

Employment Status of Nurses and Future Scope in Nepal

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Introduction

The nurse is defined by ICN as a person who has completed a program of basic, generalized nursing education providing a broad and sound foundation in the behavioral, life, and nursing sciences for the general practice of nursing, for a leadership role, and for post-basic education for specialty or advanced nursing practice. The program is authorized by the appropriate regulatory authority to practice nursing in his/her country for the promotion of health, prevention of illness, and care of physically and mentally ill and disabled people of all ages and in all hospital and community settings. The nurse is prepared and authorized (1) to engage in the general scope of nursing practice, (2) to carry out health care teaching; (3) to participate fully as a member of the health care team; (4) to supervise and train nursing and health care auxiliaries; and (5) to be involved in research.¹

A professional nursing organization has a responsibility to its members and to the public it serves to develop the scope and standards of profession's practice.² In Nepal this role is partly played by Nepal Nursing Council as a regulatory body by registering and licensing all new graduates as mandatory to start professional employment in any institution. The nursing council regulates quality of nursing education programs by accreditation and licensing examinations, thereby ensuring the quality of nursing service rendered to patients and protecting consumer health.

Registration status of nurses in Nepal

According to Nursing Council of Nepal (NNC), by the end of September 2016 there are 38,759 Staff nurses, 26518 ANMs, 818 foreign nurses (total) are registered.³ There is a challenge in the employment of these nurses in the country.

Employment status of nurses

According to MOHP, HRH assessment 2012, Nepal has employed 54,177 health workers, with 32,809 in the public sector and 21,368 in the private sector. Across the public and private sectors, the health management and support staff group (20,396) was the largest group, followed by the nursing professionals group (7,054). The government has 417 sanctioned post titles and 31 occupation groups in the health sector (GoN 2012). The majority of the public health workforce is governed by the Health Service Act, 1997/98; but a significant number of administrative and management staff, are deployed by the Civil Service Act, 1993.

Ratio of Selected Staff to Population

Nepal currently has 0.50 nurses per 1,000/population and 0.17 doctors per 1,000/population while the total number of doctors and specialists (4,401) and nursing professionals and nursing associates groups (13,323) across the public and private. This represents a total ratio of 0.67 doctors and nurses per 1,000/population⁴, which is significantly less than the WHO recommendation of 2.3 doctors, nurses and midwives per 1,000/population and is low compared to other countries in South Asia.

Table 1. Health System Workforces of Nepal.⁵

Category of HW	Baseline 2011				Review 2014			
	Sanctioned	Filled	Vacant	% of filled position	Sanctioned	Filled	Vacant	% of filled position
Medical Doctor	1062	816	246	76.84	1636	789	847	48.23
Nursing staff	5935	5307	628	89.42	6442	5022	1420	77.96
Paramedics/Profession Allied to Medicine	10642	9212	1430	86.56	7805	5656	2149	72.47
Ayurveda & Traditional Medicines/ Public Health	6838	694	444	93.51	5084	3749	1336	76.68
Total	24477	16029	2748	88.77	20967	15216	5752	68.84

According HRH assessment 2012, there are 3,371 (10%) Nursing professionals employed in public and 3,683 (17%) in private sector totaling 7,054 (13%). This represents nurse population ratio as 0.27 nurses per 1,000 in Nepal.⁶ Likewise tables 2 and 3 below shows distributions of nurse workforce in different developmental and ecological regions of the country.

Table 2. Distribution of nursing workforce by Mountain, Hill and Terai Zones.⁷

Category of Nurse	Mountain	Hill	Terai	Total
Nursing professional	56	4596	2402	7054
Associate nursing professional	567	3094	2608	6269
Total	623	7690	5010	13323

Table 3. Distribution of nursing workforce by development region and type of employment⁷

Category of Nurse	Eastern		Central		Western		Mid Western		Far western		Total
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	
Nursing professional	717	427	2140	2330	291	711	151	202	72	13	7054
Associate nursing professional	1429	365	1312	432	1087	499	619	44	429	53	6269
Total	2146	792	3452	2762	1378	1210	770	246	501	66	13323

Table 4. Basic salary and allowances of New staff nurses at different hospitals of Kathmandu.⁸

Particulars	Medicare Hospital	Bluecross Hospital	Norvic Int	GIH	Nepal Govt	TUTH/ IOM
Basic Salary	10400	6525	10500	16000	19,130	20,540
Inflation Allowance	3000				1000	1000
Night allowance	100	120	150	200	150	150
Technical allowance		979				940
Tiffin allowance		45	100			
Overtime allowance		4086				
50% allowance						10,270
Dearness allowance		331	500			
Uniform allowance	500	1350			225	450
Total	14,000	13,436	11,250	16,200	20,505	33,350

When looking into the global context the most developed country USA employed total number of 2,661,890 RNs throughout the USA. US Bureau of Labor Statistics states that the average income for registered nurses was \$68,910 per annum, in May 2013. The mean hourly wages was reported to be \$33.13. It was 15% higher than the average salaries for all other occupations.⁹ There are gross discrepancy in the wages.

Scope for Nurses future employment

Fill in the gaps

According to the HMIS report of 2012, there are 1420 (22%) vacant post in nursing in the government sector only which needs to be filled. Similarly there are more health facilities and services coming up in the country. These services should be counted and new positions should be created for placement. Similarly all public and private sector health institutions should recruit the nurses as per the rule of health institution establishment Policy guideline (2070)¹⁰ which states one nurse for four to six patients in general wards, one nurse for two emergency and post operative bed, one nurse for each ICU bed and two SBA for each labor room bed. The quality control section of ministry of health, government of Nepal should monitor and accredited these institutions on the basis of adequate recruitment of nurses to enhance quality nursing care and safe health care delivery to the public. This will provide tremendous employment opportunity for the new nurses in the country.

- **Advance Practice Nursing course(APN);** In the context of Nepalese health care settings APN courses could be started focusing on the major

health problems of country. Like the government of Nepal has developed the strategies and action plan to address the newly emerging burden of major Non Communicable Diseases (NCDs) like; Cardiovascular Diseases (CVD), 22%, Injuries 19%, Mental Health (including neuropsychiatric conditions) 18%, Cancers 7%, Moderate extent Chronic Respiratory Diseases 6% and Diabetes, 2%.¹¹

Focusing on above areas of health problems we can produce further more Advanced Practice Nurses and Clinical Nurse Specialists for both clinical and community based health services. This should be started with new courses for nurses either built up in the areas of clinical posting as in-service course or enrolled as new student with the basic nursing background. The course should cover essence of 3Ps as Pathophysiology, Physical examination, Pharmacology with prescription authority in any field of study depending upon the regulatory provisions.¹² In this regard the National Center for Health Professions Education, Institute of Medicine, TU has taken initiative by conducting advocacy on Advanced Practice Nursing and consensus has been build up through series of meetings and workshops with concerned stakeholders at national level. This advocacy initiative has addressed following areas for the conduct of advance courses for nursing human resource development in the country.¹³ Such as;

- Operation Theatre Nurse Practicener, Nurse Anesthetists,
- Pediatric and Neonatal nurse practicener,

- Psychiatric/mental health Nurse practitioner,
- Extended roles of nurse's – diabetes specialist, Dialysis specialist,
- Specialist/Nurse Practitioner in Community/ Primary health care, Family health, School health, Industrial health etc.
- Cardiology, Critical Care, Pulmonary, Emergency,
- Gastroenterology, Nephrology, Neurology Gerontology,
- Oncology nurse practitioner etc.

Similarly Nepal government's skill birth attendant policy strategy states gross need of Midwifery cadre of health human resources for the reduction of MMR, NMR as national target.¹⁴ So the preparation is underway to run the competency based midwifery course with inclusion of SBA core competencies and the global midwifery standard at B.sc level. This cadre of midwives would be able to practice autonomously at all levels. It should be credentialed, accredited and approved with legislative provisions.

Entrepreneurship

Another option for the nurse's employment is Nurse Entrepreneurship. Nurses should use their nursing education and business background to start ventures within the healthcare industry by establishing, promoting and running their own companies. Some developed medical devices like (Sutkeri samagri). To set out on your own as a Nurse Entrepreneur, some key skills have to include: creativity, business savvy, ability to find funding and identify a niche market, as well as a consistent customer base. Likewise nurses can run Elderly Care Home, Home Care services, Clinics of DOTs, ART, PMTCT, CAC, PAC and Pharmacy business independently.

Education and research centres

- Nurses can collectively and single handed run the education institutions and research centres independently to generate employment for self and others. There have been some examples as like Innovative College of Nursing, Ciphel, Kathmandu, Training and Research centres like Health Resources Consultancy Pvt. Ltd and many more running by nurses.
- Foreign Nursing employment training centres, Coaching classes, entrance preparation courses, Elective Nursing placement programs and home care nursing are some of the other options nurses could seek for employment generation.

Conclusion

In conclusion nursing is vast area of opportunity and integral part of health care delivery system of the country. It need to be explored well enough to generate sustainable livelihood/ job opportunity for Nepali people along with delivering safe healthcare delivery in different health sectors. Public private partnership with multi-sectoral approach of academia, service delivery institutions, policy and planning bodies are required to play key role for sustainable development and best career options in this field. Similarly to fill in the vacant positions attractive incentives and perks package should be provisioned for nurses in the remote rural areas to strengthen quality healthcare delivery. There are examples of nurses being working under difficult situations in the NGOs and INGOs who provide better salaries and working environments for nurses for the benefit of general people.

Conflict of interest: None declared

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