Unit

1

Health Care and Development of Nursing Services in India

Unit Outline

- Health and Administration
- Health System in India
- Panchayati Raj
- Agents of Health Care Delivery in India
- Nursing Services
- Current Trends and Issues in Nursing
- Trends in Nursing Research
- Issues Affecting Nursing Practice

INTRODUCTION

Constitutionally, every person in India has the right to avail health services to protect their fundamental right to be safe and healthy. The Indian government has developed machinery and structures for health administration to prepare, coordinate and provide healthcare services to the people living in all spheres of the country. The health care organization of India is established at a three-tier delivery system categorized as central, state and local to achieve health goals and deal with health subjects.

HEALTH AND ADMINISTRATION

Meaning and Definition

Health Administration is a division of public administration that deals with issues related to health promotion, preventive services, medical care, recovery, health service delivery, health workforce development, medical education, and training. Administration of public health is the science and art of organizing and integrating government agencies with the aim to enhance people's physical, emotional, and social wellbeing. It also focuses on disease prevention, protection, and health promotion.

History

Modern organization and administration of public health is designed to prevent illness, prolong life, and through coordinated group efforts to promote physical and mental performance. **During the period of independence**, there were two separate departments at the center such as the Director-General of Indian Medical Services and the Public Health Service Commission. Later on, after the independence of the Nation, these two departments were combined into the Directorate-General for Health Services, headed by the Director of Health Services.

Post-independence era (after 1947), a democratic regime was set up in India with a new concept aimed towards the establishment of a welfare state. The Bhore Committee (constituted in 1946 under the chairmanship of Sir Joseph Bhore) submitted a detailed report concerning the development of the Nation including the health care sector. These recommendations became the basis for most of the planning and measures adopted by the National Government. Few major milestones are mentioned below:

- 1947: Ministries of health were established at the center and states.
- 1948: India became a member of the WHO.
- 1949: The post of Registrar General of India was created in the Ministry of Home Affairs.
- 1950: The Government of India set up a planning commission to make an assessment of the material, capital, human resources of the country and to draft developmental plans for the most effective utilization of these resources. "The Planning commission was renamed as NITI Aayog in 2015".
- **Five-year plan:** Planning commission has formulated successive five-year plans to rebuild rural India to lay the foundation of industrial progress and to secure the balanced development of all parts of the country.

Objectives

- To increase the average length of human life
- To decrease the mortality and morbidity rates
- To increase the physical, mental, and social wellbeing of the individual
- To provide total healthcare to enrich the quality of life
- To increase the pace of adjustment of the individual to his environment
- To make provision of primary healthcare services to everyone
- To develop healthy manpower to provide proper services to the community
- To formulate health policies and their periodic revision from time to time

Principles

- Centralized director and decentralized activity.
- The administration must be based on sound economic consideration and practicable financial budgeting.
- A clear picture of the complete plan must be made before starting a program.
- A program of continuing staff education is essential and it should be scientific.
- Periodic appraisal of services rendered the effectiveness of the program, and evaluation of the results are the major responsibilities of the health administration.
- Provision must be made for desirable working conditions for all members of the staff.
- There should be sound national health policy including healthy administrative structures for the implementation of various health policies.
- There should be an integration of preventive and curative services at all administrative levels.
- Health should not be considered in isolation from other socioeconomic factors.
- Health opportunities need not be related to the purchasing power of the people.
- Health consciousness should be fostered through education and by providing opportunities for participation of people in the health programs.
- All the systems of medicine must be encouraged to provide decent health to people in a coordinated fashion.

HEALTH SYSTEM IN INDIA

India is a union of 28 states and 8* union territories. Under the constitution of India, the states are largely independent in matters relating to the delivery of health care to the people. Each state, therefore, has developed its system of healthcare delivery independent of the central government. The central responsibility consists mainly of policymaking, planning, guiding, assisting, evaluating, and coordinating the work of the state health ministries so that health services cover every part of the country and no state lags behind for the requirement of these services (Fig. 1).

Health Administration at the Central Level

The official organs of the health system at the national level consist of 3 units:

1. Union Ministry of Health and Family Welfare
2. Directorate General of Health Services
3. Central Council of Health and Family Welfare

1. **Union Ministry of Health and Family Welfare:** The Union Ministry of Health and Family Welfare is headed by a Cabinet Minister, a Minister of State, and a Deputy Health Minister. These are political appointments and have a dual role to serve political as well as administrative responsibilities for health. Currently, the union health ministry has the following departments (Fig. 2):

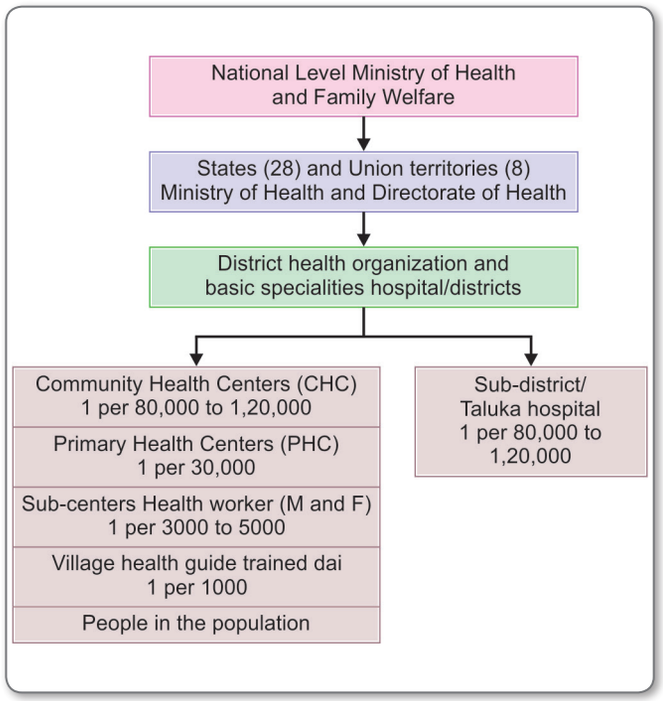

Fig. 1: Health system in India

*The merger of the former union territories of Dadra and Nagar Haveli and Daman and Diu came into effect on 26 January 2020.

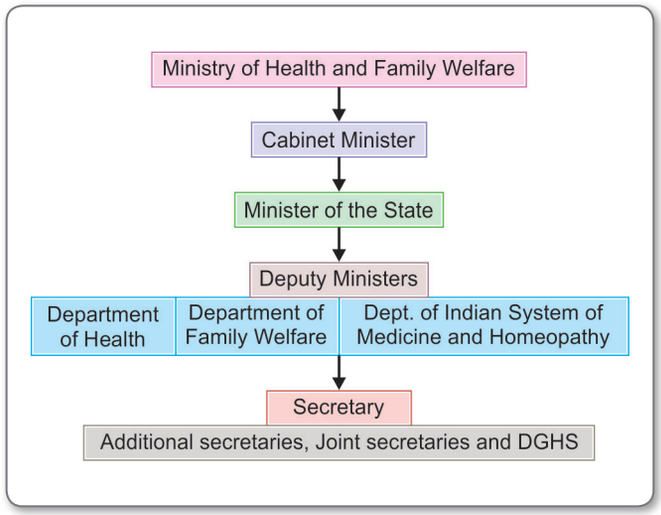

Fig. 2: Ministry of health and family welfare

- **Department of Health:** It is headed by a secretary to the Government of India as its executive head, assisted by joint secretaries, deputy secretaries, and a large administrative staff. The Department of Health deals with planning, coordination, programming, evaluation of medical and public health matters, including drug control and prevention of food adulteration. The functions of the Union Health Ministry are set out in the seventh schedule of Article 246 of the Constitution of India under the Union list and Concurrent list.

Union list:

- International health relations and administration of port-quarantine
- Administration of central health institutes such as All India Institute of Hygiene and Public Health, Kolkata; National Institute for Control of Communicable Diseases, Delhi, etc.
- Promotion of research through research centers and other bodies
- Regulation and development of medical, nursing and other allied health professions
- Establishment and maintenance of drug standards
- Census, and collection and publication of other statistical data
- Immigration and emigration
- Regulation of labor in the working of mines and oil fields
- Coordination with states and other ministries for the promotion of health

Concurrent list: The functions listed under the concurrent list are the responsibility of both the union and state governments. The center and states have simultaneous powers of legislation. They are as follows:

- Prevention of extension of communicable diseases from one unit to another
- Prevention of adulteration of food
- Control of drugs and poisons

- Vital statistics
- Labor welfare
- Ports other than major
- Economic and social health planning
- Population control and family planning

- **Department of Family Welfare:** It was created in 1966 within the Ministry of Health and Family Welfare. The secretary to the Government of India in the Ministry of Health and Family Welfare is in overall charge of the Department of Family Welfare. He is assisted by an additional secretary and commissioner, and one joint secretary. **Functions of the Department of Family Welfare are:**
  - To organize the family welfare program through family welfare centers
  - To create an atmosphere of social acceptance of the program and to support all voluntary organizations interested in the program
  - To educate every individual to develop a conviction that small family size is valuable and to popularize appropriate and acceptable method of family planning
  - To disseminate the knowledge on the practice of family planning as widely as possible and to provide service agencies nearest to the community
  - To organize basic research of human fertility, genetics and population dynamics and the evolution of the easy and reliable method of contraception
  - To study the social factors that affect fertility and to take such steps that will reduce the number of children in a family
  - To coordinate the family planning program with child welfare and maternal health services throughout the country
  - To organize the production of the contraceptive devices in adequate quantities to maintain the supply at all levels at a minimum cost
  - To promote Indian System of Medicine through signifying the practice of AYUSH, proper training of professionals and research.
- **Department of Indian System of Medicine and Homeopathy:** It was established in March 1995 and had continued to make steady progress. Emphasis was on implementation of the various schemes introduced such as education, standardization of drugs, enhancement of availability of raw materials, research and development, information, education and communication and involvement of ISM and Homeopathy in national health care. Most of the functions of this ministry are implemented through an autonomous organization called DGHS.

2. **Directorate General of Health Services:** The DGHS is the principal advisor to the Union Government in both medical and public health matters. He is assisted by a team of deputies and a large administrative staff. The Directorate comprises of Medical care and hospitals, Public health and General administration. The general functions are surveys, planning, coordination, programming and appraisal of all health matters in the country. The specific functions include:
   - **International health relations and quarantine:** All the major ports in the country and international airports are directly controlled by the Director-General of Health Services. All matters related to the obtaining of assistance from international agencies and the coordination of their activities in the country are undertaken by the Director-General of Health Services.
   - **Control of drug standards:** The drug control organization is a part of the DGHS and is headed by the Drugs Controller. Its primary function is to lay down and enforce standards and control the manufacture and distribution of drugs through both Central and State Government offices. The Drugs Act (1940) vests the Central Government with the powers to test the quality of imported drugs.
   - **Postgraduate training:** The DGHS is responsible for the administration of national institutions. These institutions provide postgraduate training to different categories of health personnel.
   - **Medical education:** The DGHS is directly in charge of the medical colleges in India. Many medical colleges in the country are guided and supported by the Center.
   - **Medical research:** Medical research in the country is organized largely through the ICMR, founded in 1911 in New Delhi. The council plays a significant role in aiding, promoting and coordinating scientific research on human diseases, their causation, prevention, and cure. The research work is done through the councils, and several permanent research institutes, e.g., Cancer Research Center, TB Chemotherapy Center at Chennai. The funds of the council are wholly derived from the budget of the Union Ministry of Health.
   - **National Health Programs:** The various national health programs for the eradication of malaria and the control of tuberculosis, filariasis, leprosy, AIDS and other communicable diseases involve the expenditure of crores of rupees. The central directorate plays a very important part in planning, guiding and coordinating all the national health programs in the country.
   - **Central Health Education Bureau:** An outstanding activity of this Bureau is the preparation of education material for creating health awareness among the people. The bureau offers training courses in health education in different categories of health workers.
   - **Health intelligence:** The Central Bureau of Health Intelligence was established in 1961 to centralize collection, compilation, analysis, evaluation, and dissemination of all information on health statistics for the nation as a whole. It disseminates epidemic intelligence to states and international bodies.

- **National Medical Library:** The Central Medical Library of DGHS was declared the National Medical Library in 1966. The aim is to help in the advancement of medical, health and related sciences by collection, dissemination, and exchange of information.

3. **Central Council of Health and Family Welfare:** The Central Council of Health and Family Welfare was set up by a Presidential Order on August 9, 1952, under Article 263 of the Constitution of India for promoting coordinated and concerted action between the center and the states in the implementation of all the programs and measures about the health of the nation. The Union Health Minister is the chairman and the state health ministers are the members. The functions of the Central Council of Health are:
   - To consider and recommend broad outlines of policy concerning matters related to health in all its aspects such as the provision of remedial and preventive care, environmental hygiene, nutrition, health education and the promotion of facilities for training and research.
   - To make proposals for legislation in fields of activity related to medical and public health matters and to lay down the pattern of development for the country as a whole.
   - To make recommendations to the Central Government regarding the distribution of available grants-in-aid for health purposes to the states and to review periodically the work accomplished in different areas through the utilization of these grants-in-aid.
   - To establish any organization or organizations invested with appropriate functions for promoting and maintaining cooperation between the Central and State Health administrations.

Health Administration at the State Level

Historically, the first milestone in the state health administration was the year 1919, when the states (provinces) obtained autonomy, under the Montague-Chelmsford reforms, from the Central Government in matters of public health. By 1921-22, all the states had created some form of public health organization. The Government of India Act, 1935 gave further autonomy to the states. The state is the ultimate authority responsible for health services operating within its jurisdiction. At present, there are 28 states in India, with each state having its health administration. In all the states, the management sector comprises the State Ministry of Health and a Directorate of Health.

State Ministry of Health

The State Ministry of Health is headed by a Minister of Health and Family Welfare and a Deputy Minister of Health and FW. In some states, the Health Minister is also in charge of other portfolios. The Health secretariat is the official organ of the State Ministry of Health and is headed by a Secretary who is assisted by Deputy Secretaries and a large administrative staff.

Functions: Health services provided at the state level

- Rural health services through the minimum need program
- Medical development program
- Maternal and Child Health (MCH) family welfare and immunization program
- National Malaria Control Program (NMCP) (malaria) and National Filaria Control Program (NFCP) (filaria)
- National Leprosy Eradication Program (NLEP), Revised National Tuberculosis Control Program (RNTCP), National Treatment Elimination Program (NTEP), National Program for Control of Blindness (NPCB) prevention and control of communicable diseases like diarrheal disease, Kyasanur Forest Disease (KFD), Japanese encephalitis (JE)
- School Health Program, Nutrition Program, National Goiter Control Program.
- Laboratory services and vaccine production units
- Health education and training program, curative services, National AIDS Control Program

State Health Directorate

The Director of Health Services (DHS) is the chief technical advisor to the State Government on all matters relating to medicine and public health. He is also responsible for the organization and direction of all health activities. With the advent of family planning as an important program, the designation of DHS has been changed in some states and is now known as Director of Health and Family Welfare. The Director of Health and Family Welfare is assisted by a suitable number of deputies and assistants.

Health Administration at the District Level

The district is the most crucial level in the administration and implementation of medical/health services. At the district level, there is a district medical and health officer or CMO who is overall responsible for the administration of medical/health services in the entire district.

Bhore Committee (1946) recommended integrated services at all levels and the setting up of a unified health authority in each district. The principal unit of administration in India is the district under a collector. There are 640 districts in India (Census 2011). Each district has six types of administration areas.

1. Subdivisions
2. Tehsils (talukas)
3. Community development blocks
4. Municipalities and corporations
5. Villages
6. Panchayats

Most of the districts in India are divided into two or more **subdivisions**, each in charge of an assistant collector or sub-collector. Each subdivision is again divided into **tehsils** in charge of a Tehsildar. A tehsil usually comprises between 200 and 600 villages. Since the launching of the community development program in India in 1952, the rural areas of the district have been organized into blocks known as **community development blocks.** The block is a unit of rural planning and development and comprises approximately 100 **villages** and about 80,000 to 1,20,000 population in charge of a block development officer. Finally, there are the **village panchayats**, which are institutions of rural local self-government.

The urban areas of the district are organized into the following local self-government:

- **Town area committee**—(Population 5,000–10,000): The town area committees are like panchayaths. They provide sanitary services.
- **Municipal Boards or Municipality**—(Population 10,000–2,00,000): The municipal boards are headed by a chairman/president, elected usually by the members. The term of a municipal board ranges between 3 and 5 years. The functions of a municipal board are construction and maintenance of roads, sanitation, and drainage, street lighting, water supply, maintenance of hospitals and dispensaries, education, registration of births and deaths, etc.
- **Corporations**—(Population above 2,00,000). Corporations are headed by mayors. The councilors are elected from different wards of the city. The executive agency includes the commissioner, the secretary, the engineer, and the health officer. The activities are similar to those of the municipalities but on a much wider scale.

PANCHAYATI RAJ

The Panchayat Raj is a three-tier structure of rural local self-government in India linking the villages to the district. The three institutions are:

1. Panchayat—at the village level.
2. Panchayat Samiti—at the block level.
3. Zila Parishad—at the district level.

The Panchayat Raj institutions are accepted as agencies of public welfare. All development programs are channeled through these bodies. The Panchayati Raj institutions strengthen democracy at its root and ensure more effective and better participation of the people in the government.

AGENTS OF HEALTH CARE DELIVERY IN INDIA

In India, it is represented by five major sectors or agencies which differ from each other by health technology applied and by the source of fund available. These are:

- **Public Health Sector**
  - **Primary Health Care:** Primary health centers, Sub-centers.
  - Hospital/Health Centers, Community health centers, Rural health centers, District hospitals/health centers, Specialist hospitals, Teaching hospitals.
  - Health Insurance Schemes, Employees State Insurance, Central Govt. Health Scheme.
  - Other Agencies, Defense services, Railways.
- **Private Health Sector**
  - Private hospitals, polyclinics, nursing homes, and dispensaries.
  - General practitioners and clinics.
- **Indigenous Systems of Medicine**
  - Ayurveda
  - Siddha
  - Unani
  - Homeopathy
  - Naturopathy
  - Yoga
  - Unregistered practitioners.
- **Voluntary Health Agencies**
- **National Health Programs**

Public Health Sector

In 1977, the Government of India launched a rural health scheme, based on the principles of—Placing people's health in people's hands. As a signatory to Alma-Ata Declaration (1978), the government of India is committed to achieving the goal of the Health care approach, which seeks to provide universal health care at an affordable cost. Keeping in view the WHO goal of—Health for All by 2000 AD, the government of India evolved a National Health Policy in 1983. Keeping in view the Millennium Developmental Goals, the government of India revised the draft of the National Health Policy in 2002. Further, it was again revised keeping in view of the changes in the health context of the country. The National Health Policy 2017 aims to attain the optimum health for all through a promotive and preventive approach in all health care policies. It ensures universal access to health care services to all. It aims to achieve health for all by increasing access, lowering the cost of health care delivery and improving the quality of health services.

Primary Health Center: It is the backbone of the Indian health care system is based on principles such as:

- Equitable distribution
- Community participation
- Intersectoral coordination
- Appropriate technology
- Preventive in nature
- Manpower development.

Primary Health Centers (PHCs) are the cornerstone of rural health services. The first part of the call to a qualified

doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-centers for curative, preventive and promotive health care. A typical Primary Health Center covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 population in plain areas with 4-6 indoor/observation beds. It acts as a referral unit for 6 sub-centers and refers out cases to CHC (30 bedded hospital) and higher-order public hospitals located at sub-district and district level. The PHC provides a wide range of services such as medical care, MCH care including family planning, MTP, management of STDs, Nutritional health, school health, immunization, disease surveillance, and many other necessary services.

Subcenters are set up under Primary Health Care centers to increase the accessibility of health services.

Community Health Centers: Health care delivery in India has been envisaged at three levels namely primary, secondary and tertiary. The secondary level of health care essentially includes Community Health Centers (CHCs), constituting the First Referral Units (FRUs) and the district hospitals. The CHCs were designed to provide referral health care for cases from the primary level and for cases in need of specialist care approaching the center directly. 4 PHCs are included under each CHC thus catering to approximately 80,000 population in tribal/hilly areas and 1, 20,000 population in plain areas. CHC is a 30 bedded hospital providing specialist care in Medicine, Obstetrics, and Gynecology, Surgery, and Pediatrics. These centers are, however, fulfilling the tasks entrusted to them only to a limited extent.

District Health System: It is the fundamental basis for implementing various health policies and delivery of healthcare, management of health services for the defined geographic area. The district hospital is an essential component of the District health system and functions as a secondary level of health care, which provides curative, preventive and promotive healthcare services to the people in the district. Every district is expected to have a district hospital linked with the public hospital/health centers down below the district such as Sub-district/Sub-divisional hospitals, Community Health Centers, Primary Health Centers, and Sub-centers. As per the information available, 734 district hospitals are present in India. However, some of the medical college hospitals or a sub-divisional hospital are found to serve as a district hospital where a district hospital as such (particularly the newly created district) has not been established. Few districts have also more than one district hospital. The overall objectives of district hospitals are:

- To provide comprehensive secondary health care (specialist and referral services) to the community through the district hospital.
- To achieve and maintain an acceptable standard of quality of care.
- To make the services more responsive and sensitive to the needs of the people of the district and the hospitals/centers from which the cases are referred to the district hospitals.

Health Insurance

There is no universal health insurance in India. Health Insurance is at present limited to industrial workers and their families.

- **Employees State Insurance Scheme:** It was introduced by an act of parliament in 1948. It covers employees drawing wages not exceeding Rs. 10,000 per month.
- **Central Government Health Scheme:** This scheme was introduced in New Delhi in 1954 to provide comprehensive medical care to Central Government employees. The schemes are based on the principles of a cooperative effort by the employee and the mutual advantage of both.

Other Agencies

- **Defence Medical Services**: Defence services have their organization for medical care to defense personnel under the banner Armed Forces Medical Services. The services provided are integrated and comprehensive.
- **Health Care of Railway Employees**: The Railways provide comprehensive health care services through the agencies of Railway Hospitals, Health Units, and Clinics.

Private Health Sector

In a mixed economy such as India's, private practice of medicine provides a large share of the health services available. There has been a rapid expansion in the number of qualified allopathic physicians to 7.5 lakhs in 2005; and the doctor population ratio is 1:1428. Most of them concentrate in urban areas. They provide mainly curative services. Their services are available to those who can pay. The private sector of health care services is not organized.

Indigenous Systems of Medicine

The practitioners of the indigenous systems of medicine provide the bulk of medical care to rural people. Ayurvedic physicians alone are estimated to be about 4.5 lakhs. Nearly 90% of ayurvedic physicians serve rural areas. To promote these indigenous systems, Indian government established Central Council of Indian Medicine in 1971. AYUSH is the new approach to this which encompasses Ayurveda, Yoga, Unani, Siddha, and Homeopathy.

Voluntary Health Agencies

A voluntary health agency may be defined as an organization that is administered by an autonomous board that holds meetings, collects funds for its support chiefly from private sources and expends money, whether with or without paid workers, in conducting a program directed primarily to promote public health by providing health services or health education or by advancing research or legislation for health, or by a combination of these activities. The voluntary health agencies in India are:

- Indian Red Cross Society
- Hind Kusht Nivaran Sangh

- Indian Council for Child Welfare
- Tuberculosis Association of India
- Bharat Sevak Samaj
- Central Social Welfare Board
- The Kasturba Memorial Fund

National Health Programs

Since India became free, several measures have been undertaken by the National Government to improve the health of the people. Prominent among these measures is the National Health Program which has been launched by the Central Government for control/eradication of communicable diseases, improvement of environmental sanitation, raising the standard of nutrition, control of the population and improving rural health. Various international agencies like World Health Organization (WHO), United Nations Children's Fund (UNICEF), The United Nations Population Fund (UNFPA), etc. have been providing technical and material assistance in the implementation of these programs.

NURSING SERVICES

Organization and Functions of Nursing Services

Nursing service administration is a complex of elements in interaction. It results in the output of clients whose health is unavoidably deteriorating, maintained or improved through the input of personnel and material resources used in an orderly process of nursing services. Nursing Service Administration is the system of activities directed toward the nursing care of patients and includes the establishment of overall goals and policies within the aims of health agency and provision for the organization, personnel, and facilities to accomplish these goals most effectively and economically through cooperative efforts of all members of the staff coordinating the services with other departments of the administration.

AIMS of Nursing Service Administration

The criteria for a well-organized Nursing service listed in 1965 by The National League for Nursing are the following:

- **A written statement:** Of the Philosophy, Purpose, and Objectives of the Nursing services.
- **A plan of organization:** Commonly diagrammed as an organization chart, the plan indicates areas of responsibility, to whom and for whom each person is accountable, and the major channels of formal communication.
- **Policy and administrative manuals:** Policies are established for the operation of the hospital and within the department to guide the nursing staff.
- **Nursing practice manual:** Written procedures are available as evidence standards of performance and have been established for safe, effective care, taking into consideration the best use of available resources and personnel.
- **Nursing service budget:** This is a statement of plans for the nursing service expressed in accounting terms.
- **A master staffing pattern:** This helps the director of the nursing service to visualize the equitable distribution of nursing personnel among the various nursing units.
- **Plans for appraisal of nursing:** In addition to the provision of supervision, there are one or more techniques for the continuous evaluation of nursing care such as ward conferences, nursing rounds, analysis of accident reports, patient and employee opinion polls, and the nursing audit.
- **Advisory committees:** Membership on standing committees provide for the active participation of staff members in problem-solving.
- **Adequate facilities, supplies, and equipment:** The director of nursing or his/her representative evaluates periodically the adequacy of facilities in terms of patient and personnel needs.
- **Written job descriptions and job specifications:** Help prevent duplication of functions.
- **Health services:** The plan of health care for employees is set.
- **In-service education of nursing personnel:** Programs are conducted that provide orientation to help the new employee adjust to a new environment and duties.

Planning and Organizing Nursing Service at Various Levels—Local, Regional, National, and International

A high power committee on nursing and nursing profession was set up by the Government of India in July 1987 under the chairmanship of Smt. Sarojini Vasadapan, an eminent social worker and former chairperson of Central Social Welfare Board with Smt. Rajkumari Sood, Nursing Advisor to Government of India, as the member secretary. The terms of reference of the committee were as follows:

- Looking into the existing working conditions of nurses with particular reference to the status of the nursing care services both in rural and urban areas
- To study and recommend the staffing norms necessary for providing adequate nursing personnel to give the best possible care, both in the hospitals and community
- To look into the training of all categories and levels of nursing, midwifery personnel to meet the nursing manpower needs at all levels of health service and education
- To study and clarify the role of nursing personnel in the healthcare delivery system including their interaction with other members of the health team at every level of health services management

- To examine the need for organization of the nursing services at the national, state, district, and lower levels with particular reference to the need for planning and implementing the comprehensive nursing care services with the overall healthcare system of the country at their respective levels
- To look into all other aspects which the committee may consider relevant concerning their terms of reference
- While considering the various issues under the above norms of reference, the committee will hold consultations with the state governments

Their recommendations on the organization of nursing services at central, state and district levels, and the norms of nursing service and education are given as follows.

- **Placement of nurses at the central level:** At the central level, there is a post of nursing advisor in the medical division of Directorate General of Health Services. The nursing advisor is directly responsible to the Deputy Director General (Medical). The nursing advisor is assisted by nursing officers and support staff for all his/her work. He/she advises the DGHS, Ministry of Health and Family Welfare as well as other ministries and departments, for example, railways, labor, Delhi Administration, etc. on all matters of nursing services, nursing education, and research. The nursing advisor also takes care of administrative aspects of Raj Kumari Amrit Kaur College of Nursing and Lady Hardinge Health School, Delhi. There is a post of deputy nursing advisor at the rank of Assistant Director General (ADG-Nsg) in the training division of Department of F. W. Presently the deputy nursing advisor deals with the training of ANMs, dais, health supervisor, etc. There is no direct linkage between the nursing advisor and deputy nursing advisor as they are independent posts (Table 1).
- **Placement of nurses at the state level:** There is no proper and definite pattern of nursing structure in the state directorates except the state of West Bengal. Usually, one or two nurses are posted with varying designations, e.g., in Tamil Nadu, there is one assistant director nursing who is responsible to Director, Medical Services, and Director, Medical Education. In Maharashtra, two nurses work, one each in the office of the Director of Medical Education, and Director of Health Services (Table 2).
- **Placement of nurses at the district level:** Nurses, public health nurses, lady health visitors, auxiliary nurse midwives, etc. have played a vital role in providing healthcare services at various levels in both urban and rural areas of the district. They have been the mainstream in providing primary healthcare services in the rural and urban areas from the very beginning. Today, the ANM designated as a multipurpose health worker is the key health worker rendering multipurpose healthcare services in rural areas. In this context, the professional nurses have a major role to play in providing support, guidance, supervision to ANMs Multi Purpose Health Worker-Female (MPHW-F) and also in rendering direct comprehensive healthcare services that are beyond the competency of the ANMs (Table 3).

TABLE 1: Organization of nursing services at center level

DGHS		
Additional DG	**Additional DG (N)**	Additional DG
	Deputy DG (N)	
Assistant Director General (ADG) (Community Nursing Service)	**Assistant Director General (ADG) (Nursing Education and Research)**	**Assistant Director General (ADG) (Hospital Nursing Service)**
Deputy Assistant Director General (DADG)	**Deputy Assistant Director General (DADG)**	**Deputy Assistant Director General (DADG)**
Community Nursing Director	**Principal tutor SON**	**Nursing Superintendent**
PHN Supervisor	**Senior tutor**	**Deputy Nursing Superintendent**
PHN	**Tutor**	**Assistant Nursing Superintendent**
LHV	**Clinical instructors**	**Ward sister**
ANM	--------	**Staff nurse**

Note:

- The positions up to the DADG level are proposed to be at the office of the directorate general of health services. Positions below the level of DADG are to exist at the institutions governed by the central government.
- The principal of the College of Nursing will be equal to the rank of ADAG (N) and will be eligible for promotion to the post of DDG (N) and DG (N).

TABLE 2: Recommended organization at the state level for nursing services (union territory level)

Secretary (Health)		
Director, Nursing Services		
Joint Director, Nursing Services		
ADNS (Community Nursing Service)	**ADNS (Nursing Education and Research)**	**ADNS (Hospital Nursing Service)**
DADNS	**DADNS**	**DADNS**
District Nursing Officer	**Principal SON**	**Nursing Superintendent**
Public Health Nurse	**Senior tutor**	**Deputy Nursing Superintendent**
PHN at PHC	**Tutor**	**Assistant Nursing Superintendent**
LHV	**Clinical instructors**	**Ward sister**
ANM	--------	**Staff nurse**

Note: The Principal, College of Nursing will be equal to the rank of ADNS and will be eligible for promotion to the post of DDNS/DNS. The salary scales and structure of the staff of colleges of nursing will be as per norms of the Indian Nursing Council and the UGC.

TABLE 3: Recommended organization at the district level for nursing services

Director, Nursing Services	
Dy. Director, Nursing Services	
Asst. Director, Nursing Services	
Dy. Asst. Director, Nursing Services	
District nursing officer	
Assistant Dist. Nsg. Officer (Hosp. and Nsg. Edu)	**Assistant Dist. Nsg. Officer (Community)**
Nsg. Superintendent/Dy. Nsg. Suptd.	**Dist. P. N. O.**
Asst. Nsg. Supt.	**P. N. Supervisor (CHC)**
Ward sister	**PN (PHC)**
Staff nurse	**LHV/HS**
----------	**ANM**

The above recommended organizational set up needs the full administrative and financial support of the government. It looks after the overall nursing components, development of nursing standards, norms, policies, ethics, recruitment, selection and placement roles for both hospitals and community health nursing, development in specialty nursing, higher education in nursing, and research. These promote professional autonomy and accountability. The purpose of health administration at the center and local level is to improve the health status of the population. The scope of health services varies widely from country to country and is influenced by general and ever-changing national, state, and local health problems.

CURRENT TRENDS AND ISSUES IN NURSING

Nursing is one of the oldest arts but has recently developed into a profession. From the beginning, it has undergone many drastic modifications and updations, and currently, it is an unavoidable part of society. The recent trend analysis shows that future nursing will see significant advantages in multidimensional patient care, including promotive and preventive health. Nurses will be the most preferred healthcare providers in the coming time though there are challenges such as ethical considerations, rising health care costs, and quality of care. Healthier lifestyles, promotive environments, and continuity of quality care based on EBP are highlighted in nursing.

Nursing has a gigantic ability to change individuals. These requests require a broad learning base and essential reasoning capacities alongside able aptitudes. The focal point of nursing is moving towards perceiving patients as cooperative recipients as opposed to uninvolved beneficiaries of health care. Professional nursing is comprehensive as he/she will be effectively engaged with direct supervision, educating health care aspects, home care management, and OPD consultation.

The nursing profession continues to be challenged and rewarded by both new and changing opportunities and constraints, for all nurses, individually and collectively. Several forces that have affected the development of professional nursing and continue to affect significant issues, these include:

- Societal images and expectations of nurses
- Degree of the nursing profession's control over the quantity and quality of practitioners
- Impact of technology and theory on nursing practices, roles, and settings
- The professional self-image of nurses
- Sources of financing for health care services

Current Trends in Nursing in India

- **Reduction in the distance:** The introduction of modern communication techniques such as mobile phone, email, video conferencing has reduced the gap between patients and health care professionals/care providers. The introduction of different mobile applications has made the health care consultation available at the fingertips.
- **Computerization of patient care:** Gone are the days of manual data maintenance. The introduction of computer-based applications in the health care organizations has made the patient data digital from Outpatient Department (OPD) consultation/Admission to discharge and follow up. It includes computerized record-keeping, sharing of intra, and interdepartmental information about a patient (lab results, diagnostic reports, medical and surgical requirements). It also includes management and organizational aspects of an organization such as employee attendance, inventory management, inter-department communication, and so on.
- **Quality assurance in nursing:** In the changing health care environment, concerns over the quality of care are receiving more considerable attention than ever before. As consumers become more knowledgeable as a result of increased information available to them, much of the mystique surrounding health care is being dissipated.
- **Decentralized approach:** This approach makes the nurse accountable for the care of the allotted patient. It is appreciable and effective as it focuses on the satisfaction of the patient, quality of the health care, and smooth functioning of the department.
- **Continuing Nursing Education (CNE):** It is aimed at the motivation of the workers and to build up their skills and capacities according to their respective current/future designations. The health care system is highly dynamic, and it is imperative for a nurse to keep abreast of the changes. It can be achieved through attending conferences, seminars, workshops, presenting scientific papers, and so on. Generally, CNE should be regularly organized by educational and health care organizations.

- **Evidence-based Practice (EBP):** Nurses today should have a scientific bent of mind and a dynamic approach to patient care. Intensified researches and the application of the research findings in the clinical setting are yet another challenge.

Trends in Nursing Education

Currently, nursing is focused on Problem-based learning (PBL) and Evidence Based Practice (EBP) grounded with nursing research. Earlier the entry-level of profession was certificate level and diploma level. The specialization programs in nursing education are symbolical to this trend growth. Currently, in India, there are several educational programs such as;

- **Auxiliary Nurse Midwife (ANM)** is a two-year diploma program.
- **General Nursing and Midwifery (GNM)** is a 3-year diploma program in nursing.
- **BSc Nursing** is four years Bachelor's degree program
- **PBBSc (Post Basic BSc Nursing)** is two years additional qualification program offered to candidates after passing GNM.
- **MSc Nursing** is a master's degree program offered to candidates after successful completion of BSc(N)/PB BSc(N). Currently, MSc Nursing is offered in following specialties:
  - Medical Surgical Nursing
  - Child Health Nursing
  - Mental Health Nursing
  - Obstetrical and Gynecological Nursing
  - Community Health Nursing
  - Forensic Nursing
- **MPhil** is an additional qualification with a duration of 2 years.
- **PhD** is an additional qualification with a duration of 3–5 years. Some of the famous Universities currently offering PhD. Programs in Nursing are given below:
  - National Consortium for PhD in Nursing: Collaboration of Indian Nursing Council, New Delhi with Rajiv Gandhi University of Health Sciences, Bengaluru, Karnataka
  - All India Institute of Medical Sciences (AIIMS)
  - Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Pondicherry
  - Bharati Vidyapeeth Deemed University, Pune.
  - Dr D Y Patil University, Pune
  - Dr MGR Medical University, Chennai
  - SNDT University, Mumbai
  - Punjab University, Chandigarh
  - Baba Farid University of Health Sciences, Faridkot, Punjab
  - Manipal University
  - SRM University
  - Amity University
  - Mahatma Gandhi Mission Institute of Health Sciences, Mumbai.
- **PG Diploma Courses:** Currently PG diploma courses are offered in following specialties:
  - Post Basic Diploma in Neonatal Nursing
  - Post Basic Diploma in Neurology Nursing
  - Post Basic Diploma in Psychiatric Nursing
  - Post Basic Diploma in Cardio-Thoracic Nursing
  - Post Basic Diploma in Orthopedic and Rehabilitation Nursing
  - Post Basic Diploma in Operation Room Nursing
  - Post Basic Diploma in Critical Care Nursing
  - Post Basic Diploma in Emergency and Disaster Nursing
  - Post Basic Diploma in Forensic Nursing
  - Post Basic Diploma in Geriatric Nursing
  - Post Basic Diploma in Oncology Nursing
  - Post Basic Diploma in Pediatric Nursing

The recent launch of Nurse Practitioner in Critical Care program by the Indian Nursing Council allows the graduate nurses to assume responsibility and accountability to provide competent care to critically ill patients and appropriate family care in tertiary care centers. On the contrary, the increasing demands of healthcare needs cause-specific issues in Nursing. A few of the problems faced by the nursing education are compromised students, the gap of theory and practice, underutilization of clinical facilities, inadequate facilities in educational institutions, lack of qualified teachers, and overall compromised education system.

The nursing service industry faces challenges such as compromised working conditions, biased staffing patterns, fewer wages, lack of practice guidelines, lack of proper research, and deficient in-service education programs. Most of the time, nurses need to focus on routine administrative/paperwork rather than bedside care.

Since the Nightingale era of nursing practice, the nursing profession has undergone numerous changes, and many faces have been responsible for this noble cause. From time to time, nurses have tried to develop better methods to cater the needs of the patient and his/her family. Certainly, the scientific knowledge and clinical expertise of nurses will result in better nursing care of patients. Being a dynamic profession, nursing accounts for several trends. Experimental and Evidence-based knowledge forms a strong base for the nursing profession like any other profession, and this knowledge creates innovations in nursing. The simple meaning of the trend is 'development in a specific course'. These trends are the cornerstones of the nursing profession for its dynamic nature.

Curriculum Innovations in Nursing Education

Nursing educational programs and its curricula are competencies put together, and it centers with respect to result and stress student support and obligation regarding learning. Accrediting bodies reexamine the educational program of

nursing education every once in a while. Here the Indian Nursing Council, the autonomous body under the Ministry of Health and Family Welfare, responsible for uniformity of nursing education across the country, has made the following modification in the curriculum of different nursing programs in recent years.

- Revised the syllabus of the Auxiliary Nursing and Midwifery (ANM) course in 2006-07.
- Revised the syllabus of General Nursing and Midwifery (GNM) in the year 2005-2006. The course duration was extended to 3.5 years (including six months of internship).
- Revised syllabus for BSc Nursing and Post Basic BSc. Nursing was implemented from 2005-2006 in all Indian Universities. The syllabus revision was made in tune with the National Health Policy 2002.
- A national consortium for PhD in Nursing was constituted by Indian Nursing Council (INC) in collaboration with Rajiv Gandhi University of Health Sciences, Karnataka in the year 2005.

Technology and Nursing

- **Nursing informatics:** It empowers nurses to achieve good patient-centered health care. Nursing Informatics is defined as "science and practice (that) integrates nursing, its information, and knowledge, with the management of information and communication technologies to promote the health of people, families, and communities worldwide." (Amia.org, 2015).
- **Simulations in nursing education:** Simulation is the "process of designing a model of a real system and conducting experiments with this model for either understanding the behavior of the system and/or evaluating various strategies for the operation of the system" (Bradshaw and Lowenstein, 2009).
- **Technology and nursing education:** Technology influences nursing education to a greater extent, and it is an essential part of the teaching and learning process. The use of computers in patient management and student management have become common. The use of LCD projectors, smart classrooms, computer-based simulation models is now widely used by nursing teachers to educate nursing students. Students are familiar with the use of computers, smartphones, and different computer/mobile-based applications for learning and reading. The quality of nursing research increases with greater access to literature through the internet.
- **Animations and cinematic technology:** Animations are now widely used to enhance the learning experience. Video-assisted teachings with the help of animation for nursing procedures, physical examination, breath sounds, and stages of labor can be made clear and thorough with the help of this visual learning technologies.

Student's Population

- **Male nurses:** Nursing was predominantly considered as a female profession, especially in India. In recent decades, the trend is changing, and the numbers of male nurses have increased significantly.
- **Changing the demography of nursing students:** In earlier days, nursing care was provided by nuns, and many of the major hospitals were established by missionaries. Present-day nursing students represent a diverse population in terms of gender, age, and socioeconomic status.

Clinical Teaching-Learning Process

- **Evidence-based practice:** Evidence-based Practice (EBP) is defined as "a problem-solving approach to clinical care that incorporates the conscientious use of current best evidence from well-designed studies, a clinician's expertise, and patient values and preferences" (Fineout-Overholt, Melnyk and Schultz, 2005). Incorporating research-based evidence in nursing education enhances evidence-based practice. The quality of nursing practices improves in a more significant form by using evidence-based practices (D'Souza et al., 2014).
- **Advanced clinical, nursing education:** Apart from being care provider nurses perform independent roles like Nurse Specialist, Nurse-Midwifery Practitioner, and Nurse Anesthetist.
- **Supervised training by nurse educators:** According to INC standards, the teacher-student proportion is 1: 10. This guarantees the robust supervision of each student. Nursing institutions endeavor toward improving the clinical learning process. Teacher- practitioner model and faculty-student practice clinic are two newer concepts in clinical training.
- **Clinical instruction—training the trainers:** Over some time, more emphasis is given on clinical nursing education. Nursing faculty is now taking up responsibility and accountability of patient care, and they acknowledge the fact that clinical exposure of the student does not mean the clinical practice/learning. To overcome this dilemma faced by novice as well as experienced faculty, now clinical teaching is given more emphasis and training of all nursing faculty in the clinical area is mandatory in Indian settings.

Evaluation System

In recent years, the nursing education and its evaluation is brought under regulatory bodies. All the diploma courses are evaluated by the respective state nursing council or examination boards constituted by the respective State Governments. All the programs that are at the graduate level and above are reviewed by the Universities that are recognized by the University Grant Commission (UGC). Additionally, innovative evaluation methods, such as Objective Structured Clinical Evaluation' (OSCE), Rubrics, are now widely being used in nursing education.

Quality Assurance

Quality assurance is an inevitable part of every education system, especially nursing education. The emerging trends and scope of nursing give a flourishing stage of growth, and thus, it also tempts for dilution of the quality. Quality is the process of monitoring and evaluating the efficiency of the system. Accrediting agencies like International Organization for Standardization (ISO) has taken the initiative of accrediting colleges of nursing in India.

Knowledge Expansion

The last decade had witnessed a significant expansion in nursing literature. The CINAHL (Cumulated Index for Nursing and Allied Health Literature), Cochrane, PubMed databases serve as an excellent treasure for nurses and nursing students. Research has become a substantial area in the curriculum. Action research and the use of qualitative methodologies in research are getting full acceptance now.

Modes of Education

The recent trends in education such as distance education, E-learning/Online Education have brought about professional upgradation in the form of continuing nursing education and different certification programs. Many Universities in the world offer these courses. Few of them are IGNOU, Stanford, and so on. The programs that are offered through these modes are accelerated RN program, LPN to RN, and many other certifications and short term courses.

Trends are a kind of change that takes place and become vogue. The technological changes, changes in demographics, and health patterns have contributed to various trends in nursing education*.

Challenges in Nursing Education

- Independent Infrastructure for Nursing college
- Independence for Principal
- Acute Shortage of Qualified Teaching Professionals
- Lack of UGC status
- Underutilization of Clinical facilities
- Academic dishonesty
- Lack of discipline
- Workplace violence
- Student voices

TRENDS IN NURSING RESEARCH

Today almost all nursing leaders and nursing organizations offer rewards to professional nurses for doing nursing research. Research opportunities and needs await interested professionals in nursing. To fulfill their professional obligations in the health care delivery system, nurses have to keep the following objective in mind

- Nursing research will be a core part of nursing education and nursing care service.
- Nursing practice will accomplish an environment equal to the evaluation of professional practice.

Challenges in Nursing Research

- Funding
- Acceptance from superiors
- Scarcity of resources
- Availability of nurse (nursing) expertise
- Appropriate research setting
- Non-availability of nursing research program

ISSUES AFFECTING NURSING PRACTICE

- **Demographical changes:** It includes the increased occurrence of illness at a younger age, increased poverty, lack of outreach of immunization and nutritional programs, compromised sanitation, cultural diversity, urbanization, etc.
  - Many older persons are healthy, but the likelihood of illness becomes more significant as age increases. It indicates that the nurse of the future should be equipped to work with the aged population.
  - Several people in our country and abroad are still living under the poverty line. For them, the priorities are focused on food, clothing, and shelter. Health care is always a luxury for them.
  - Immunization of children and pregnant women, provision of nutritious meals and other health maintaining aspects are still neglected though we have made some progress in it.
  - Preventive health care is not often focused. This is due to lack of education, increased population density, lack of sanitation and waste management techniques, etc.
  - The nursing profession is committed to provide care for people irrespective of sociocultural and economic factors. The cultural beliefs and practices of citizens are quite different. The nurse needs to understand these differences while planning the care.
  - Urbanization is a common phenomenon in society. People prefer to move from rural areas to the city. It causes many social issues such as homelessness, drugs, mental illness, violence, and crime. Nurses of the future should be equipped to confront health problems related to it.
- **Environmental changes:** They include issues such as natural as well as human-made calamities, pollution, overpopulation, etc. Major ecological tragedies such as nuclear power plant accidents, burning oil wells, tsunamis,

*(Reference: Research article: Renjith Vishnu, G Renu and George Anice. (2015). Trends in Nursing Education. Indian Journal of Applied Research. 5. 496-498.)

gradual decline in the purity of water, diminishing animal, and plant life lead to health problems. These are issues that the future nurse has to face.

- **Change in healthy practices:** Factors such as obesity, food habits, lack of exercise, stress, etc. Obesity is a significant reason causing risk for many illnesses among people. It contributes to hypertension, diabetes mellitus, Poly Cystic Ovarian Disease (PCOD), coronary artery diseases, cardiac abnormalities, and so on. The lifestyle and health habits such as sexual life, smoking/alcoholism habits contribute to HIV/AIDS, lung cancer, and liver diseases. In these conditions, nurses will have to play predominantly essential functions in educating the public regarding the health hazards of these lifestyles.
- **Emerging bioethical issues:** The ethical considerations such as prevention of conception, termination of pregnancy, fetal surgery, organ transplantation, genetic research, fetal research, selection between life and death, etc.
  - Issues such as prevention of conception, termination of pregnancy, test-tube conception, other artificial fertilization (artificial insemination, IVF) and contraception methods contribute to emotional changes in people.
  - The ethical considerations in this regard must be weighed against its outcome.
  - Issues related to life or death including the invention of life-saving apparatuses such as dialysis, ventilator, heart and the lung machine, new surgical procedures (organ transplant, fetal surgery) and new technologies (genetic research, fetal research) have all become necessary to redefine the terms of life and death.
- **Degree versus diploma for practice:** One of the major concerns in India is the lack of policies about nursing practice and the required professional training for intended designation. The distinction between the level of qualification and level of entry in service should be clearly defined. Recently, an attempt is made by the Govt. of India and Indian Nursing Council, adopting a policy to discontinue GNM (General Nursing and Midwifery), and the level of entry to a health care organization as the nursing officer will be based on the graduation. (BSc Nursing/PBBSc Nursing).
- **Specialization in clinical area:** Currently, there are five clinical specializations in nursing education in India. The expanded role of the nurse based on these specializations is not in practice. The necessary policy and legal formulations have not yet been framed in this regard. Although few innovations in this regard have taken place in recent years such as the introduction of Nurse Practitioners in Critical Care, it is still in the primitive stage.
- **Nursing care standards:** Standards are "written formal statements" to describe how an organization or professional should deliver health service and are guidelines against which services can be assessed. Standards are directed at the structure, proces's, and outcome issues and guide the review of systems function, staff performance, and client care. The nurse has to be scientifically equipped for meeting the caring standards of patient's expectations.
- **Nurse patient ratio:** Staffing is an issue of both professional and personal concerns for nurses today. If staffing is inadequate, nurses contend and it further threatens patient's health and safety, results in greater complexity of care, and impacts their health and safety by increasing fatigue and rate of injury.
- **Long working hours:** Nurses are often required to work in long shifts. But in several cases, nurses have to work back-to-back or extended shifts. This work schedule makes them fatigued, and that could result in medical mistakes.
- **Workplace hazards:** Nurses face several workplace hazards each day while just doing their jobs. These hazards include exposure to bloodborne pathogens, injuries, and hand washing-related dermatitis and cold and flu germs.

The transition is a universal phenomenon, and nurses involved in the caring profession have to undergo it. Some techniques such as positive thinking, flexibility, organized and healthy personal life, and ideal mentor can help in the process of transition.

REVIEW QUESTIONS

1. Define health administration.
2. Explain the health administration system in India.
3. What are the agents of health care administration?
4. Explain current trends and issues in nursing.
5. Discuss the principles of health administration.

Further Readings

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Note