Nursing shortage is not simply a result of working conditions. A variety of social features external to nursing has led to the scarcity of nurses. Social changes over the latter decades of the twentieth century opened many career avenues to women that were previously reserved for men. With 95 percent of the nursing profession made up of women, it is only reasonable to expect that nursing would be impacted.

Oke explains it this way, “It is hard to put a finger on one thing that is responsible for our inability to produce more nurses through quality education.” “What makes the situation particularly bad is the physically demanding nature of work. The main factor that makes the job unappealing to Gen-Y is the physically demanding nature of work. A survey done to explore the views of the present generation of not choosing nursing as a profession revealed that the students like to opt for other options because nurses have to lift and transfer the patient, equipment as a normal course of work. They are on their feet for the entire shift. The results of the survey revealed concerns of youngsters like work-life balance. The nurses have to work in shifts. As the shift changes every week, there is no fixed routine. She also has to work on weekends, holidays and is unable to spend time with the family. Since nursing is mainly female dominated, this causes a lot of concern especially when she starts a family,” says Oke.

Let us take the example of millennials. They are equipped with smart phones and iPads and take decisions about career after research on internet and discussing with their peers. They clearly know that when it comes to attendance, nursing council policies are strict. This makes the course automatically unappealing to many youngsters who prefer to multitask or do a part time job.

“Even in the student period if he/she is absent or sick, she is required to complete the necessary hours before completion of the course. The course is prepared in such a way that the student hardly gets any time for leisure activities. This tight discipline is a key feature of several nursing schools and has made the course less appealing to students,” explains Oke.

Young graduates also find it hard to cope with violence at workplace, says Oke. “Many times the nurse is faced with situation where patients do not appreciate help, turn violent and abuse the nurse verbally. There will be times when she is faced with sad and tragic situation, which can be tough to handle. There is the issue of risk of infection too. Nurses deal a lot with blood and body fluids. They are also exposed to all types of viruses and other pathogens. Further, nurses are portrayed negatively through the media, creating a very poor image of nursing in general.”

Clearly, nurse shortage will definitely create an impact on the bottom line of healthcare companies, say experts.
“The shortage of qualified medical professionals is one of the key challenges facing the Indian health care industry. India’s ratio of 0.7 doctors and 1.5 nurses per 1,000 people is dramatically lower than the WHO average of 2.5 doctors and nurses per 1,000 people. Furthermore, there is an acute shortage of paramedical and administrative professionals. The situation is aggravated by the concentration of medical professionals in urban areas, which have only 30 percent of India’s population. Many patients, especially those living in rural and semi urban areas, are still receiving services from unqualified practitioners. The industry needs an additional 1.54 million doctors and 2.4 million nurses to match the global average,” states a Deloitte Global Healthcare Outlook 2015.

Public Perception

Many of the nurses are not well understood, even by educated members of society. But nursing is a distinct scientific field and autonomous profession where skilled practitioners save lives and improve patient outcomes every day in a wide variety of settings, says Dicholkar.

“The there is vast gap between what skilled nurses really do and what the community thinks they do. These causes include skilled nurse short-staffing, poor work conditions, inadequate remuneration and inadequate resources for nursing research and education. Yes, we need to increase nursing colleges which are attached to the hospital where nurses can get good skill training and need to allow married women to take admission in nursing colleges as Nursing Council Director T Dileep Kumar shot off a letter to all states in 2010 but still many colleges in India are not adhering to it,” says the nursing director of Aster Medcity.

The shortage of nurses often leads the patients of government-run-hospitals like AIMS in a fix. According to newspaper reports, the shortage “has led to the growth of a parallel economy in and around the institute. From private nurses to agents selling medicines and equipment, the hospital wards are full of people who make a living from the patients admitted there,” states a Times of India report.

Nurses took out a candlelight march in Delhi to claim equal career prospect
But is the shortage that worse? Recently, prior to international nurses’ day a large number of nurses from Delhi and NCR took out a candlelight march in Delhi to claim equal career prospect and end to contractual employment. They alleged that most state-run hospitals have 10-30 percent of positions for nurses unfilled as a result of which employees are overburdened.

But experts suggest that everyone has played a part in this current nursing crisis “The villain is the health care industry itself. All the participants in the current healthcare: senior executives, physicians, patients and even the nurses themselves have contributed to the crisis. We have a culture that celebrates the doctors for their services but chooses to ignore the nurses and paramedics who are the backbone of the system,” says Arockiaswamy. “We do not even share the stage with nursing leaders in most industry conferences. We only have a handful of recognized leaders for the nurses to emulate. If we can bring about this cultural change, it would make a huge impact on the nurses’ psyche. Also, reevaluating our payment structures will encourage more nurses to stay back in India and also more bright students to take up nursing. We also need strong nursing leaders in the country who can be good role models for our nurses and are able to guide the community through these changes,” says Arockiaswamy.

Among other things Arockiaswamy points out the obvious: a reasonable nurse to patient ratio can reduce the burden on nurses to a considerable extent. “Hospitals have to offer reasonable nurse to patient ratios, better training opportunities and a clear career path. Nurses in hospitals are often stuck being a staff nurse for their entire life, as only one in maybe hundred get to the next level. Hence, nurses need to know that there are higher and better opportunities available, which they can grow in to, to keep them motivated. In India Home Health Care, our field nurses have the opportunity to become a Clinical Managers and also Directors, responsible for the entire office and maybe multiple offices. We have understood that our nurses are excited about these growth opportunities, because of which they choose to remain with us. Nurses have to be celebrated for the service they do and have to be treated like the real stars in the hospital. This requires a huge cultural change but that is the only way to bring back respect for them,” says Arockiaswamy.

With time running out, finding the right solution is paramount and experts say it’s unlikely that mindset will change so fast in the industry. Many experts suggest that the profession needs a facelift. “Nursing should be portrayed in relation to their hardships, sincerity, honesty, by various media. The nurses themselves should exhibit professionalism by showing that they possess the right attitude, knowledge and skill, while caring for their clients,” says Oke. The conventional wisdom about education is usually summed up in the familiar two word mantra: create awareness. “Awareness about nursing as a career should be given to eligible students by conducting seminars, videos, educational fair etc to attract the young minds. Aptitude testing should be included in the admission procedure to determine the interest of the eligible candidate,” says Oke. In order for this system to work well, it requires an aggressive educational reform agenda. “Education is the building block of a profession. It is necessary that the inspections are done with integrity and the institutions not fulfilling the minimum criteria of standardization be banned from imparting education. It is time that education is looked in a broader sense and the curriculum modified to meet the demands of the
changing society. Introduction of soft skill training and value added courses in the curriculum can also help to improve the caring aspect related to nursing. Rules and regulations of the course could be modified to allow flexibility for the benefit of the students,” concludes Oke.

“The Nursing profession can transform the way health services are organized and how health care is delivered. It is a sleeping giant as quoted by ICN (International Council of Nursing) which is wide available now. The community has given too little attention to investment in health services in general and to health work force in particular. There is acute shortage of nursing professional in public as well as private hospitals. The shortage is due to demand outstripping supply and many nurses preferring to work overseas for higher compensation.

A person who saves a life is a hero; a person who saves hundreds of lives is obviously a nurse. This person is underpaid, overworked, vastly underappreciated and yet that person is saving lives all the same. Policy making should be revised and efforts are to be taking to increase the training programs and promote young individuals to take as carrier a health care profession,” says Dr Anil Arora, Head of Unit and Lead Consultant, Department of Orthopaedics Max Super Specialty Hospital, Patparganj, Delhi. The migration of nurses to developed countries is driving many companies to focus most, if not all, of their efforts on nurses.

“At Hinduja Hospital we attempt to retain nurses by giving the best remuneration, good facilities, opportunities for continuing nursing education, ability to work in an advance hospital setting of international repute which better job satisfaction and recognizing nurses for their good performance regularly,” says Phalakshi Manjrekar, Director, Nursing, P. D. Hinduja Hospital & Medical Research Centre.

The mantra to retaining nurses is to provide a work environment that is gives importance to employee delight i.e. training, culture of appreciation and top management involvement in the growth of the employee. Nurses are nominated for best employee of the month, employee of the year and most improved employee. Nurses are involved in decision making on working condition e.g. Shift hours, handing over process, technological advances needed etc. Nurses are trained to function on par with the international standards. There are nurses trained in advanced cardiac life support, International trauma life support and then credentialed and only then are they given privileges to work in areas like the casualty and the Intensive Care Unit. The demand is also that nurses should have work experience in accredited hospitals NABH or JCI then only do they get opportunity to get an overseas job placement.
“Training nurses and their immediate supervisors for both clinical and interpersonal skills is critical for providing continued quality patient care.”

Jonathan R Lance, Co-Chief Executive Officer, Vidyanta Skills Institute

“Retaining the nursing talent in a healthcare facility may be the next big task for the industry, keeping in mind the looming shortage of nursing staff in India. I do not see talent retention here to be any distinct from the standard employee oriented incentives and policies in other industries. But, as stated earlier, nursing in India suffer from a status issue within and without the organizations. Hence, providing a rewarding environment and opportunities to grow could be a game changing strategy for the nursing fraternity in India. In the West, hospitals frequently measure nurse satisfaction through surveys and the ones that are successful with retention have acted on nurses’ suggestions for improvement. Perhaps, Indian hospitals could initiate this to get quality feedback and nip any demotivation in the bud. Nurse-physician collaboration is one of the best ways to enhance team-spirit and also the self-esteem of the nursing staff, so often neglected. Finally, professional development in terms of training programs, exposure to multi-specialty domains etc is an investment not only in the nursing resource, but also in better patient outcomes,” explains Raja.

Everyone, everywhere, it seems is in agreement that training nurses is critical for the healthcare industry. “As would happen in any developing economy, certain parts of the value chain adapt/move more quickly which causes short term and midterm dislocations in the system. While there are sufficient nursing colleges in India, there is a mismatch between the number of nurses passing out and the requirement of nurses in new and/or corporate hospitals and the existing private and government hospitals. In addition, with greater awareness among patients about treatment, their sometimes unrealistic expectations of higher quality of care and the involvement of health insurance agencies, there has been a strain on the healthcare system.

This is causing a conflict among the various stakeholders – management, HR, nursing department, doctors, supervisors, nurses and patients to find a balance between providing high levels of patient care and ensuring financial viability.

As the system evolves at a different pace at each level, it puts a strain on the nurse who is the central player for patient care acting as a bridge between the patient and the other constituents. As such, she is viewed as the core problem and the solution, whereas the problem and solution lie with all the stakeholders.
There are relationship issues that are often sidelined; that between a doctor and nurse is one – physicians are yet to reach a comfort level enough to share, with nurses, responsibility of the care of the patient. Other factors such as nurse-patient and nurse-administration relationships also need to be addressed.

*Hands-on simulation training is a need for nurses*

These stressors are manifested by a high level of attrition due to inability to cope with the pressure and workings of a modern hospital, lack of exposure to state-of-the-art equipment and a chasm between theory and reality. Although there is no shortage of nursing colleges, the needs of multispecialty hospitals are yet to be delivered as part of training – especially practical training on crisis intervention. Besides, not every college is attached to a multispecialty parent hospital where students can be made patient-ready.

Given the perceived level of dissatisfaction, nurses now have other avenues to pursue, such as overseas placements and domestic opportunities such as jobs in insurance companies, home health agencies, health-related corporate training institutes, private nursing, and the expected emergence of tele-nursing.

The solutions lie across how up-skilling is implemented and monitored. Nurses are to be trained at better interpersonal skills and critical thinking, and handling patient expectations and their awareness. In addition, other hospital personnel need to be trained on how to work with nurses.

This situation can only be addressed when various stakeholders take charge at a collaborative level; however, this will take some time and effort. In the meantime, training nurses and their immediate supervisors for both clinical and interpersonal skills is critical for providing continued quality patient care,” concludes Jonathan R Lance, Co-Chief Executive Officer, Vidyanta Skills Institute.

[https://www.healthcareexecutive.in/injecting-dignity-into-nursing](https://www.healthcareexecutive.in/injecting-dignity-into-nursing)
देश में 20 लाख चिकित्सकों, 40 लाख नर्सों की कमी

Wednesday, 19 August 2015 10:11

देश में भारत में 20 लाख चिकित्सकों, 40 लाख नर्सों की कमी हो रही है। हालांकि भारत में प्रशिक्षित चिकित्सकों की कमी बढ़ रही चर्चा चालू है। चिकित्सा के क्षेत्र में निरीक्षण के जरिए नेटेडेल्ट्री की जाँच निर्देशित की जा रही है। नेटेडेल्ट्री के मुताबिक, देश में प्राथमिक स्वास्थ्य क्षेत्र की संख्या सीमित है और सुरक्षा का हाल भी बुरा है।

नेटेडेल्ट्री की रिपोर्ट में बता रहा है, "देश के आठ प्रतिष्ठित प्राथमिक स्वास्थ्य केंद्रों में कोई चिकित्सक या स्वास्थ्यकर्मी ही नहीं हैं, जबकि 39 प्रतिष्ठित केंद्रों में लेख लक्षित है नहीं कराए गए। यहां तक कि 18 प्रतिष्ठित प्राथमिक केंद्रों पर एक भी कार्यकर्ता नहीं है।"

सबसे बड़ी विषय यह है कि लक्ष्य 20 लाख प्रतिष्ठित प्राथमिक स्वास्थ्य केंद्रों और एकाधिक स्वास्थ्य प्रणाली के अनुसार प्रवेश नहीं करते हैं। यहां, योजना आयोग का बयान है कि नर्स और चिकित्सकों का अनुशासन रूप से फंसा है ।

नेटेडेल्ट्री के महासचिव अजन अब्दुल ने बताया, "स्वास्थ्यकर्मियों की आपूर्ति की अस्थिरता को बढ़ाना एक प्राथमिक स्वास्थ्य केंद्र के अनुसार आपूर्ति के लिए एक योजना विकसित करने की जरूरत है। इसे चिकित्सा शिक्षा के क्षेत्र में निजी भागीदारों को प्रभावित नहीं करने वाले नियमों की जरूरत है। प्राथमिक के कम निवड को बाहर रखने में रोजगार शिक्षा में टेम्पोरल बियार किया जा रहा।"

उन्होंने अगर बताया, "किसी भी स्वास्थ्य प्रणाली के विभागों की प्रकृति और गुणवत्ता निर्माण के लिए है। स्वास्थ्य को चिकित्सकों और नर्सों के पास अनुमानों का हस्ताक्षर करने की जरूरत है। इस कार्यकर्ताओं के लिए एक संगठन निर्माण करने की जरूरत है। और निजी और शैक्षिक कंपनियों के साथ एक संयुक्त कार्यकर्ता पर एक से दो साल का सार्वजनिक अनुशासन करने पर चिकित्सा किया जाना चाहिए।"

नेटेडेल्ट्री की रिपोर्ट कहती है कि भारतीय स्वास्थ्य क्षेत्र में मायने को देखते हुए पर्यावरण 2025 तक चिकित्सकों, नर्सों और स्वास्थ्य कर्मियों के लिए 1.5 से 2.5 करोड़ की आवश्यकता सृजित है की वम्मी दिखी है।

http://ibn7.in/india-news-hindi/item/86294-news
India faces acute shortage of doctors, nurses

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BS RAWAT
NEW DELHI 19 AUGUST 2015

The fledgling healthcare sector in India is facing acute shortage of doctors, nurses due to demand outstripping supply and many of them preferring to work overseas for higher compensation, an Aarogya Bharat report of NATHEALTH said on Tuesday.

As per report of NATHEALTH, currently, there is a shortfall of nearly 2 million doctors and 4 million nurses in the Indian healthcare system. The number of primary health care centers (PHCs) is also limited. 8 per cent of the centers do not have doctors or medical staff. 39 per cent do not have lab technicians and 16 per cent PHCs do not even have a pharmacist.

It is not only the scarcity of medical personnel; the problem of under-utilization is also a major challenge in Indian healthcare system. Ironically, about 50 per cent of the existing medical workforce does not practice in the formal health system.

According to The Planning Commission (NITI Ayog) analysis, the ratio of doctor to nurse ideally should be at least 1:3 for the team to perform optimally. However in Indian system this ratio is currently 1:16.

Scarcity of adequate human resources leads to additional expenditure on services and jack up wages. Substandard quality of workforce is also linked to increased risk for error, thereby compromising patient safety.

Seeing the scenario the developed countries look upon India as a source of well trained medical professionals, to overcome their shortages. This is resulting in massive migration of nurses and doctors from India to greener pastures, which in turn is leading to non-availability of standard quality health services especially to the economically deprived section of the population in the country.

Anjan Bose, Secretary General, NATHEALTH said, “Increasing the supply of healthcare professionals is a priority. There is a need to develop a plan to expand supply to address the skewed geographical distribution in medical education seats. We need regulations that enable private participation in medical education.”

“In any health care system the health worker determines the nature and quality of services provided to the patients,” Bose added.

In India MBBS students are unable to find jobs, they are forced to specialize in a particular field. There is need to improve options for MBBS graduates deployment and to consider mandatory one to two year service contracts for graduates not pursuing postgraduate studies to practice in PHCs/CHCs or private primary care centers.

According to Aarogya Bharat report of NATHEALTH, seeing the demand the health care services are expected to generate demand for 15 million to 20 million new jobs for doctors, nurses and allied health professionals by 2025.
देश में 20 लाख चिकित्सकों, 40 लाख नर्सों की कमी

Date: August 19, 2015 | in: हेल्थ | 0 Comments | 34 Views

नई दिल्ली| प्रशिक्षित और कुशल मानव संसाधन एक प्रभावी स्वास्थ्य सेवा प्रणाली की बुनियादों जरूरत होते हैं, हालांकि भारत में प्रशिक्षित स्वास्थ्यकर्मियों की कमी बड़ी चुनौती बनी हुई है। स्वास्थ्य के क्षेत्र में नवीन अनुसंधानों से जुड़ी संस्था 'नेटहेल्थ' की ताजा रिपोर्ट के अनुसार, भारत में इस समय तक हजारों 20 लाख चिकित्सकों और 40 लाख नर्सों की कमी है। (health hindi news) रिपोर्ट के मुताबिक, देश में प्राथमिक स्वास्थ्य केंद्रों की संख्या सीमित है और सुविधाओं का हाल भी बुरा है।

नेटहेल्थ की रिपोर्ट में कहा गया है, “देश के आठ प्रतिशत प्राथमिक स्वास्थ्य केंद्रों में कोई चिकित्सक या स्वास्थ्यकर्मी ही नहीं है, जबकि 39 प्रतिशत केंद्रों में लैब
तकनीशियन नदादार है। यहां तक कि 18 प्रतिशत प्राथमिक केंद्रों पर एक भी फार्मॉसिस्ट नहीं है।

सबसे बड़ी विवाद यह है कि लगभग 50 प्रतिशत स्वास्थ्यकर्मी औपचारिक स्वास्थ्य प्रणाली के अनुसार पैकिंग नहीं करते। वहीं, योजना आयोग का कहना है कि नर्स और चिकित्सकों का अनुपात कम से कम 1 : 3 होना चाहिए, जबकि देश में इस समय यह अनुपात 1 : 16 का है।

नेटोल्थ के महासचिव अंजन बोस ने बताया, "स्वास्थ्यकर्मीयों की आपूर्ति को बढाना एक प्राथमिकता है। मेडिकल की सीटों में भौगोलिक वितरण के अनुरूप आपूर्ति के लिए एक योजना विकसित करने की जरूरत है। हमें चिकित्सा शिक्षा के क्षेत्र में निजी भागीदारी को प्रभावी बनाने वाले नियमों की जरूरत है। प्रौद्योगिकी को कम लागत में कौशल विकास में तेजी लाने के लिए इस्तेमाल किया जाना चाहिए।"

उन्होंने आगे कहा, "किसी भी स्वास्थ्य प्रणाली में स्वास्थ्यकर्मी सेवाओं की प्रकृति और गुणवत्ता निर्धारित करते हैं। भारत में एमबीबीएस छात्र नौकरी पाने में असमर्थ है, परिणामस्वरूप मजबूती उन्हें एक विशेष क्षेत्र में विशेषज्ञता हासिल करनी पड़ती है। एमबीबीएस ब्रेजुएट छात्रों के लिए विकल्पों में सुधार की जरूरत है और पीएचसी/ सीएचसी या निजी प्राथमिक स्वास्थ्य केंद्रों पर ब्रेजुएट छात्रों के लिए एक से दो साल का सेवा अनुबंध अनिवार्य करने पर विचार करना चाहिए।"

नेटोल्थ की रिपोर्ट कहती है कि भारतीय स्वास्थ्य क्षेत्र में मांग को देखते हुए वर्ष 2025 तक चिकित्सकों, नर्सों और सहायक स्वास्थ्यकर्मीयों के लिए 1.5 से दो करोड़ नौकरियां सृजित होने की उम्मीद है।

20 लाख चिकित्सकों, 40 लाख नर्सों की कमी

Published: 19-08-2015

नई दिल्ली। प्रशिक्षित और कुशल मानव संसाधन एक प्रभावी स्वास्थ्य सेवा प्रणाली की बुनियाद के जस्ता होते हैं, हालांकि भारत में प्रशिक्षित स्वास्थ्यकर्मियों की कमी बढ़ी चूकती बनी हुई है। स्वास्थ्य के क्षेत्र में नवीन अनुसंधानों से जुड़ी संस्था "नेटहेल्थ" की ताजा रिपोर्ट के अनुसार, भारत में इस समय तक करीब 20 लाख चिकित्सकों और 40 लाख नर्सों की कमी है।

रिपोर्ट के मुताबिक, देश में प्राथमिक स्वास्थ्य केंद्रों की संख्या सीमित है और सुविधाओं का हाल भी बुरा है। नेटहेल्थ की रिपोर्ट में कहा गया है, ""देश के आठ प्रतिशत प्राथमिक स्वास्थ्य केंद्रों में कोई चिकित्सक या स्वास्थ्यकर्मी ही नहीं है, जबकि 39 प्रतिशत केंद्रों में लेब तकनीशियन नदारद है। यहां तक कि 18 प्रतिशत प्राथमिक केंद्रों पर एक भी फार्मासिस्ट नहीं है।"" सबसे बड़ी विस्तारण यह है कि लगभग 50 प्रतिशत स्वास्थ्यकर्मी औपचारिक स्वास्थ्य प्रणाली के अनुसार प्रैक्टिस नहीं करते। वहीं, योजना आयोग का कहना है कि नर्सों और
चिकित्सकों का अनुपात कम से कम 1 : 3 होना चाहिए, जबकि देश में इस समय यह अनुपात 1 : 16 का है। नेटहेल्थ के महासचिव अंजन बोस ने बताया, ""स्वास्थ्यकर्मियों की आपूर्ति को बढाना एक प्राथमिकता है। मेडिकल की सीटों में भौगोलिक वितरण के अनुरूप आपूर्ति के लिए एक योजना विकसित करने की जरूरत है। हमें चिकित्सा शिक्षा के क्षेत्र में निजी भागीदारी को प्रभावी बनाने वाले नियमों की जरूरत है।

प्रौद्योगिकी को कम लागत में कौशल विकास में तेजी लाने के लिए इस्तेमाल किया जाना चाहिए।"" उन्होंने आगे कहा, ""किसी भी स्वास्थ्य प्रणाली में स्वास्थ्यकर्मी सेवाओं की प्रकृति और गुणवत्ता निर्धारित करते हैं। भारत में एमबीवीएस छात्र नौकरी पाने में असमर्थ हैं, परिणामस्वरुप मजबूती के इंतजार में विभागों में विभेदित अक्षमता बढ़ती रही है। एमबीवीएस एमबीवीएस छात्रों के लिए विकल्पों में सुधार की जरूरत है और पीएचसी/सीएचसी या निजी प्राथमिक स्वास्थ्य केंद्रों पर बेंजुएट छात्रों के लिए एक से दो साल का सेवा अनुवंध अनिवार्य करने पर परीक्षण करना चाहिए।"" नेटहेल्थ की रिपोर्ट कहती है कि भारतीय स्वास्थ्य क्षेत्र में मांग को देखते हुए वर्ष 2025 तक चिकित्सकों, नर्सों और सहयोग स्वास्थ्यकर्मियों के लिए 1.5 से दो करोड़ नौकरियां सुरक्षित होने की उम्मीद है।

रिपोर्ट के मुताबिक, देश में प्राथमिक स्वास्थ्य केंद्रों की संख्या सीमित है और सुविधाओं का हाल भी बुरा है। नेटहेल्थ की रिपोर्ट में कहा गया है, ""देश के आठ प्रतिशत प्राथमिक स्वास्थ्य केंद्रों में कोई चिकित्सक या स्वास्थ्यकर्मी ही नहीं है, जबकि 39 प्रतिशत केंद्रों में लेख तकनीशियन नदार्द है। यहां तक कि 18 प्रतिशत प्राथमिक केंद्रों पर एक भी फार्मासिस्ट नहीं है।"" सबसे बड़ी विद्वेष यह है कि लगभग 50 प्रतिशत स्वास्थ्यकर्मी औपचारिक स्वास्थ्य प्रणाली के अनुसार प्रैक्टिस नहीं करते। वहीं, योजना आयोग का कहना है कि नर्स और
चिकित्सकों का अनुपात कम से कम 1 : 3 होना चाहिए, जबकि देश में इस समय यह अनुपात 1 : 16 का है। नेटहेल्थ के महासचिव अंजन दोस्त ने बताया, ""स्वास्थ्यकर्मियों की आपूर्ति को बढाना एक प्राथमिकता है। मेडिकल की सीटों में भौगोलिक वितरण के अनुरूप आपूर्ति के लिए एक योजना विकसित करने की जरूरत है। हमें चिकित्सा शिक्षा के क्षेत्र में निजी भागीदारों को प्रभावी बनाने वाले नियमों की जरूरत है।

प्रौद्योगिकी को नया लागत में कौशल विकास में तेजी लाने के लिए इस्तेमाल किया जाना चाहिए।"" उन्होंने आगे बढ़ा, ""किसी भी स्वास्थ्य प्रणाली में स्वास्थ्यकर्मी सेवाओं की प्रकृति और गुणवत्ता निर्धारित करते हैं। भारत में एमबीबीएस छात्र नौकरी पाने में असमर्थ हैं। परिणामस्वरूप नजरबूझी उन्हें एक विशेष क्षेत्र में विशेषज्ञता हासिल करनी पड़ती है। एमबीबीएस बेस्जुएट छात्रों के लिए विकल्पों में सुधार की जरूरत है और पीएचएसी/सीएचसी या निजी प्राथमिक स्वास्थ्य केंद्रों पर बेस्जुएट छात्रों के लिए एक से दो साल का सेवा अनुवंश अनिवार्य करने पर विचार करना चाहिए।"" नेटहेल्थ की रिपोर्ट कहती है कि भारतीय स्वास्थ्य क्षेत्र में मांग को देखते हुए वर्ष 2025 तक चिकित्सकों, नर्सों और सहायक स्वास्थ्यकर्मियों के लिए 1.5 से दो करोड़ नौकरियां सुनिश्चित होने की उम्मीद है।

http://news.raftaar.in/india-lacks-hospitality-doctors-nurses-media-report-mbbs-
%e0%a4%a6%e0%a5%87%e0%a4%b6-%e0%a4%b2%e0%a4%be%e0%a4%96-
%e0%a4%9a%e0%a4%bf%e0%a4%95%e0%a4%a4%e0%a4%a5%8d%e0%a4%b8%e0%a4%95-
%e0%a4%a8%e0%a4%b0%e0%a5%8d%e0%a4%b8%e0%a4%be/detail/95d538d207385c72638ef7de5a
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Public Healthcare in India

India has long had a commitment towards providing equitable, comprehensive and universally accessible healthcare to its citizens. Efforts in this direction have been longstanding and the 12th Plan has taken it a step forward with several steps being taken to boost the reach and effectiveness of public healthcare in the country. However, challenges continue to remain that needs to be addressed on a priority basis.

Key Challenges

Lack of Insurance Coverage: Most often, hospitalization expenses are borne by patients themselves. To put things in perspective, out of the total hospitalization expenses incurred in India annually, 70% of it are spent by way of out-of-pocket basis. Needless to say, the financial stress associated with such eventualities is immense – especially when hospitalization occurs due to an emergency rather than prior planning. Except for the higher strata – perhaps constituting 3 – 4% of the total population – people belonging to middle, higher-middle and lower tiers of the society are impacted the most.

Price Elasticity: Healthcare, similar to many other sectors in the country, is not regulated. As a consequence, cost associated with services is not constant and varies significantly based on various factors including location, and other tangible and intangible factors across cities. This is a cause for serious concern in the absence of health cover. Further, the spiraling prices of drugs add to the burden of pre and post hospitalization expenses.

Public Expenditure on Health: The total expenditure on healthcare in India, including public and private expenditure is comparable to other developing countries at similar levels of per capita income. The total expenditure on healthcare (both public and private put together) is 3.7% of the GDP. However, according to the World Health Statistics 2013, public expenditure on health is very low constituting 28.2% of total health expenditure. According to the Government of India’s 12th Five Year Plan, "public health expenditure in India was only 1.04% of GDP in 2011–12 as compared to the global average of 5.4%.”

Comprehensive Healthcare: Insurance cover, even among those who are eligible, is not comprehensive. Currently, Government-funded insurance schemes cover an estimated population of 181 million through the Employee State
Insurance Scheme (ESIS) - 60 million; Central Government Health Scheme (CGHS) - 3 million and Rashtriya Swasthya Bima Yojana (RSBY) - 118 million. While ESIS and CGHS provide for comprehensive healthcare, RSBY provides for only hospitalization cover with a benefit limit of Rs.30,000 per enrolled household per year. In addition, 110 million people in the South Indian states including 70 million in Andhra Pradesh; 35 million in Tamil Nadu and 5 million in Karnataka receive coverage under state government funded health insurance schemes. However, most of these schemes cover only in-patient care. Therefore, while around 291 million people have access to healthcare via various government run/aided schemes, these are not comprehensive. Further, a vast majority of the population has absolutely no cover to stay financially protected from increasing health risks – non-communicable and lifestyle induced diseases being the most prominent. According to the World Bank and National Commission's report on Macroeconomics, only 5% of Indians are covered by health insurance policies.

**High Capital Outlay:** According to a report by PricewaterhouseCoopers in association with industry body NATHEALTH, the Indian healthcare sector will need a total capital investment of Rs.1,62,500 Crore to provide accessible and affordable healthcare during the 12th Plan period. While the efforts in this direction are ongoing, the time needed before the benefits percolate down to the masses can be considerable.

The Indian government continues to play an important role in running several safety net health insurance programmes for the high-risk population. However, a large percentage of the population stands vulnerable either with lack of adequate coverage or no coverage. Given the key challenges enumerated above and the escalating costs of healthcare and medication in the country, planning for a health insurance plan is a prudent financial decision.

देश में 20 लाख चिकित्सकों, 40 लाख नर्सों की कमी

August 19, 2015

नई दिल्ली में प्रशिक्षित और कुशल मानव संसाधन एक प्रभावी स्वास्थ्य सेवा प्रणाली की बुनियादी जरूरत होते हैं, हालांकि भारत में प्रशिक्षित स्वास्थ्यकर्मियों की कमी बढ़ी चूंकि चुनौती बनी हुई है। स्वास्थ्य के क्षेत्र में नवीन अनुसंधानों से जुड़ी संस्था 'नेट्स्नेथ' की ताजा रिपोर्ट के अनुसार, भारत में इस समय तक 20 लाख चिकित्सकों और 40 लाख नर्सों की कमी है। रिपोर्ट के मुताबिक, देश में प्राथमिक स्वास्थ्य केंद्रों की संख्या सीमित है और सुविधाओं का हाल भी बुरा है।

नेट्स्नेथ की रिपोर्ट में कहा गया है, "देश के आठ प्रतिशत प्राथमिक स्वास्थ्य केंद्रों में कोई चिकित्सक या स्वास्थ्यकर्मी ही नहीं है, जबकि 39 प्रतिशत केंद्रों में लेख तकनीशियन नहीं रहा। यहाँ तक कि 18 प्रतिशत प्राथमिक केंद्रों पर एक भी फार्मास्यस्टट नहीं है।" सबसे बड़ी विद्वानों का मानना है कि लगभग 50 प्रतिशत स्वास्थ्यकर्मी औपचारिक स्वास्थ्य प्रणाली के अनुसार प्रैक्टिस नहीं करते। वहीं, योजना आयोग का कहना है कि नर्सें और चिकित्सकों का अनुपात कम से कम 1:3 होना चाहिए, जबकि देश में इस समय यह अनुपात 1:16 का है। नेट्स्नेथ के महासचिव अंजन बोस ने बताया, "स्वास्थ्यकर्मियों की आपूर्ति को बढ़ाना एक प्राथमिकता है।"
मेडिकल की मीटो में औगोगिक वितरण के अनुरूप आयुर्वित्त के लिए एक योजना विकसित करने की जरूरत है। हमें चिकित्सा शिक्षा के क्षेत्र में निजी भागीदारी को प्रभावी बनाने वाले नियमों की जरूरत है। पौधों और जीवन में कम लागत में वैश्विक विकास में लेजी लाने के लिए इस्तेमाल किया जाना चाहिए।' उन्होंने आगे कहा, 'किसी भी स्वास्थ्य प्रणाली में स्वास्थ्यवर्धन सेवाओं की प्रकृति और गुणवत्ता निर्धारित करने हैं। भारत में एमबीएस छात्र नौकरी पाने में असमर्थ हैं, परिणामस्वरूप मजबूतीकरण उन्हें एक विशेष क्षेत्र में विशेष ज्ञान हासिल करने पड़ती है।

एमबीएस बेजुएट छात्रों के लिए विकल्पों में सुधार की जरूरत है और पीएचसी/सीएचसी या निजी प्राथमिक स्वास्थ्य केंद्रों पर बेजुएट छात्रों के लिए एक से दो साल का सेवा अनुबंध अन्वित करने पर विचार करना चाहिए।' नेटवर्क के प्रति कहते हैं कि भारतीय स्वास्थ्य क्षेत्र में मांग को देखते हुए वर्ष 2025 तक चिकित्सकों, नर्सों और सहायक स्वास्थ्यकर्मियों के लिए 1.5 से 2 लाख नौकरियों सुनिश्चित होने का उम्मीद है।

http://tarunmitra.in/news.php?id=9782&title=Practitioners%20in%20the%20country%20of%2020%20millon,%2040%20million%20short%20of%20nurses#.VdryjCWqqkq