

INVITED PAPER

## Nursing Status in Nepal

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### Introduction

Nepal, an officially the Federal Democratic Republic of Nepal, is a landlocked country in South Asia with an approximate population of 30 million. This country is also known as country of Mount Everest (World's highest mountain) and the birth place of Budha. Nepal is located in the Himalayas and bordered to the north by the People's Republic of China, and to the south, east, and west by the Republic of India, with an area of 147,181 square kilometers (56,827 sq mi).

### Background of Nursing

Nursing in Nepal was developed together with the development of medical services. The first government hospital named Bir Hospital was established in 1890. During the period of 1890~1928, there were no nurses to care for the patients. The hospital authorities realized the need for nurses and midwives to provide care to the hospital patients, therefore, four Nepalese girls were sent to India for 18 months midwifery courses. After returning from training they were posted in Bir Hospital as registered nurses.

In 1941 the Civil Medical School was established for the Training of Compounders (physician's assistants) and dressers at Bir Hospital. In this training program, nine Nepali women were also recruited. In 1945, same group of women were sent to India for midwifery course.

In 1953 again the third batch of eight Nepali women were sent to India for training in Midwifery. In the same year, four other Nepali women were sent to Sri Lanka for tuberculosis nursing training. Though, the nursing was started with midwifery services but nurses' contributions to health care were very significant to other special areas too, such as Mental Health Nursing, Tuberculosis Nursing, Pediatric Nursing, and Maternity Service. Moreover, supportive service in hospital nursing such as development of central sterilized supply department, development of house-

keeping section, dietary section were also initiated. Their roles in health care services such as preventive, promotive, curative, rehabilitative were significantly noticeable.

The formal nursing training in Nepal began with the establishment of school of nursing in 1956 with the help of World Health Organization. The education programme was three & half year duration which included midwifery and the nursing education was under the ministry of health until 1972. After 1972, the education programme was taken over by Tribhuvan University (Ministry of Education) and the duration of the course is changed into three years for certificate level (diploma in nursing after 10th grade of schooling). The nurses had gone through very challenging work situation in the conservative Nepali society at the time. The nursing was considered to be a "dirty work" and was looked down by society; therefore, to enhance the status of nursing, in 1973, Her Royal Highness Princess Prekshya Rajya Laxmi Devi Shah joined the nursing training. This brought a great change in social outlook in nursing. Now nursing is accepted by society and many young girls join the nursing.

### Present Scenario

In 1999, the Council for Technical Education and Vocational Training (CTEVT) under Ministry of Education started the first certificate level nursing program and by the year 2000 many private schools were started under CTEVT affiliation. Two levels of nursing education are providing by CTEVT; Auxiliary Nurse Midwife and Diploma nursing program.

The nursing education is taken more as an academic programme and has become one of the popular career choices for the young girls. Some universities are running higher level nursing educations like; BN, BSc, MN, PhD programs. In Nepal nursing education is mainly skill based technical education so there are lots of practical exposure requirement for the students. Based on the curricu-

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lum, to fulfill their learning objectives, the students are brought to the different hospitals/ community fields/ clinics/ medical centres etc., where they need to follow the practical assignments prior to sit in the final exam. Nurses' dedication and hard work established nursing profession as an indispensable part of health sector. As public health professionals, nurses provide care not only in the hospitals but in communities and in families as well.

### Different Levels (Programs) in Nursing Education

The nursing courses are offered on a two tier system: from Auxiliary Nurse Midwifery (ANM), after 10<sup>th</sup> grade of schooling and conducted over eighteen months of training program, a Certificate of Nursing (Diploma in Nursing), after 10<sup>th</sup> grade passed with at least C grade, conducted over 3 years training program, The tertiary level nursing program such as Bachelor of Nursing Science (BSc) after 10+2 high schooling with majoring in science, conducted over four year training program. The Post Basic Program in Nursing (PBBN), requires previous completion of the Certificate level in Nursing and at least 1 year of work experience, conducted over 3 year training program, Master in Nursing (MN) requires previous completion of BSc or BN with 2 years of working experience, conducted over 2~3 years of training program, and PhD is conducted over 3 years of training program.

Around 6,000 nurses are graduating every year. Only female candidates are eligible to enter the nursing profession according to Nepal Nursing Council's (NNC) criteria. However, there are few male nurses working in different hospitals/teaching institutions as well specially those, who are graduated from Nepal-India Cooperation University or from other countries. Before the NNC criterion was developed, few male nurses were graduated now working in some hospitals.

According to Nepal Nursing Council (21 Sept, 2016), there are currently 66,095 nurses working in Nepal. Among them, the foreign nurses are 818.

### Accreditation Body

Nepal Nursing Council (NNC): the NNC is the only licensing authority for nursing practice in Nepal. The NNC is also responsible for accreditation of the nursing program of any institution for quality control. A nurse should pass the NNC examination and can obtain a license for the period of 6 years to practice nursing. For renewal of license, a nurse has to proof that s/he is attending a formal/informal continuous nursing education program.

### Professional Organization

The Nursing Association of Nepal (NAN) is a professional organization of nurses which, works for the professional standard and welfare of nurses.

### Opportunities in Nursing Practice

From the last few decades: the horizon of nursing education and nursing career has become wider. Nurses have both vertical and horizontal access in terms of career ladder. The graduates work in different government hospitals, nursing homes, medical colleges, public health, school health, and occupational health or in non government organizations (NGOs) hospitals, training institutions and even in international non government organizations (INGOs). Some of the nurses are in key management roles in health services and some are involved research in universities.

The increasing number of NGOs and INGOs also engages nurses in conducting educational package and in government sectors; employment of nurses is being done in different levels from ANM to Nursing Administrative Officers. Some nurses even go abroad to work or to continue their further studies. The migrant nurses somehow contribute to fulfill the shortfall of nurses in the other countries (Bhusal, 2010). With these better and secured career options; nursing is an encouraging prospect for anyone considering nursing as a career.

Course	Pre-requisite	Duration
Auxiliary nurse midwife	10 <sup>th</sup> grade pass	18 months
Proficiency Certificate Level (PCL) in nursing (diploma nursing)	10 <sup>th</sup> grade pass with at least "C" grade	3 years
Bachelor in Nursing (BN)	PCL Nursing +1 year work experience	3 years
Bachelor of Science in science	10+2 (Science)/ISc	4 years
Master in Nursing	BN/BSc +2 years work experience	2~3 years
PhD in nursing	MN/MSc + 2 years work experience	3 years

## Challenges/Issues in Nursing

### 1. Workloads

According to Maharjan (2016), the nurse to patient ratio should be according to work load and in the area of nurses' specialization, but this is way too far in Nepal. On average, the nurse patient ration in a surgical/medical unit is of 1:20~30, whereas the standard ratio is 1:6 (Devan, 2014). Many times, each shift the unit covered by only one nurse and there is always tendency to use short cuts while doing nursing procedures. In addition, the government seldom does recruitment of nurses in the hospital. Therefore, in some hospitals it can be seen that nurses are looking after many patients beyond their capacity, which can even decrease the quality of care. These kinds of workloads can even create some sorts of frustrations, dissatisfaction, anxiety etc. among nurses. One study showed that 55.22% of nurses were not satisfied with their job in Nepal (Maharjan, 2016).

### 2. Remuneration / Salary

Maharjan (2016) further explains; Low pay is a major issue in Nepal's nursing profession. Few nurses are paid USD 60~140 per month especially in private institutions. With Bachelor's in Nursing degree, the pay could rise up to USD 200. In training institution, the clinical aspect is core to nursing program, however, many nursing training institution fail to give required exposure to the students which is leading to the trend of volunteering for certain periods of times (months-years) in hospitals after graduation. The new nurses even spend their time in hospital providing free services to patients without any remuneration.

### 3. Employment problem

As hospitals prefer to recruit experienced and more qualified nurses, most fresh graduates do not get jobs and instead have to stay at home. Many of them volunteer in hospitals to gain experience, which could help them get a job later. Despite the huge number of hospitals many nurses are still lacking the job placement. The reason behind this could be massive production of nurses but the hospitals are running with inadequate number of nursing staffs in spite of huge patients' flow and at the same time not maintaining nurse patients' ratio. This has happened because there is no strict rules and policy made in the service sector by government. So the hospitals are functioning with minimum number of nurses to provide services to the maximum number of patient for profit making purposes to the hospital owners, this has created unemploy-

ment problem and job related stresses and frustration due to work load in nurses.

### 4. Security problem

With the new information technology people have more access in communication and information; the patients are getting more aware of their own health conditions and their rights. Therefore; they expect more from their nurses as well, demanding better and complete care. Many times nurses are unable to provide services according to need due to some reasons or professional inadequacies which results in disputes, fighting with the consumers. In Nepal there are some incidents that nurses are attacked by the patients or patients' relatives for not getting the services according to their expectation.

### 5. Poorly developed monitoring and evaluation systems

All the institutions and hospitals do not meet the standard norms and criteria to function as a nursing training institution or as hospital. The education system must be within the recommended standard without political influence for maintaining its standard and Nursing Council/Medical Council/Professional Council must regulate all the educational institution within the system by making regular monitoring and follow up for quality control of nursing education and practice.

### 6. Lack of continuing education for nurses

Health is dynamic and so does nursing. Provision of in-service education is essential to upgrade one's knowledge and skills. The institution can provide continuing education in various forms like; workshop, seminar, lecture, visit etc. to equip their personnel which seems to be lacking in hospitals or institutions of Nepal except in some hospitals.

### 7. Lack of appropriate teaching-learning environment in nursing institutions

The development of a system to improve the performance of faculty by evaluation of learning outcomes is an important aspect of teaching-learning environment. Regmi et al. (2009) explains that student learning is affected by the teacher's incompetency, poor education policy, the gap between the theory and clinical practices. It was also suggested that nursing schools must produce graduates who demonstrate "critical and analytical thinking" (World Health Organization, 2009, p. 21). Almost in all nursing schools/institutions, the teachers are imparting hard skills, but the soft skills are also as important as hard skills which seem to be missing in training schools.

## 8. Globalization/ Migration

Though the nursing demands is high globally, due to the unregulated quality nursing education system, the majority of Nepali nurses are unable to compete with the other countries' nursing standard resulting in Nepali nurses are not recognized as RN so they end up working as a care taker in domestic settings. Having lack of opportunities in Nepal, a proportion of Nepali nurses are compelled to migrate to Malaysia and Gulf countries. The worse scenario is that most of them work as home care nurses and are treated as housemaids and domestic workers. One nurse who returned from Dubai told the writer that they live in lowly conditions under emotional, psychological pressures and sexual assaults by their employers. (Maharjan 2016).

## Recommendation

Good governance in relation to development of nursing profession, quality nursing education, and a sustainable qualified nursing workforce is necessary for quality health services. A good nursing policy, standardized quality control mechanism, a standardized accreditation system, coordination, facilitation, monitoring and evaluation, by the concerned authorities such as Nursing Council, Medical Council, Council for Technical Education and Vocational Training, and university are necessary to improve the quality of nursing education and quality health services in Nepal,

## Conclusion

The history of formal nursing education in Nepal in less than 60 years can be viewed as remarkable, despite of an impoverished economy, political instability, natural calamities, and rapid social change. Nursing education is

flourishing and expanding fast despite of many constraints. Research has proved that "a more highly educated nursing workforce not only improves patient safety and quality of care but saves lives" (WHO, 2009). A socially responsible and accountable nurse can be a change agent in the health care system.

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