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## REVIEW ARTICLE

## CHALLENGES IN NURSING EDUCATION

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**Abstract**

Nursing professionals may believe, nursing today is advanced in the spheres of practice, research, education and administration. Nursing has moved from a traditional approach with no sound training, based on scientific background to the latest theoretical based concepts and evidence-based practice. Nursing image has changed from the hand-maiden's role to the current Advanced Nurse Practitioner role.

Nursing practice faces a number of challenges including a growing population of hospitalized patients, who are older, and more acutely ill, increasing healthcare costs and the need to stay current with rapid advances in medical knowledge and technology. These challenges are complicated by an existing shortage of nurses, an aging nurse workforce, shortage of nursing faculty members, and prospects of a worsening nurse shortage. In addition, new models of overall healthcare delivery are being developed that will impact the workforce and care delivery.

Nursing education must keep pace with practice innovations and other changes in the healthcare delivery system. Education has tended to adopt advancement in the practice environment; therefore one can more easily integrate change.

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**INTRODUCTION**

Nursing yesterday was guiding, nursing today is inspiring and nursing tomorrow will be challenging. In the new world of health care, nursing profession is seemingly emerging as a significant contender. Nursing profession has a social obligation to the public to meet their general and specialized care needs. The public expects that a nurse has the expert knowledge and skills to ensure safe care. Modern nursing is no more a matter of personal attention and tender loving care. Mother Teresa once said, "Nursing is a mission of giving - give -give and give until it hurts." Her life is an example of supreme giving.

Due to ageing population, growing diversity, global health care system, and rapid advances in medical knowledge and technology etc innumerable problems are faced in nursing education. A concise look at the current Indian health care scenario will reveal that the existing system of nursing education and practice is inadequate to meet the future health care needs and challenges. Hence there is an urgent need to understand the scope of nursing practice with clearly defined educational preparation and licensure. An adequate number of nurses with different types of knowledge and skills are fundamental to the provision of quality, cost effective care

**1 Globalization of the World's Economy and Society**

Advances in information technology, international travel, commercialization of health care and growth of multinational corporate hospitals have all brought about globalization of health care. With the narrowing of distance, the risk of disease transmission has increased.<sup>1</sup> Nursing education must therefore become more internationally focused and future nurses should accept the

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challenges to be efficient managers of information and maintain a holistic approach to international client care. Nursing education and research must become more internationally focused to disseminate information and benefit from the multicultural experience.

## **2. Technological Explosion**

With the explosive advancement of technology, health care delivery is changing rapidly. The rapid growth in information technology has already had a radical impact on health care delivery and the education of nurses. Electronic Medical Record System, Tele health, Tele Medicine, Transmission of X-Ray images through computers, Digital Feed Back technology to help patients track medication and newer forms of clinical diagnostic methods will all require nurses to be skilled in the use of Computer Technology. Advances in processing capacity and speed, the development of interactive user interfaces, developments in image storage and transfer technology, changes in telecommunications technology, and the increased affordability of personal computers have contributed to the explosion of information technology applications.

## **3. Changing Demographics**

In India proportion of older persons has risen from 5.5 percent in 1951 to 6.5 percent in 1991, 7.7 percent in 2001 and projected 12 percent in 2025. Further the proportion of rural elderly in the age group 60-69 years was 45.5 percent, 70-79 years was 39.3 percent and urban slum elderly in the age of 70-79 was 42.2 percent. The alarming increase in the population of the elderly has an impact on the health care services and nursing. Increased life span of people with chronic illnesses will pose further challenges. Considering the effects of dementia as a public health threat to India with 3.7 million elderly currently living in India with it and an estimated two-fold increase to 7.6 million by 2030 and a three-fold increase to 14 million by 2050, nurses are to be ready to work in various service areas such as Memory Clinics, Day Care, Help lines and Support Groups.<sup>2</sup> We will also need an ever increasing number of nurses with geriatric nursing preparation to deal with them. Changes in population structure will have several implications on health, economy, family life, well being and quality of life of people. Greater life expectancy of individuals with chronic and acute conditions will challenge the health care system's ability to provide efficient and effective continuing care.

## **4. Shortages of Qualified Nurse Educators**

The most critical issue facing health care systems is the shortage of people who make them work.<sup>3</sup> Quality education depends on well prepared faculty members. Quality of products (student) depends on the quality of teacher. Nursing educational institutes require well trained faculty with knowledge and skill for advanced practice. World over, there is an acute shortage of nurses today. According to W.H.O 2.4 million nurses are currently required in India.<sup>4</sup> The Nurse population ratio is 1:2500 compared to ratio of 1:150 to 1:200 in higher income nations. In the public sector alone 140,000 staff nurses are required. The nurses doctor ratio is also poor at 0.5 nurse per doctor compared to 3 or 5 nurses per doctor in USA and UK respectively.<sup>5</sup> Nursing shortages have a negative impact on patient care and also costly to the health care industry. In Indian context, the total number of nurses in practice, the nurse population ratio and the nurse doctor ratio are alarmingly low. Though concerted efforts are visible it will still take a long time to bring remedial action in this situation. To attract more people into nursing, our educational programmers have to become more flexible, affordable and accessible.

## **5 Inequitable Distribution of Teaching Institutes:**

The effect of modernization, globalization and liberalization has brought about a sea change in general and nursing education. Like the health indicators are not consistent throughout the country so is the state of nursing institutes. The southern states were the first ones to adopt nursing as a carrier because of various factors; hence the number of nurses in the southern states is very high to the extent that their major number has good hold worldwide. Various factors like cultural bias, low literacy rate of women still forbid the women to take up nursing in northern states thus giving rise to state wise disparity in nursing forces. With the passage of time the number of nursing institutes has also increased rapidly. In 2006, there were 271 teaching institutions for auxiliary nurse midwives, 1312 offering the general nurse midwifery, 580 offering bachelor's degree in nursing. The increase in the number of nursing institutions has been accompanied by deepening geographical imbalances. The southern states Andhra Pradesh, Karnataka, Kerala, and Tamil Nadu have 63% of the general nursing colleges in the country, 95% of which are private, with the others distributed unevenly across the rest of the country. The distribution of nursing institutions offering higher education is even more disproportionately distribute, 78% are located in the four southern states, all of which have higher numbers of nurses and midwives per 10 000 population.

Although the states such as Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh have fewer numbers of nurses per 10000 population than the national average (7.4 per 10 000 population) but these states account for only 9% of nursing schools in the country.<sup>6</sup>

#### **6. Deteriorating Standards of Nursing Education:**

In order to fulfill the gaps of demand and supply, bridge the gap of state wise disparity in the nursing workforce, the Indian Nursing Council relaxed various criteria's for opening of new nursing institution. Taking advantage of the situation nursing institutions mushroomed all over the country at a very short period, overlooking the nursing standards thus compromising with nursing education. As per INC (2012) an average public sector institutes contribute only 7% of the total nursing students passing out every year compared to the private sector. Studies conducted by National Health System Resource System Centre (NHSRC) highlighted that private nursing institutions lack facilities. Although the Indian Nursing Council has made every effort to standardize nursing education, the quality of nursing education is not consistent throughout the country. There is large variation in the education imparted in government, private institutions and also state wise disparities cannot be overlooked. Major junk of nurses floating in the market lacks the necessary attitude, skill and knowledge. This mediates against the production of unqualified nurses in unrecognized institutions by irresponsible people to provide cheap labour and unsafe care. The challenge before us is to arrest those ventures and develop a comprehensive nursing education leading to license for practice.

**7 Lack of Autonomy and Gender Inequalities:** Many other factors account for the neglect of nursing education. For example, nursing services in India are typically managed by medical and health-service personnel, which mean that nursing staff have difficulties in exercising their authority and leadership because the nurse's role is subordinate to the roles of the clinical and public health personnel. Globally females are dominant in nursing profession and males in medical profession. This inequality has further compounded towards poor growth of nursing profession and the low social and educational status of nurses compared with other health professionals. Although male nurses are permitted to take training, many institutes, states do not offer jobs to male nurses. Gender discrimination in offering jobs is forbidden legally. Recently Indian Nursing Council has permitted 30% male, female ratio of teaching faculty in a teaching institutions.

#### **8. Demand Pressures and Changing Models of Care:**

Financial constraints, healthcare workforce shortages, and the changing needs of an aging population have prompted a national dialogue on the need for new healthcare models to meet the healthcare demands of the 21st century. Rising costs and an aging population have led to new settings and systems of care across the health care continuum. With focus on population-based outcomes, expanded life expectancy has led to increase in the number, severity, and duration of chronic conditions, thereby increasing the complexity of the care provided and managed by clinicians and nurses. New models of care have emerged in recent years that could lead to changes in healthcare delivery and the health professions workforce. Home model, Health Care Home model, and Chronic Care model are examples. Nursing profession is proactive both in creating these new models and defining their own roles within these systems of care.

#### **9. Inadequate skills Development and Lack of Academic Environment in Clinical Area**

Principle function of teaching institutes is to manage the learning environment. Simultaneously different courses are conducted in the hospital. Students need to compete with other learners in the clinical area. Theory practice gap is very wide in India due to various reasons. The gap between nursing services and education needs to be bridged by collaboration between nursing education and service. Providing adequate environment for students to practice in clinical area so that learnt theory can be practiced in clinical setting is minimal and students get good clinical exposure. Inadequate infrastructure, insufficient teaching and learning resources are great hurdles in providing good clinical exposure. Also there is lack of collaboration between nursing education and service. Specialization in nursing is inevitable. Need to strengthen clinical competencies of faculty at all level

#### **10. The Era of the Educated Consumer, Alternative Therapies, Genomics and Palliative Care:**

Present day consumers are becoming more interested and knowledgeable about health promotion and disease prevention. With advances in information technology and quality measurement, previously unavailable information is now public information, and consumers are asked to play a more active role in health care decision making and management.

### **11. Impact of Health Policy, Regulation and Increased Cost of Health Care**

Issues surrounding health care are often complex, involving the fields of medicine, economics and affecting individuals' rights as well as access to health care. Working in an integrated system constrained by economic incentives are being defined more and more by government policy makers, not health care professionals. The scientific and technological infrastructure has led to diagnostic and therapeutic breakthrough in medicine. Concerns about cost have led to the popularity of managed care options, first by corporations for their employees and now by governments, through the Medicare and Medicaid programs.

### **12. Growing Need for Interdisciplinary Education and Advances in Nursing Research**

Comprehensive health care needs of individuals and communities will require knowledge and skill provided in an efficient manner. This necessitates team management and therefore nursing education programmers must incorporate interdisciplinary education, collaborative practice, leadership development and effective communication techniques. The health care delivery system of the future will rely on teams of nurses, nurse practitioners, physicians, dentists, social workers, pharmacists and other health care providers to work together. Doctoral nursing professionals are not being produced in large numbers to meet the growing need for enhanced mentorship for new researchers to strengthen skills and capacity to conduct meaningful nursing research.

### **13. Lack of Support for Continuing Nursing Education**

Lack of educational development, inadequate access to quality and safety issues leads to poor performance. Lifelong learning should be emphasized for periodic knowledge and skill update. This aspect needs great attention and effort from government and professional bodies.

## **Conclusion**

Over all aim of nursing education in India is to develop a high quality nursing workforce that can meet the millennium development goals. Goal of nursing education is to prepare nurses who are competent and caring. Developing competent practitioners is the concern and responsibility of all nurses. Promoting nursing education for elevating the standard of nursing practice with desired standard is a challenging task for present day nurse educators. Deteriorating standards of nursing education, technological advancement in diagnosis and therapeutic interventions, globalization of care, increasing demand and awareness among the consumer, shift to alternative therapies, population-based care, increasing complexity of patient care, impact of health policy and regulation, the growing need for interdisciplinary education for collaborative practice, significant advances in nursing science and research, changing demographics and increasing diversity are few of the challenges faced by nurse educators in the present day scenario. Under such a dilemma, it is hard to discern the future of Nursing Education. However, remembering the saying "the dream of yesterday is the hope of today and the reality of tomorrow" It is vital to reshape nursing education making nursing Visible, Valued and Rewardable.

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