

Nursing Practice Act in India

In India, nursing is concurrently governed by the Indian Nursing Council Act centrally and by the State Nursing Council Act by the states. Two thirds of the healthcare workforce in India are nurses. Yet India has 1.7 nurses per 1,000 population, 43% less than the World Health Organization norm (Kumar & Ezhilarasu, 2017).

Nurses are central to the delivery of healthcare to achieve the third sustainable development goal (SDG) of ensuring healthy lives for all. Though their roles have multiplied, responsibilities increased, and scope of work expanded, their avenues for employment, professional development, and growth have not kept pace. Fundamental to bridging this gap is a strategic re-look at the existing Indian Nursing Council Act and the State Nursing Council Act that govern nursing in India.

The objective of the proposed webinar on 'Nursing Practice in India' is to discuss the gaps and make recommendations to bridge them. The discussion will be anchored on the ontology of nursing practice (Figure 1).

Nursing			Practice	
Education	Employment*	Type	Outcome	Location
Induction	Recruitment	Nursing Assistant	Availability	Institution
Education	Confirmation	Licensed Practical Nurse	Quality	Private
Certificate	Remuneration	Registered Nurse (RN)	Distribution	Public
Bachelors	Growth	Advanced Practice RN	Geographical	Community
Master's	Promotion		Specialty	Independent
Doctoral	Leadership		Mobility	
(Re)Training	Protection		Safety	
(Re)Placement				

*Based on WHO Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020

Figure 1: Ontology of Nursing Practice

For nursing practice to effectively contribute to the third SDG, it must be: (a) available in adequate quantity, (b) be of adequate quality, (c) distributed geographically and by specialty based on need, (d) mobile to adapt to the changing needs, and (e) safe for the nurses. It must cover institutions (private and public), community, and independent practice. These requirements are summarized in the last two columns of the ontology.

Broadly, nurses may be classified as nursing assistants, licensed practical nurses, registered nurses, and advanced practice registered nurses. They are listed in the middle column of the ontology. The education and employment of the nurses will determine the effectiveness of nursing practice's contribution to the third SDG.

There is a total of 1,855 nursing colleges and 2,960 nursing schools in India that are preparing approximately 1 lakh & 1.7 lakh nurses at baccalaureate and diploma levels respectively (Indian Nursing Council, 2020). Yet currently, there is a shortage of 2.4 million

nursing personnel in India. All the stages of nursing education, namely: (a) induction of students, (b) education at certificate, bachelors, master's, and doctoral levels, (c) their training and retraining, and (d) placement and replacement, must be examined in the context of their employment to increase the country's nursing capacity. They are listed in the first column of the ontology.

Nurses' migration out of India for careers is a challenge, and the lack of official, current data amplifies it. The absence of a legal framework supporting independent legal practice discourages nursing practice in remote areas. Further, studies and government taskforces have evidenced the poor working conditions and lack of career growth prospects for nurses (Varghese et al., 2018). All aspects of nurses employment, namely, their: (a) recruitment, (b) confirmation, (c) remuneration, (d) growth, (e) promotion, (f) leadership, and (g) protection, must be examined systematically to reinforce the drivers of nursing practice in India, establish norms for the same, and redirect the barriers to it.

The proposed webinar on 'Nursing Practice Act in India' will be a structured brainstorming discussion anchored on the ontology and will focus on:

- The need of regulating nursing practice in India;
- Scope of the Nursing Practice Act;
- Implementation of the nursing practice act – steps;
- Better outcomes in terms of healthcare delivery – from the Nursing Practice Act; and
- Limiting migration of Indian nurses – from the Nursing Practice Act.

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List of Panellists

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1.	Dr S Ani Grace Kalaimathi	Registrar, Tamilnadu Nurses and Midwives Council, Chennai
2.	Prof Arpitha HC	Assistant Professor, National Law School of India University, Bengaluru
3.	Ms Bindu Sam	Advanced Nurse Practitioner (ANP), University of Aintree Hospitals, Liverpool, UK
4.	Dr Bimla Kapoor	Former Director, School of Health Sciences, IGNOU, New Delhi
5.	Dr Christopher Sudhakar	Director, Quality Department, Manipal University, Manipal
6.	Dr Chetan Singai	Deputy Director, Ramaiah Public Policy Center, Bengaluru
7.	Major General Elizabeth John	Former Additional Director General, Military Nursing Service, IHQ, MOD(ARMY), New Delhi
8.	Mrs Gracy Mathai	Chief Executive Officer, Baby Memorial Hospital, Calicut
9.	Prof Irudaya Rajan S	Professor, Centre for Development Studies, Thiruvananthapuram
10.	Dr Krishnamurthy Jayanna	Associate Dean of Research and Professor, Ramaiah University of Applied Sciences, Bengaluru
11.	Dr A Nagarathna	Associate Professor, National Law School of India University, Bengaluru
12.	Ms Panchali Ray	Author, Researcher on nurses in India, The Politics of Precarity
13.	Dr Ratna Prakash	Principal, Pal College of Nursing and Medical Sciences, Nainital
14.	Dr Roy K George	President, Trained Nurses Association of India, New Delhi
15.	Ms Rekha Remadevi	Assistant Nurse Manager, Critical Care Services, Broward Health, Fort Lauderdale, Florida, USA
16.	Dr Rita Kamal Lakhani	Principal, D Y Patil School of Nursing, Navi Mumbai
17.	Dr Suresh K Sharma	Dean & Principal, All India Institute of Medical Sciences, Rishikesh
18.	Mr Srivara H G	Chief HR and Legal, Gokula Education Foundation (Medical), Bengaluru
19.	Mrs Thankam Gomez	Director, Cygnia healthcare, Gurgaon