Nep. Med. Ass. (1974) 12-5 & 6

NURSING SERVICES IN NEPAL

by Miss Tuka Chhetri*

Introduction

Before 1954 Nepal depended upon a few contract nurses and the health services were rudimentary.

In 1954 His Majesty's Government decided to establish a school of nursing in Nepal and the first 13 nurses graduated in 1960. By 1967 there were about 100 nurses in His Majesty's Government (HMG) service in the country and in 1974 the number is 320.

In 1963 the first Assistant Nurse Midwifery School was established and in 1974 there are four such schools and 404 ANMs in HMG service.

Until 1967 nursing education and service was rather haphazardly controlled, technically by the various institutions and administratively by a variety of sections of the Department of Health without nursing representation. In 1967 a rudimentary Nursing Section within the Department of Health was established, with a Gazetted III post of nurse administrator. From this time planning and control of nursing education and service throughout the country gradualla became the responsibility of the evolving and expanding Nursing Section. In 1972, under the new Education System, nursing education was separated from service and become the responsibility of the Institute of Medicine.

Review of Present Administrative Pattern of Nursing Services

At the present time nurses are employed by HMG direct, by special boards (FP/MCH & Maternity Hospital), the Institute of Medicine and some private institutions. All except the latter have some relation to HMG service. The majority of nurses are either confirmed

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in Health Department service. or awaiting such confirmation. If working for one of the Boards or the Institute of Medicine they are at present on loan from the Department of Health or still under the Development budget (i.e. temporary). Eventually the special Boards as employers will finish, their function being taken over by the Department of Health. On the other hand the nurses working in the Institute of Medicine will be directly recruited by the university so that in future there will be the straight decision for the nurse between employment by the Department of Health or the university. (At present the ANM schools are classed as an extension programme under the Institute of Medicine. If they should later become part of vocational high schools under the District Education Office, as originally envisaged in the National Education Plan, a third employer of nurses might enter the picure.) Since nursing education at all levels is highly dependent upon a clinical field and the services are dependent on the educators for their future staff, liaison and joint planning between the Department of Health and Institute of Medicine may be seen to be of the utmost importance. Adequate provision for this has yet to be evolved.

Proposal for a Nursing Survice Designed to meet the Present and Future Needs of Nepal

As the Nursing Services are in the process of evoluation, the present proposal is made to fit in with the 5th Five Year (1975-80). It will need resivion from time to time as new developments take place.

For some time the need for strong nursing leadership has been increasingly felt and now that well prepare senior nurses are available in the country, it is important that they should be utilised effectively. In recognition of this the post of a Gazetted Class I, Chief Nursing Officer in the Department of Health is now under discussion. This should be seen as a post needing someone with a broad educatioal background, wide preparation and experience in nursing, including public health, and a broad vision. The post should be mainly concerned with policy, and the overall planning, development and control of nursing services for the country within the context of total health programming. The incumbent should represent nursing at all high level meetings and committees and within the health field, and be the final arbiter under the Director General of health Services in matters relating to nursing. The chief nursing Officer should be free to move round the country to keep herself aware of conditions at first hand, but she should not be expected to deal with day matters as a general rule. For this, authority and responsibility be delegated to two

other members of the Nursing Section holding Gazetted II posts- one Nursing Officer (P.H.), and one Nursing Officer (Administration/ In-service Education). Both should be touring officers.

The Nursing Officer (Public Health) will be responsible to the Chief Nursing Officer for all public health nursiag activity in the country. She will initiate discussion of policy and planning relating to community nursing. Working through the Zonal Nursing Officer she will carry out her duties of supervision and co-ordination. The Nu sing Officer (Public Health) will be responsible for initiating and maintaining, in cooperation with other members of the Health Department Training Cell, an ongoing public health in-service education programme, either personally or through delegation.

The Nursing Officer (Administration/In-service Education) will be responsible for promoting high standards of clinical nursing service throughout the country and dealing with local problems brought to her notice. She will initiate and control an ongoing national in-service training programme for all categories of nursing staff not covered by the public health training cell.

Ultimately (at present planned for 1980) with the development of four largely decentralised regions, the supervisory role of the Nursing Section in the Department of Health will be reduced and its co-ordinating, policy and planning functions will increase. It may be expected to maintain a major role in the provision of a continuing inservice education programme. The staffing patte-rn would then probably need adjusting to a Chief Nursing Officer in the Nursing Section with a Nursing Officer responsible mainly for in-service. Each of the 4 Regions would then be decentralised with a Regional Nursing Officer having public health qualification, responsible for all nursing service. To fit the present government proposals for regionalisation this would have to be a Gazetted II post but with expansion of secvices it should be upgraded to Gazetted I.

In Nepal, as is many parts of the world there is a changing concept of health service provision. Form a parallel hospital based medical care service, and a separate public health control of communal problems, ideas have moved to a co-ordinated comm-unity oriented total health care plan. This will be implemented in a phased manner having regard to needs and resources in accordance with the avowed goals of the National Planning Commission, in the field of Health.

H.M.G. Nepal hopes in the 5th Five Year Plan to make minimal health services available to the maximum number of people, and to create and maintain a Regional balance. The development of integrated basic health services is seen as the method by

which this goal is most likely to be reached. The Health Posts at the periphery will be supported by a matrix of referral services at District and Zonal or Regional level.

This calls for changing concepts of though in relation to the planning of nursing education and service. A beginning has been made by integrating a greatly strengthened module of community nursing in the curriculum of the graduate nurse midwife. In future the graduate nurse on qualification should be able to work at staff nurse level, ether in hospital or the community.

Starting with the Districts being set up on a pattern of integrated servicer (i.e. where the vertical programmes of MCH/FP, Malaria, Smallpox, Tuberculosis & Leprosy have been merged with medical aid, health education and environmental control into a family oriented basic health service) there is an opportunity for a new nursing service pattern to evolve. Taking the District Hospital and Community Services as one unit serving a defined area, there should be a District Nursing Officer with full preparation as a Public Health Nurse, in overall control of the nursing component. (This should be a Gazetted III post) The hospital with 15 or 25 beds will be under the day change of a senior staff nurse. A community staff nurse non-gazetted I (gaining experience prior to taking P.H.N. qualification) should be appointed to work in the community. The District Nursing Officer should spend the maximum amount of her time in the field until a separate community staff nurse is made available in the district concerned.

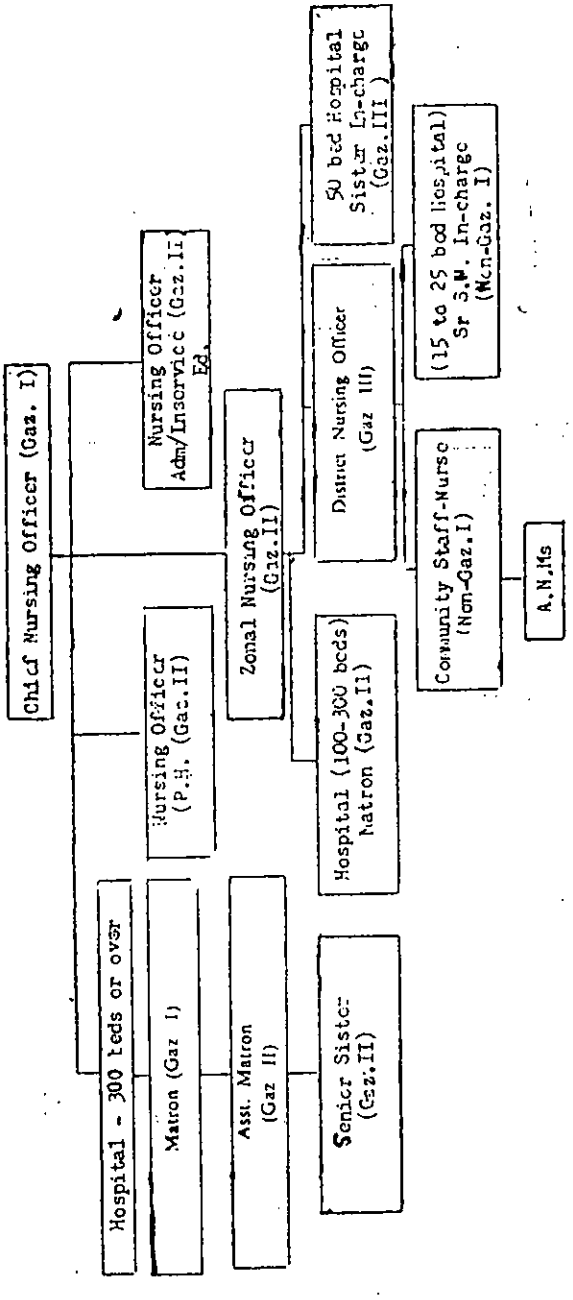
At Zonal level there should be a Gazetted II touring post of Zonal Nursing Officer. The incumbent must have public health preparation and will be in overall administrative charge of the nursing component of both zonal hospital and community activities throughout the zone. When the zonal hospital has 100 beds, the post of a Gazetted II matron will be created under the zonal Nursing Officer. When the District in which the zonal office is situated is taken over into the integrated pattern, the Zonal Nursing Officer will act as a District Nursing Office for that area (until such time as District Offices are established in Zonal headquarters.)

This zonal and district pattern may be expected to remain much the same after as before regionalisation, with a gradual increase in 'Integrated Districts'.

The Need for an Ongoing In-service Education Programme

"Inservice education programmes are designed to equate the employee and the actual job to be done". They exclude pre-service preparation and any courses run by educationl

Suggested Staffing Pattern Before the Creation of Regions



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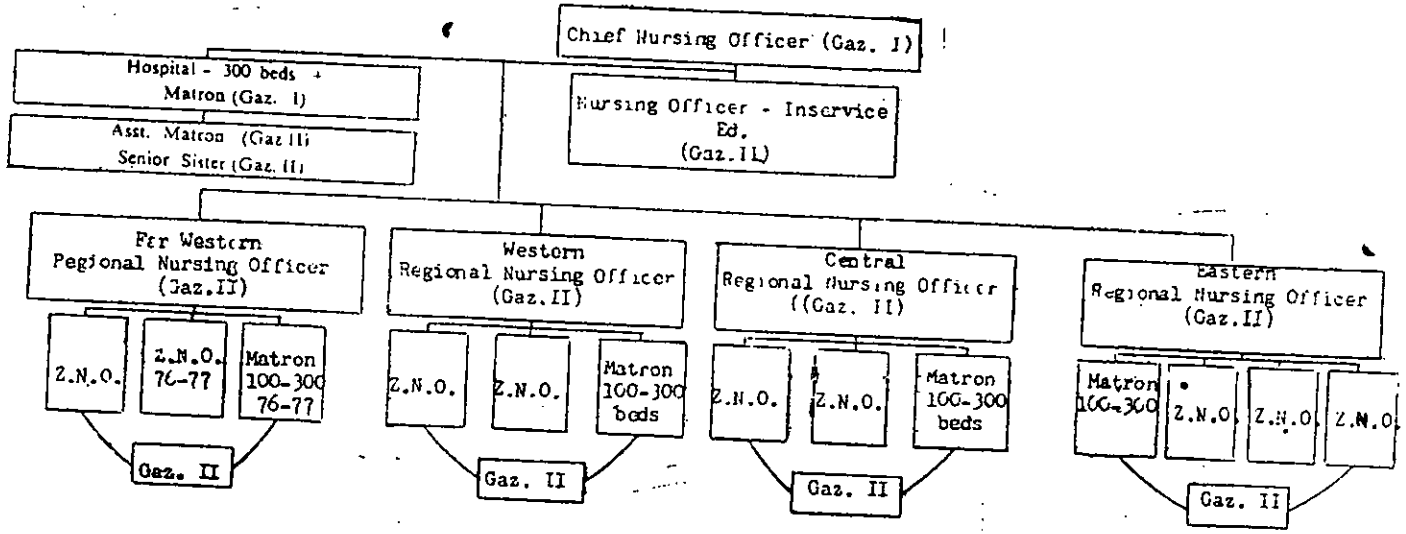

District level

will be the same as before regionalisation.

Gazetted I posts

Gazetted II posts

institutions to which an employee may be seconded.

It is usual to divide inservice education into–

ORIENTATION – for new employee or employee for new job.

SKILL TRAINING – for teaching new techniques
– upgrading efficiency
–refreshing memory.

LEADERSHIP & MANAGEMENT DEVEOPMENT – for senior staff to improve supervision, build up leadership and improve techniques of management.

CONTINUING EDUCATION – to stimulate professional interest, widen perspective "raise individual and group sights regarding work potentialities and responsibilities".

Internationally inservice training was pioneered by industry, but for many years now the nursing profession has been one of the leaders in the provision of In service Education Programmes. In service Programmes are carried out in employer's time. In a large organisation it is generally necessry to make someone specifically responsible for the organisation and carrying through, of the more formal type of programme. Orientation and some types of skill training will generally however be the responsibility of the supervisor, since the teaching should be given on the spot as required.

The provision of effective in-service education programmes is a specialised skill and should not be left to chance. Their success is of vital importance to the employer in terms of morale, competence and job satisfaction of the staff.

It is important not to confuse an In-service Education Programme, which is the responsibility of the employer for all staff, with short and long-course programmes fitting into the total professional educational pattern of the country and run by an educational institution, to which staff needing additional preparation may be seconded. In the case of Nepal, this latter type of education is the responsibility of the Institute of Medicine. The type of courses provided in this way should be the outcome of joint discussions of employer needs and desirable educational goals.

Health Manpower

To fit in with the Country Health Programming and 5th Five year plan proposals, a

balance sheet of existing nursing manpower, projected needs and post basic training requirements must be drawn up.

For the end of the 5th plan the following development has been projected (C.H.P.)

(Existing numbers shown is brackets)

HEALTH POSTS	- 810 (351)	remote areas	100 (20)
		mid-mountains	420 (268)
		malaria maintenance	290 (63)
DISTRICT OFFICES	- 33 (2)	Integrated malaria maintenance type	
	42 (5)	Non-malarious areas	
DISTRICT HOSPITALS	- 15 bed - 20 (30) - 10 will be upgraded to 25 beds		
	25 bed - 38 (10)		
	50 bed - 6 (nil)		
SUB-REGIONAL OFFICES (Zones)	- 9 (7)		
SUB-REGIGNAL HOSPITALS	- 50 beds- 7 (6)		
	100 beds- 2 (1)		
REGIONAL OFFICES	- 4 (Nil)		
REGIONAL HOSPITALS	- 50 bed 2 (NIL) (Exist now as District or Zonal Hospital)		
	150 bed 2 (Nil)		

NATIONAL REFERRAL HOSPS.

KATHMANDU

- Bir - 400 beds
- Kanti - 50 beds
- Tokha - 50 beds
- Maternity - 90 beds

Present Sanctioned Nursing Staffing Pattern for Instiitutions

	Matron	Asst. Matron	Sister	Sr.S.N.	S.N.	A.N.M.
Bir 300 +	2	1	10	7	66	50
100-150 beds	1	-	3	3	8	20

50 beds	–	–	1	1	5	12
25 beds	–	–	1	–	2	8
15 beds	–	–	–	–	1	6
Health Posts	–	–	–	–	–	2

Total staff needed to meet the requirements of the 5th Five Year Plan Proposal based on current staffing patterns.

Category	Area	Total Required	Existing 1974	Needed 1980
A.N.M.	Remote area H.P.	100	6	94
	Mid-mountain H.P.	420	20	400
	Integrated H.P.	290	60	230
	District Hospital	180	137	43
	Zonal Hospital	124	74	50
	Regional Hospital	64	–	64
	Valley Hospital	73	61	12inc.Mat
	MCH Project	?	36	?
	Other projects	3		
Staff Nurses	District Hospitals	126	37	89
	Zonal Hospitals	51	27	24
	Regional Hospitals	26	–	26
	Valley Hospitals	98	84	14
	M.C.H. Project	?	7	?
Sr S.N.	District Hospital	6	–	6
	Zonal Hospital	13	9	4
	Regional Hospital	8	–	8
	Valley Hospitals	9	7	2
Sisters	District Hospital	44	5	39
	Zonal Hospital	13	7	6
	Regional Hospital	8	–	8
	Valley Hospital	20	19	1
Matrons		6	4	2
Asst. Matron		2	2	–
Dept. of Hlth.		3	2	1

			Medicine in	
R.N.O.	4	–		4
Z.N.Os	11	8		3
Dist.N.O.	34 (+42)	3	...	31(+42)
MCH. PHN		6		

Future Training Needs

If the foregoing projected manpower needs are to be met even in half it will be necessary to plan very carefully to this end.

In organising and managing a total nursing service for the country the complete picture must be held constantly in view so that development is balanced with need and also within the service itself. Since the advanced preparation of staff takes time it must be forseen and planned for – suitable candidates, suitable programme, availability of finance must be brought togethor at the right time. Based on the suggestions already made present planning needs would seem to be:

1) The advanced preparation of someone at Masters level to be ready for the Chief Nursing Officer's position if it is created in the Department of Health and Senior Matron's position at Bir Hospital.

   length of course – minimum 2 yrs after B.S.c. (N.)

2) The advanced preparation at post-basic B.S.c. level of people suitable for Gazetted II posts in the Health Offices and Hospitals.

   length of course – 2yrs after General Nursing and PHN

   entrance – Inter. Arts or Science

3) Preparation of Public Health Nurses, at least 4 a years.

   length of course – 1 yr after General Nursing

   entrance req. – S.L.C.

4) Advanced courses in special clinical areas such as:–

   midwifery, theatres, ward administration, to improve efficiency.

5) With more local courses for professional education there will be a need for more qualified Tutors in the Institute of Medicine.

Staff Nurses should be able to apply for further preparation in the area that interests them and such requests should be given high priority in selection, if the candidate is otherwise suitable.

Table showing the present position of nursing staff with post-basic qualifications in nursing

Qualification	Qualified	Takking course
Masters degree nursing education		1
Post-basic B.Sc. (Nursing) in Teaching, Administration, P.H.	7 (3 also have Tutors diploma)	3
Public Health Nursing Diploma	27	2
Tutors Diploma	7 (3 of these also have post-basic B.Sc.)	
Administration Diploma	4	
Number of Nurses with I.Sc or I.A., available for future qualification as B.Sc. Nurses	24	

Table showing present position of nursing staff with non-degree & degree basic preparation in nursing

Category	Qualified	Taking the course
Non-degree registered nurse-midwife	300	110
Basic B Sc. (nursing)	3	6

ACKNOWLEDGEMENT

The writer is very grateful to Mise I.M. Lovedee, Senior Public Health Nurse, WHO/Nepal who has helped her with the preparation of this paper, and constantly encouraged and assisted all Public Health Nurses in Nepal.