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Review Article

Opportunities for professional development in nursing-Indian nurses

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ABSTRACT

In accordance with the State of the World's Nursing (SOWN) 2020 study, there were 27.9 million nursing staff members as of 2018, including 19.3 2.6 million (9%) unclassified nurses, million (69%) professional nurses, 6.0 million (22%) associate professionals, and million (69%) professional nurses. The research also notes that there was a 5.9 million nurse deficit worldwide in 2018. There would be 35.9 million nurses worldwide, according to the study. As a result, just an estimated 5.7 nurses would be required. Million, with 89% of those needed in low- and middle-income nations. By 2030, it is predicted that 10.6 million more nurses would be required worldwide to meet the demand. The International Council of Nurses (ICN) reports that 74% of countries want to recruit more nurses, and 54% have pledged to enhance the working conditions for those who are already employed. because the COVID-19 pandemic temporarily disrupted the supply of nurses internationally, it was anticipated that the destination nations would move towards self-sufficiency by strengthening their domestic training. To overcome the shortage by 2030, it would be necessary to hire an additional 8% of nursing graduates year and keep the current workforce of nurses in all nations.

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1. Who is Nurse?

An individual who has finished a basic, generic nursing education programme satisfactorily and has been given permission by the relevant regulatory body to practise nursing in their home country.¹

OR

No matter where they are and whether they are ill or not, nursing entails providing independent and team-based care to individuals of all ages, families, groups, and communities. Nursing includes all facets of disease prevention, health promotion, and care for the sick, the disabled, and the dying. Other important nursing responsibilities include patient management, creating a safe environment, research, participation in setting health policy,

management of healthcare systems, and education. (ICN, 2002).

2. Educational Qualification to Become Graduate and Post- Graduate and Super Specialized Nurse

2.1. B. Sc. (N)

As of December 31 of the year for which admission is requested, a person must be 17 years old in order to be admitted. A passing grade of 10+2 in science (PCB) and English Core/Elective with a cumulative grade point average of 45% from a recognised board under AISSCE/CBSE/ICSE/SSCE/HSCE or another equivalent Board is the minimum education requirement. Student must be in good health. Students with 45% in the Science category of the National Institute of Open School's 10+2

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test. One admission per student per year is required.

2.2. Post basic B. Sc. (N)

Passed a test equal to the 10+2 or a higher secondary, senior secondary, intermediate, or any test accepted by the institution for this purpose. Admission is available to those who finished 10+1 in 1986 or earlier.

After getting a certificate in general nursing and midwifery, she became a registered nurse registered midwife. In addition to being registered with the State Nurses Registration Council as a nurse and having finished his training prior to the implementation of the new integrated course, a male nurse is required to show proof of training that was approved by the Indian Nursing Council for a comparable amount of time in one of the following fields:

- Techniques in O.T.
- Eye care nursing
- Nursing for Leprosy
- Care for TB
- Mental health nursing
- Nursing in Neurology and Neurosurgery
- Nursing in Community Health
- Care for Cancer
- Obstetric Nursing

2.3. M. Sc nursing

1. The candidate must possess a licencing from a State Nursing Registration Council, or a license that is comparable, as a Registered Nurse and Registered Midwife.
2. A minimum cumulative grade point average of 55% is required to pass the B.Sc. in Nursing, B.Sc. in Nursing with Honors, or Post Basic B.Sc. in Nursing.
3. The applicant must hold either a post-basic B.Sc. in nursing, a B.Sc. in nursing with honors, or one of these degrees.
4. A basic B.Sc. in nursing followed by at least a year of professional experience.
5. A post-basic B.Sc. in nursing and at least one year of prior or subsequent job experience.²Nursing Super Specialty.

3. Nursing Philosophy

3.1. Ph.D.

NHP 2002 places a strong emphasis on the necessity of preparing nurses for the super-specialty roles that are necessary in tertiary care facilities, entrusting some limited public health functions to nurses after providing proper training, and increasing the proportion of degree-holding nurses compared to those who just possess diplomas. In India's undergraduate and graduate nursing programmes,

there is a severe lack of nursing faculty. To prepare nurse scholars to raise the standard of nursing practise and education in India, a doctoral degree is necessary.

The emphasis on theory development and research abilities in doctoral education builds upon and expands the competence attained in undergraduate and postgraduate studies. The role of nurse scholars is to: take on leadership responsibilities in intricate healthcare and educational systems, perform nursing research, engage in the creation of healthcare policies, and provide a theoretical and empirical foundation for nursing practice in both established and developing health care systems. The focus is mostly on nursing professional preparation that may result in evidence-based practice for clinical success.

4. Postdoctoral Fellowship Program

The Postdoctoral Fellowship programme is meant to help nurses and other licenced healthcare professionals with PhDs get ready for a rewarding future in research. For postdoctoral fellowship jobs, PhD-prepared nurses or professionals from other health science fields will receive training under the guidance of School of Nursing scientists. The Postdoctoral Fellowship programme aims to prepare fellows for a tenure-track job in a research-intensive university by helping them build a record of scholarship and the necessary abilities.

4.1. Nurse availability in different regions of world

Although there were 3–4 nurses for every doctor in the majority of the Organisation for Economic Cooperation and Development (OECD) member countries,² the global nurse and midwife to physician ratio was 2:1.³ In 2015–2016, there were 87,821 native-born nurses working in OECD nations, and the emigration rate was 3%.³ 34 114 Indian nurses with home training were employed in OECD nations in 2017–2018, while the emigration rate was 1%.⁴ Around 81% of nurses worldwide were discovered to be concentrated in North America, Western Pacific, and Europe, where there were 8.34, 7.93, and 3.60 nurses for every 1000 people, respectively.⁵ According to the survey, South-East Asia's region had less nurses per 1,000 people (1.65) than any other region in the globe. In April 2020, the Philippines prohibited the worldwide movement of their health workers and ordered them to fight the COVID-19 epidemic domestically. Later, however, the government relaxed the prohibition for those employees who already had contracts abroad.⁶ Both the annual number of nurses who passed the national licencing exam and the movement of nurses from the Philippines to other nations dropped.⁷ As a result, it was predicted that Indian nurses would have far better opportunities to land coveted employment in the post-COVID era. In light of these shifting dynamics, research that could improve knowledge of the situation on.

5. Increasing Need for Nurses Worldwide

Even before the COVID-19 pandemic breakout, there was a severe nurse shortage across the world. The ageing of the population in a number of wealthy nations has also contributed to the increased need for nurses. Domestic self-sufficiency is difficult to attain, however, for a variety of reasons, including the turnover of the current nursing workforce and the shortage of younger workforces brought on by the dropping birth rate. Some industrialized nations choose to hire nurses from abroad in order to overcome the nursing shortage. 15.8% of all nurses were foreign-born in 2015–16 on average across Organization for Economic Co-operation and Development (OECD) nations (OECD 2020).

6. India as a Country Sending Nurses but Shortage

One of the major nations that sends nurses is India. After the Philippines, it has the second-highest number of nurses in 2015–16 (OECD 2020), and about 88,000 of its nurses are sent to OECD nations. According to Irudaya Rajan and Nair (2013), there are over 640,000 nurses employed abroad, mostly in Gulf states. India, however, also faces a nurse shortage. Only 17.3 nurses were present for every 10,000 people in 2018. In contrast, those in high-income and developed nations were 36.9 and 107.7, respectively (WHO 2020b). Particularly concerning is the lack of nurses in India's rural areas.

7. Who Travels Abroad More Frequently?

Our survey of nursing school graduates in the state of Tamil Nadu revealed that the type of nursing school is the main factor influencing foreign migration. Comparatively speaking, nurses who attended government nursing schools are less likely to work overseas than their private nursing school counterparts. Graduates from private nursing programmes are more likely to work in those facilities. This idea is especially true in Tamil Nadu, where state government hospitals have historically hired nurses who have graduated from public colleges. In comparison to government hospitals, private hospitals typically offer lower salaries, worse working conditions, and less secure employment. Specifically, the disparity in pay between both.⁸

8. Recruitment Hubs in India

In recent years, hospitals in developed nations have learned that India is a fresh source for finding qualified, English-speaking nurses. Some of the best hospitals in India are apparently seeing huge resignations and nurse migration to hospitals abroad, and a large portion of this recruiting is concentrated in a small number of geographic areas (CHAUS 2005). In order to profit from this development, Indian hospitals have started using "business process

outsourcing" (BPO). Indian nurses are recruited, trained, and prepared for the international nurse tests. The three primary recruiting hubs have developed as New Delhi in the north of India, Bangalore, and Kochi in the south. While Kochi and Bangalore-based companies mostly assist nurses in moving to other countries including the Gulf states, Australia, New Zealand, Singapore, Ireland, and the United Kingdom, Delhi-based firms typically concentrate on the U.S. market. The licencing and visa procedures for these various nations differ noticeably and necessitate substantial system expertise. For instance, the waiting period to immigrate to the United Kingdom can be as low as six months, compared to up to two years in the United States. It is noteworthy, however, that in Delhi, more than half of the migrant nurses are also from the south of the nation. According to our best estimation, between 5,000 and 6,000 nurses left Bangalore in the previous two years, whilst between 3,000 and 4,000 nurses left Kochi. Based on media reporting on the two southern testing centres and the number of nurses that took the CGFNS tests, these figures were made. We calculated that 10,000 people have migrated to Delhi in north India. Since 2003, the number of Indian recruiting firms working in tandem with American recruiters has exploded in Delhi. According to our interviews, hospitals that are renowned for treating Indian patients outside of Delhi invest an average of US\$4,700–7,000 in a nurse's education and make as much as twice as much as that. India came in sixth place among countries in the 1990s for the volume of applicants seeking to get licenced as registered nurses in the United States, behind the Philippines, Canada, South Africa, Nigeria, and Korea. However, by 2004, it had risen to second place, trailing only the Philippines (CGFNS 2004), in large part as a result of the establishment of CGFNS test centres in India. According to CGFNS, a record 10,000 Indian nurses were applying to immigrate to the United States in 2004–2005 with the assistance of recruiting firms in Delhi.⁸

9. Interpretation

India must simultaneously fill open positions within the country while also creating more nurses for emigration. There is hardly any discussion of the challenges that this twin dilemma presents right now. Interviews were conducted with the top administrators of two different government-run hospitals in addition to representatives from the Ministry of Overseas Indian Affairs, the Advisor (Nursing) to the Ministry of Health & Family Welfare, and the Registrars of the Delhi Nursing Council and the Indian Nursing Council. These organisations' responses made it evident that none of them were very worried with any potential problems that might result from the overseas recruitment of nurses in India. This rather balanced stance is eclipsed by the fervor with which private commercial BPO organizations, particularly in the country.

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11. Conflict of Interest

None.

References

1. Nursing Definitions. Available from: <https://www.icn.ch/nursing-policy/nursing-definitions#:~:text=The%20nurse%20is%20a%20person.>
2. Health workforce requirements for universal health coverage and the Sustainable Development Goals. (Human Resources for Health Observer, 17); 2016. Available from: <https://apps.who.int/iris/handle/10665/250330>.
3. Health at a Glance; 2019. Available from: https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2019_4dd50c09-en.
4. Developments in countries of destination and impact on countries of origin; 2000. Available from: <https://www.oecd.org/health/international-migration-and-movement-of-nursing-personnel-to-and-within-oecd-countries-2000-to-2018-b286a957-en.htm#:~:text=The%20shares%20of%20foreign%2Dborn,third%20of%20the%20migration%20volume..>
5. World Health Organization. State of the world's nursing 2020: investing in education, jobs and leadership [Internet]. World Health Organization; 2020. Available from: <https://apps.who.int/iris/handle/10665/331677>.
6. Lopez DB. Supplier of World's Nurses Struggles to Fight Virus at Home [Internet]. Bloomberg Quint; 2021. Available from: <https://www.bloombergquint.com/coronavirus-outbreak/philippines-sends-nurses-around-the-world-butlacks-them-at-home>.
7. COVID19_internationalsupplyofnurses_Report; 2021. Available from: <https://www.icn.ch/system/files/documents/2020-07/>.
8. IDE Research Columns. Available from: https://www.ide.go.jp/English/ResearchColumns/Columns/2023/tsujita_yuko.html.

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