“MEDICAL CARE IN GUJARAT”
CURRENT SCENARIO AND FUTURE

A SEMINAR BY
DEPT. OF HEALTH & FAMILY WELFARE
NATIONAL RURAL HEALTH MISSION
AND
FICCI

AHMEDABAD
08-07-2010
NURSING
THE PAST, THE PRESENT
AND
THE FUTURE

BY
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AHMEDABAD
8TH JULY 2010
NURSING TODAY IS FAR DIFFERENT FROM NURSING AS IT WAS PRACTISED YEARS AGO, AND IT TAKES A VIVID IMAGINATION TO ENVISION HOW THE NURSING PROFESSION WILL CHANGE IN NEXT 50 YEARS IN AN EVER CHANGING WORLD
TO COMPREHEND PRESENT DAY NURSING AND AT THE SAME TIME PREPARE FOR NURSING IN TOMORROWS WORLD, ONE MUST UNDERSTAND NOT ONLY THE PAST EVENTS, BUT ALSO THE CONTEMPORARY NURSING PRACTICES AND SOCIOLOGIC FACTORS AFFECTING IT
ROOTS OF NURSING

MIDDLE EAST – 570 – 632 AD Rufaida Al Asalmiya

INDIA – 15th Century

EUROPE – NORTH AMERICA -19th Century

INTERNATIONAL COUNCIL OF NURSES - 1899
“ACT OF UTILIZING ENVIRONMENT OF THE PATIENT TO ASSIST HIM IN HIS RECOVERY”

FLORANCE NIGHTINGALE
1860
NIGHTINGALE WAS THE FIRST NURSE THEORIST TO RAISE THE STATUS OF NURSING THROUGH EDUCATION

SHE TRAINED UNTRAINED HOUSEKEEPERS INTO TRAINED NURSES WHO CARED FOR THE SICK AND WOUNDED
1871 – 1st School of Nursing in Madras
1942 – ANM Programme started
1946 – 4 Years BSc Nursing at CMC Vellore
1947 – INC Act Passed
1949 – INC Established
1986 – GNM – 3 Years
1987 – MSc Nursing
1992 – Post Basic Programme under IGNOU
NURSING

A VOCATION

OR

A PROFESSION

I ❤️ my job
PROFESSIONALISM

IS BASICALLY INTELLECTUAL AND NOT PHYSICAL

IS BASED ON BODY OF KNOWLEDGE THAT CAN BE LEARNT

IS PRACTICAL RATHER THAN THEORETICAL

NEED PROFESSIONAL EDUCATION

HAS STRONG INTERNAL ORGANISATION AS MEMBERS

MOTIVATED BY ALTRUISM (DESIRE TO HELP OTHERS)
PURPOSE OF NURSING EDUCATION IN INDIA

DEVELOPMENT OF DEMOCRATIC CITIZENSHIP

IMPROVEMENT OF VOCATIONAL EFFICIENCY

DEVELOPMENT OF PERSONALITY

DEVELOPMENT OF THE QUALITIES OF LEADERSHIP
PROGRESS OF NURSING IN INDIA HAS BEEN HINDERED BY

- LOW STATUS OF WOMEN
- PURDAH SYSTEM IN MUSLIMS
- ILLITERACY
- POVERTY
- LANGUAGE DIFFERENCES
- AN ACT BELOW DIGNITY
- UNWILLINGNESS OF MALE
MARKET DRIVEN ECONOMIC POLICIES, DRAMATIC TECHNOLOGY DEVELOPMENTS, CHANGING DEMOGRAPHIES AND KNOWLEDGE EXPLOSION ARE RAPIDLY CHANGING HEALTHCARE AND EDUCATIONAL INSTITUTIONS

NURSING CONTRACT WITH SOCIETY REQUIRES THE PROFESSION TO BE RESPONSIVE TO THESE CHANGES
TRENDS TO WATCH IN 21st CENTURY
CHANGING DEMOGRAPHICS AND INCREASING DIVERSITY
THE TECHNOLOGICAL EXPLOSION
GLOBALIZATION OF WORLD ECONOMY AND SOCIETY
THE ERA OF EDUCATED CONSUMER, ALTERNATIVE THERAPIES, HIGH END SPECIALTIES, GENOMICS, PALLIATIVE CARE
SHIFT TO POPULATION BASED CARE AND INCREASING COMPLEXICITY OF PATIENT CARE
GROWING NEED OF INTERDISCIPLINARY EDUCATION FOR COLLABORATIVE PRACTICE
COST OF HEALTH CARE
IMPACT OF HEALTH POLICY AND REGULATIONS
THE CURRENT NURSING SHORTAGE, OPPORTUNITIES FOR LIFE LONG LEARNING AND WORKPLACE DEVELOPMENT
SIGNIFICANT ADVANCES IN NURSING SCIENCE AND RESEARCH
Changes in Nursing Education
NURSE EDUCATORS WILL WORK IN A MARKET DRIVEN, HIGHLY COMPETITIVE, SYSTEM OF HIGHER EDUCATION PREPARING THE NEXT GENERATIONS OF NURSES TO WORK IN A MARKET DRIVEN, HIGHLY COMPETITIVE HEALTH CARE SYSTEM
NURSE EDUCATORS WILL WORK IN A WORLD OF HIGH TECHNOLOGY PREPARING NURSES TO WORK IN A HIGH TECHNOLOGY HEALTH CARE ENVIRONMENT. IT MEANS THAT NURSE EDUCATORS WILL BE CHALLENGED TO STRUCTURE LEARNING EXPERIENCES IN AN ENVIRONMENT OF RAPIDLY CHANGING TECHNOLOGY
NURSE EDUCATORS WILL HAVE TO SPEND AN INCREASING AMOUNT OF TIME TRACKING SCIENTIFIC DEVELOPMENTS AND THEIR EVALUATIONS AND MUST DEVELOP NURSES WHO ARE COMMITTED TO REMAINING INTELLECTUALLY ALIVE IN AN ENVIRONMENT OF AMBIGUITY AND CHANGE
NURSE EDUCATORS WILL INTERACT WITH AN INCREASINGLY DIVERSE STUDENT BODY WITH DIVERSE LEARNING STYLES AND GOALS PREPARING NURSES TO PROVIDE CARE THAT IS ACCEPTABLE TO AN INCREASINGLY DIVERSE POPULATION
NURSE EDUCATORS IS THE IMPERATIVE TO GIVE UP NOTIONS OF CONTROL AND PREDICTABILITY AND LEARN TO ENJOY CHANGE AND AMBIGUITY

LIKE IT OR NOT, IT IS INDEED A NEW WORLD
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<thead>
<tr>
<th>TRADITIONAL VIEW</th>
<th>EXPANDED VIEW</th>
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</thead>
<tbody>
<tr>
<td>NURSING AT BEDSIDE</td>
<td>NURSING AT PATIENT’S SIDE</td>
</tr>
<tr>
<td>PROCESS ORIENTED</td>
<td>OUTCOMES ORIENTED</td>
</tr>
<tr>
<td>EMPHASIS ON MEETING NEEDS/OBLIVIOUS TO COSTS</td>
<td>EMPHASIS ON TRIAGING NEEDS/MINDFUL OF COSTS</td>
</tr>
<tr>
<td>EMPHASIS LARGELY ON MORTALITY AND SOME ON MORBIDITY</td>
<td>EMPHASIS ON MORTALITY, LIMITING MORBIDITY AND MAXIMISING FUNCTIONING/QUALITY OF LIFE</td>
</tr>
<tr>
<td>NURSING = DIRECT CARE</td>
<td>NURSING = DIRECT CARE; PROMOTING SELF CARE; DIRECTING CARE GIVEN BY OTHERS; DESIGNING POPULATION BASED HEALTH PROGRAMS AND MANAGING PATIENT SERVICES</td>
</tr>
<tr>
<td>NURSE SUPPORTS PRIMARY CARE PROVIDER</td>
<td>NURSE PROVIDES PRIMARY CARE</td>
</tr>
<tr>
<td>RESPONSIBLE FOR DISCHARGE PLANNING</td>
<td>RESPONSIBLE FOR MANAGING LIFE STYLE CHANGE</td>
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<td><strong>EXPANDED VIEW</strong></td>
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<tr>
<td>EMPHASIS ON TEACHING</td>
<td>EMPHASIS ON LEARNING</td>
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<tr>
<td>PLACE BOUND</td>
<td>VIRTUAL UNIVERSITY</td>
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<tr>
<td>SCHOLARSHIP NARROWLY DEFINED/CONGRUENT WITH PERSONAL INTERESTS</td>
<td>SCHOLARSHIP BROADLY DEFINED/CONGRUENT WITH INSTITUTIONAL MISSION</td>
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<tr>
<td>SERVICE PERCEIVED AS QUASICHARITY</td>
<td>SERVICE VALUED FOR REVENUE GENERATION</td>
</tr>
<tr>
<td>CENTRALISED ADMINISTRATION</td>
<td>RESPONSIBILITY CENTERED MANAGEMENT</td>
</tr>
</tbody>
</table>
THE GREAT THING IN THIS WORLD IS NOT SO MUCH WHERE WE STAND... BUT IN WHAT DIRECTION WE ARE GOING......

- OLIVER WENDELL HOLMES
Thank You!