**Title:**

Neglected concerns of nurses and their unheard voices; A blind spot in our health system

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**Abstract**

The nurses’ scenario in India forces us to introspect if the nurses are equipped enough to bring out their best contribution towards the health of our country and if their voices are well heard in the healthcare system. Despite being a highly skilled professionals, nurses are neither facilitated nor rewarded enough to sustain their motivation and inputs. The major challenges that negatively affects the contribution of nurses are shortage of nurses, poor working conditions and career opportunity, ineffective leadership roles, poor educational quality, low salary and state neglect. The COVID-19 pandemic has proven the vast contribution and sacrifice of nurses. The competency of nurses has gone up with specialization, and advanced nursing degrees. Enhancing nurses’ involvement in collaborative healthcare research would be a hallmark in improving the quality patient care. To efficiently utilize the contribution of the nurses in healthcare system, the society and state have to recognize the potentials and vulnerabilities of nurses, appreciate their strengths and reciprocate responsibilities to their neglected concerns.

**Introduction**

Professional nurses in India have the largest share in the health workforce of the country. They contribute at every level of the complex organizational structure of health delivery. It is estimated to have over 3.07 million registered nurses in India1. However, nursing has many times failed to get its deserved attentionin our health system2. The international nursing models promote reliable and stable workforces by optimizing investment in nursing3 when the same in our country is mostly remaining status quo. As we look forward to the nursing profession’s contribution towards the better health of our country, we need to introspect if the nurses are equipped enough to bring out their best and if their voices are well heard in the healthcare system. This article discusses the challenges faced by nurses who has a key role to impact the healthcare outcome of our country and their longstanding concerns neglected largely by the health system.

**2020- The Year of Nurse Midwife**

For the first time, WHO is observing 2020 as a year of nurses and midwives with an intention- ‘*to put nurses and midwives at the center of global and national health policy, and to celebrate what nurses and midwives do to improve health and health care in their communities and across the world’*4. WHO has asked the countries across the world to invest in nurses as a part of their contribution towards universal health coverage.

Another effort is ‘The Nursing Now Campaign,’ a global campaign to improve health by raising the status and profile of nursing, launched in 2018 in our country in collaboration with the International Council of Nurses (ICN) and World Health Organization (WHO)5. One of the major areas of its focus is to ensure that nurses and midwives have a more prominent voice in health policy-making and to encourage greater investment in the nursing workforce. Such efforts from international bodies are to propound nursing to the spotlight and to bring it to the agenda of governments globally. These are needed to enable the next generation of nurses to play bigger and stronger roles in multidisciplinary teams. India, as a country, needs to introspect into how the nurses are acknowledged and recognized here when they are making a massive impact in the global picture. Indian nurses also need to reflect on the ambitious efforts to be civically engaged in work and make direct positive changes.

**Status and Profile of Nursing in India**

Nursing leaders of our country have constantly lamented the poor/inadequate attention given to this profession by the state and the public6. Early nursing leadership has acknowledged this public miscomprehension and had vexed questions on making the voice of nurses heard7. To enhance job engagement and productivity, the nurses must be intrinsically motivated and positively reinforced. Unlike, the situation in India is different, with nurses having to brave multiple challenges in their professional front. There are multiple reasons which have hindered nursing from getting a suitable position or power, both in health hierarchy and in the social structure. The social stigma that prevailed in the early years and the lack of perceived autonomy of nurses in contributing to direct patient outcomes are some of those. Female dominion also made the nurses to be recognized as passive workers rather than being assertive professionals. Nurses are not showcased in the healthcare platform amidst their vast contribution. Very commonly, nurses themselves also do not make conscious efforts to make their contributions visible. Another key shortcoming of nursing in India is that nurses here are largely unorganized and lack tactical advocacy strategy involving key stakeholders 8. The compromised position of nurses in the social and health hierarchy negatively affects the contribution possible by them to the health system9. We discuss a few of these key concerns here.

**Shortage of nurses:** The shortage of nurses hinders scaling up the health services and often limits their contribution. Despite being one of the countries that train the highest number of nurses, we lack almost 2.4 million nurses to meet our requirements10. One of the main reasons for the critical nurse shortage is our country's inability to retain nurses with good pay and working condition. India is reported to export the largest number of nurses and healthcare professionals to other countries. Migration is facilitated by an attractive salary, career opportunity and better working conditions in other countries. The Filipino experience of losing nurses to migration, leading to an acute crisis of workforce shortage 2, is a lesson to learn from for India.

**Poor working conditions and career opportunity:** The working condition of nurses in many hospitals across the country is not up to the standard recommendations6. Poor resources and inefficient resource allocation at workplaces make them victims of occupational hazards and lead to poor work engagement. Nurses in India are not facilitated with an adequate career opportunity in promotion, in-service education or staff development programs. Exploitative working conditions comparable to bonded labor exist in the private sector9. Strong political commitment is required to improve the working conditions of nurses as per the recommendations. The nurses and nurse educators in different sectors are stagnated due to the absence of cadre structure and promotion.

**Ineffective leadership roles:** The status hierarchy implicitly present in the health system places nurses at a lower position, posing constraints to their leadership roles. Several nursing leadership positions at the district and state levels in the public sector have been abjured in the recent times11. The compromised social position of nurses and mal-distributed power in the health system has created an imbalance of attention given to nursing leaders8. The female dominant gender identity given to nursing in the sociocultural context has also been a reason not to deploy an adequate number of trained and qualified nurse leaders in clinical and public health domains.

**Poor educational quality**: There has been a disproportionate increase in the number of non-governmental nursing colleges across the country over the past few decades. The training provided in some of these institutions tends to be of poor quality and may not meet statutory bodies' standards. Rigorous training is mandatory for the nursing students to take over a highly responsible and accountable job as nurses when they enter the job as novices.

**Low salary**: Inadequate salaries and insufficient recognition of services has always caused nursing to be looked down upon12. For a long time, nurses are being exploited by private hospitals by paying very low wages to them13. Sadly, the origin of this can be traced to the very beginning of establishing nursing in India. In the early years, the native Indians who joined religious nuns in nursing jobs considered it a charity. Thus nursing mostly became a humanitarian vocation rather than a paid labor14. This is very much reflected in the usual clichés like ‘angels in white’ interchangeably used for nurses. The ‘nobility’ and ‘service- mindedness of nurses, were major grounds on which most private hospitals denied a decent salary for them. As the qualification of nurses is often not known to the clients, the private hospitals mostly ran the show with trainees whom they could pay in peanuts. In an attempt to make more profit, they reduced the nurse’s salary14.

On the contrary, to retain good doctors, they pay handsome salaries and build the hospital infrastructure by investing huge amounts of money14. The scapegoats here are the nurses, who are largely an unorganized workforce in the private sector. However, the parsimoniousness of private hospitals is usually not questioned by the state.

The underpaid status of nurses working in the private sector becomes all the more annoying when one congruently discusses the contribution of migrated Indian nurses to our economy. The large numbers of Indian nurses who have migrated to various parts of the globe in search of greener pastures have irrevocably contributed to our country's growth. They made sure a constant inflow of not only money but assured a hailing country of a well-bred generation. They sacrificed the young years of their lives away from families in hostile working environments, with the hopes and dreams of gaining a better future and it was mainly an economic opportunity15,16. Indian economy is a sure benefactor of their sacrifice.

**State neglect:** The major factor which has caused nursing to lose its importance is state neglect. The social mandate of nursing is largely determined by public policies. A paradox exists between the power of the profession and the promise made by the policymakers. Governance approaches are not scaled to support the nursing profession. The claims that nurses make about nursing being a profession is bleakly reflected in terms of the recognition it gets. Despite nurses constituting 38% of the entire workforce of the country17, their voices are often unheard, even in policymaking.

There have been longstanding fights that the Nursing community had to do for establishing its place and power. It is often found difficult to bring the problems faced by the community to the administrative gaze. An example of this is the decade-long legal battle fought by the professional association of nurses in India, i.e., the Trained Nurses Association of India (TNAI ) to bring into the legal eye the nurses' grievances working in the private sector. The judgment made by the honorable Supreme court of India in January 2016 reads, ‘*Nurses who are working in private hospitals and nursing homes are not being treated fairly in the matter of their service conditions and pay*18’. A committee constituted in compliance with the Supreme Court judgment has recommended that the salary of nurses working in hospitals with more than 200 beds should be on par with the salary given to nurses working in Government hospitals of the state and any case, it should not be less than 20000 Rupees per month. It also states that the working conditions including working hours, leaves, medical facilities, transportation facilities and accommodation given to nurses in the private sector, should be on par with the nurses working in state /UT hospitals. The committee also endorsed the states to take steps for formulating legislation/guidelines for the implementation of the recommendations19.

It is sad to notice that the state governments have not taken adequate measures to ensure that the recommendations are instituted19. Except for a few states like Kerala, Mizoram, Goa, and Maharashtra, there were no major changes from the previous situation. Uproars of nurses have made some unrest in the private health industry, but they are still at the mercy of the private lobby hospitals. The minimum salary for nurses decided by the states is yet to be implemented by many private hospitals. Despite protests staged in many states by the nurses working in private sector hospitals, deaf ears have been turned to it14,20. The news about nurses protesting was multiple that it ceased to agitate society’s conscience or evoke any feeling in the general public.

There is a very poor budgetary allocation for health in our country. The poor resources at work and lack of staff empowerment/development programs are major factors that increase the stress and adversely affect the work engagement of nurses. It can be a leading factor for poor outcome and reduced visibility of the contribution of nurses. Hard physical and emotional work, poor social recognition, and inadequate incentives demotivate many young professionals from taking up the profession.

**Media ignorance:** The nurses are portrayed as physician’s handmaid, assistant, unskilled or as angels in various media documentaries and movies. Similar to the angels being invisible and fictional characters, the needs of nurse angels also go invisible. Media, many times, fail to showcase the worth of a nurse. This has misshaped the public perception of nurses and has played a large role in undermining nurses and has depicted it as an unattractive career.

**The Impact of COVID**

COVID 19 has become a ripe area of opportunity that has demonstrated the importance of nursing in our health care system. The contribution and dedication of the nurses have become more visible to society during these desperate times. Nurses have been appreciated for being the frontline warriors in fighting the virus.

In several places, nurses take up their duty to serve despite the non-availability of adequate PPE. When nurses are abiding by the ‘social contract’ that they have made by entering into the profession, the society and state also have a ‘reciprocal contract’ that they need to abide by. Not dismissing the importance of senior doctors and administrators, it is often nurses and resident doctors who do the courageous act of caring and curing these patients21. Neglecting this infantry of nurses is not only ethically sound but also rationally illogical.

Altruism is a true value that governs nursing practice. But there is a clear conflict between the profession’s demands and societal expectations. In the present times, nurses have to combat not only COVID, but the societal neglect, inappreciation, and violence22. The grueling shift duties amidst the class struggle of being treated unimportantly test the loyalty of the nurses. In a situation where the previously advocated minimum salary is not paid for nurses, the current pandemic situation has warranted salary cuts23 which leave the nurses in no way able to face the crisis. The safety, health and priorities of nurses are the bedrock of our health system more than any time before.

The COVID 19 pandemic has proven the contribution and sacrifice of our nurses among frontline health workers. Nurses’ contribution during this pandemic extends to the generation of evidence and policies for COVID-19 care as well24. This potential of the nursing community was recognized by the WHO during the Ebola outbreak and it has recommended placing nursing at the center of its long-range workforce recommendations25. COVID 19 teaches us new models of governance and investment in the Nursing community.

**Nurses for improving the health system of our country**

Nursing is an important discipline that contributes immensely to the care of patients, families and communities. It has a broad scientific base of practice and an expanding body of vast knowledge. Empowerment of this profession can vitally empower the healthcare system of our country.

Utilizing the services of specialized nurses in key areas of health delivery enhances the outcome. With specialization and advanced nursing degrees, the competency of nurses has gone up. Nurse practitioners and specialized nurses are an asset to the healthcare system and can take over many tasks done by the physician in different care levels. Such ‘task shifts’ are essential for easing the burden on health system26. The creation of job opportunities for specialized nurses in the public and private health sector will aid in expanding and extending the professional boundaries of the nurses.

Clear roles, adequate training, and most of all adequate incentives can ensure that nurses can replace doctors in primary care27. When 70 -80% of the primary care can be provided by nurses, investing in this community is far better even from in economic view point28. Several countries have demonstrated how a capable workforce of nursing can strengthen primary health care and support the achievement of health system goals.

Involving nurse leaders in decision making at organizational and national levels is important to ensure that their share of voice is heard in the health system8. Policy reforms are necessary to facilitate nurse leadership. The national and state nursing councils needs to be better powered with political clout to influence decisions related to nursing. The need is not just to create a few nurse leader positions high up in the hierarchy but also to have a culture of distributed leadership. Distributed leadership focuses on leadership shifts from individual leaders to the entire system thereby facilitating leadership culture in organizations29 and subsequently strengthening every nurse's voice. Although the ‘esprit de corps’ among Indian nurses is higher than before, nurses need to be more unified, organized and utilize their collective bargaining power to advocate for themselves and make their voices heard.

Enhancing nurses’ involvement in collaborative healthcare research would be a hallmark in improving the evidence-based nursing practices for quality patient care and to improve the visibility of nurses’ contribution30. Utilization of the best pieces of evidence in patient care enhances recovery, prevent complications, reduce hospital stay and prevent delay in transfer of care. The contribution of nurses to direct patient outcomes should be made more perceptible to the community through research. Nurses should scale up to these and use their acquired skills in making palpable changes in practice.

**Conclusion**

Nurses in India are under-recognized. But the worth of these professionals in India, if tapped well, can be phenomenal in improving the health system of our country. The central mission of the profession being service to humankind; the state and society at large have their moral obligations to this community. Despite the intimidation that many of them face and the apathy shown to them, they continue to be the health system's backbone. Nurses should be given more satisfying jobs within the country to retain them here. To efficiently utilize the contribution of the nurses in healthcare system, the society and state have to recognize the potentials and vulnerabilities of nurses, appreciate their strengths and reciprocate responsibilities to this largely unheard community. The unheard voices of their bare necessities should not be a blind spot suspending the growth of the country’s healthcare system. They are the unsung heroes of our health polity. The literal meaning of nurse is to nurture. But is it not the responsibility of the state and society to nurture them right back?

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