

**“MEDICAL CARE IN GUJARAT”
CURRENT SCENARIO AND FUTURE**



A SEMINAR BY

DEPT. OF HEALTH & FAMILY WELFARE

NATIONAL RURAL HEALTH MISSION

AND

FICCI


AHMEDABAD

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NURSING
THE PAST, THE PRESENT
AND
THE FUTURE

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**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**



THE PAST

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

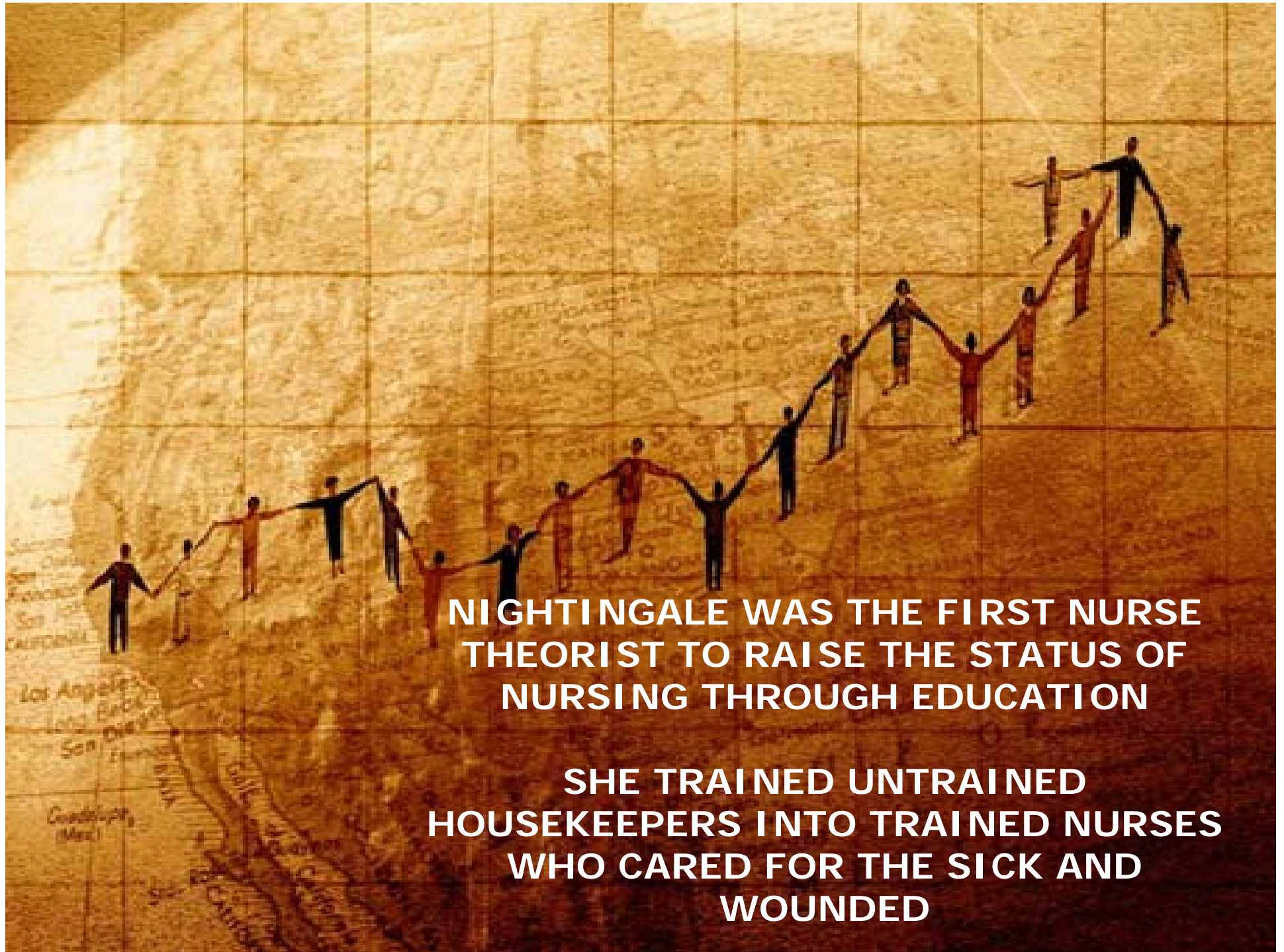
EUROPE – NORTH AMERICA -19th Century

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**

EVOLUTION OF NURSING IN INDIA

1871 – 1st School of Nursing in Madras

1942 – ANM Programme started

1946 – 4 Years BSc Nursing at CMC Vellore

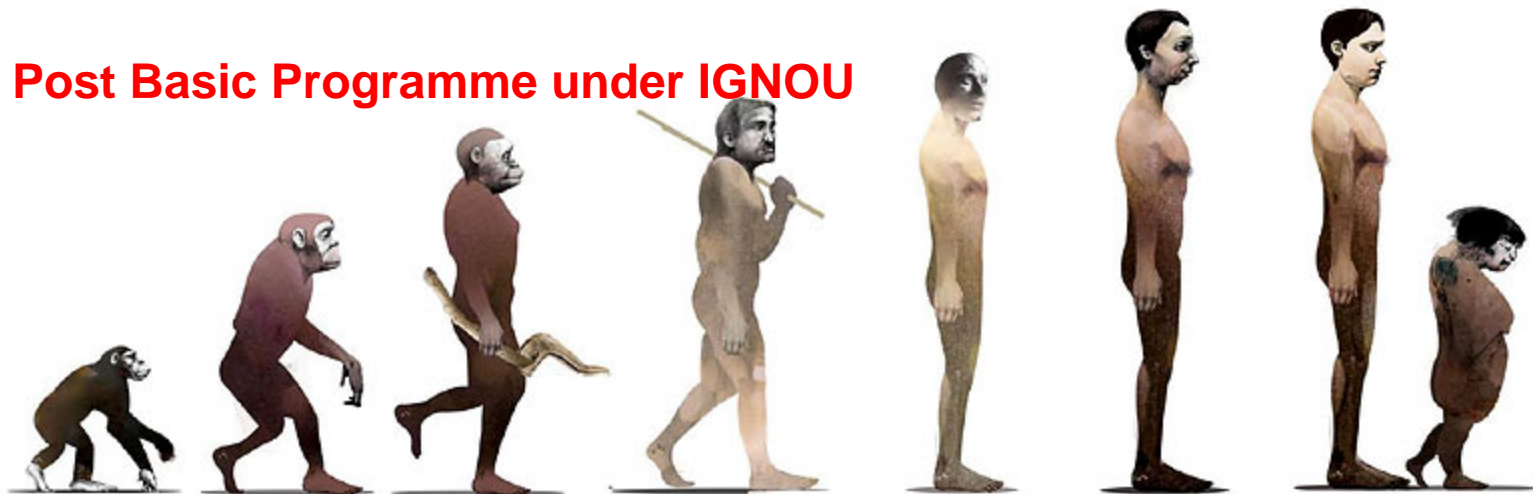
1947 – INC Act Passed

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
THEROETICAL
NEED PROFESSIONAL EDUCATION**

**HAS STRONG INTERNAL ORGANISATION AS
MEMBERS**

**MOTIVATED BY ALTRUISM
(DESIRE TO HELP OTHERS)**

NURSING TODAY





PURPOSE OF NURSING EDUCATION IN INDIA

**Nursing
Education**

DEVELOPMENT OF DEMOCRATIC CITIZENSHIP

IMPROVEMENT OF VOCATIONAL EFFICIENCY

DEVELOPMENT OF PERSONALITY

DEVELOPMENT OF THE QUALITIES OF LEADERSHIP



THE NURSE SHORTAGE

PROGRESS OF NURSING IN INDIA HAS BEEN HINDERED BY

LOW STATUS OF WOMEN

PURDAH SYSTEM IN MUSLIMS

ILLITERACY

POVERTY

LANGAUGE 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**

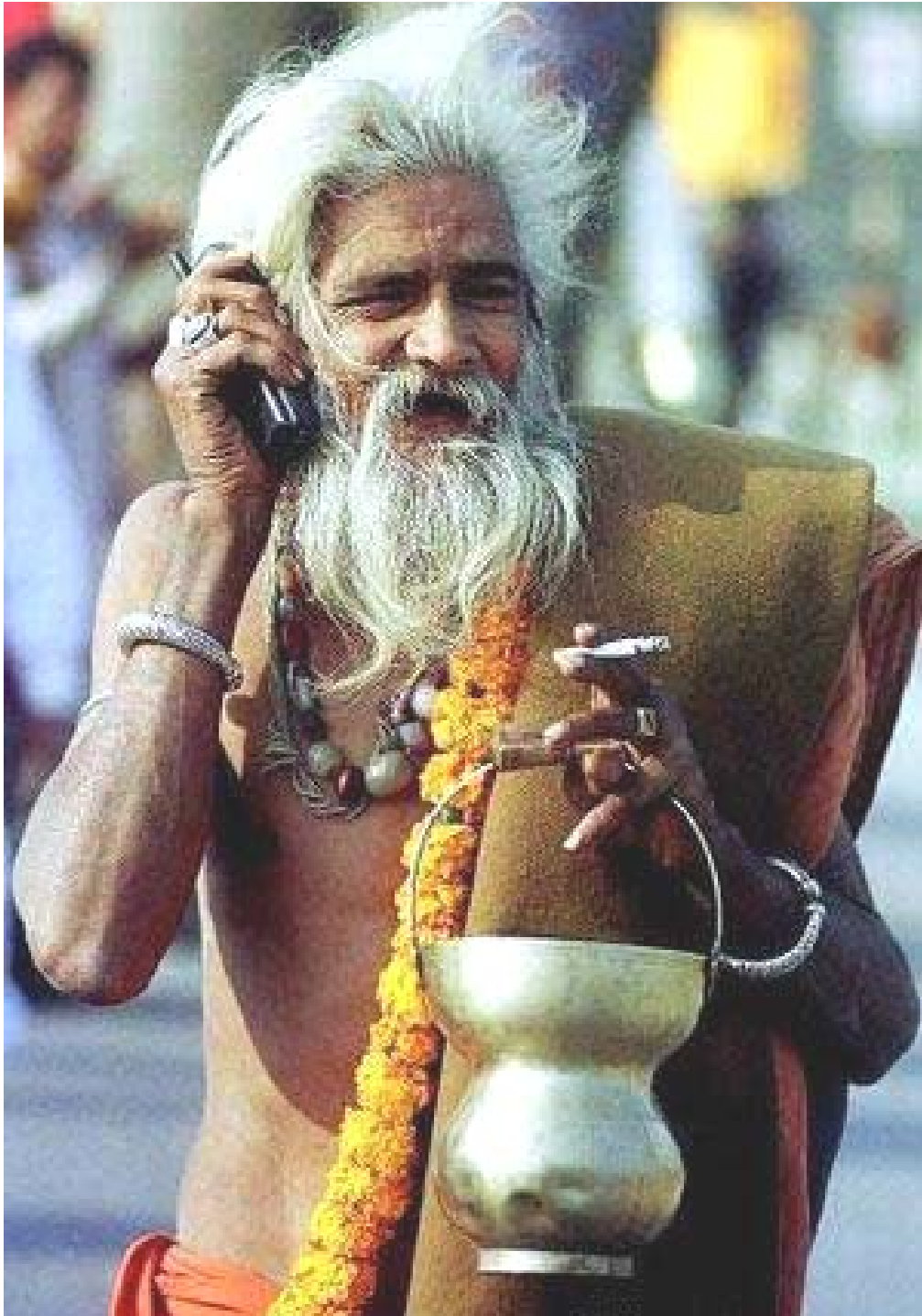
**NURSING CONTRACT WITH SOCIETY REQUIRES THE
PROFESSION TO BE RESPONSIVE TO THESE CHANGES**

**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**



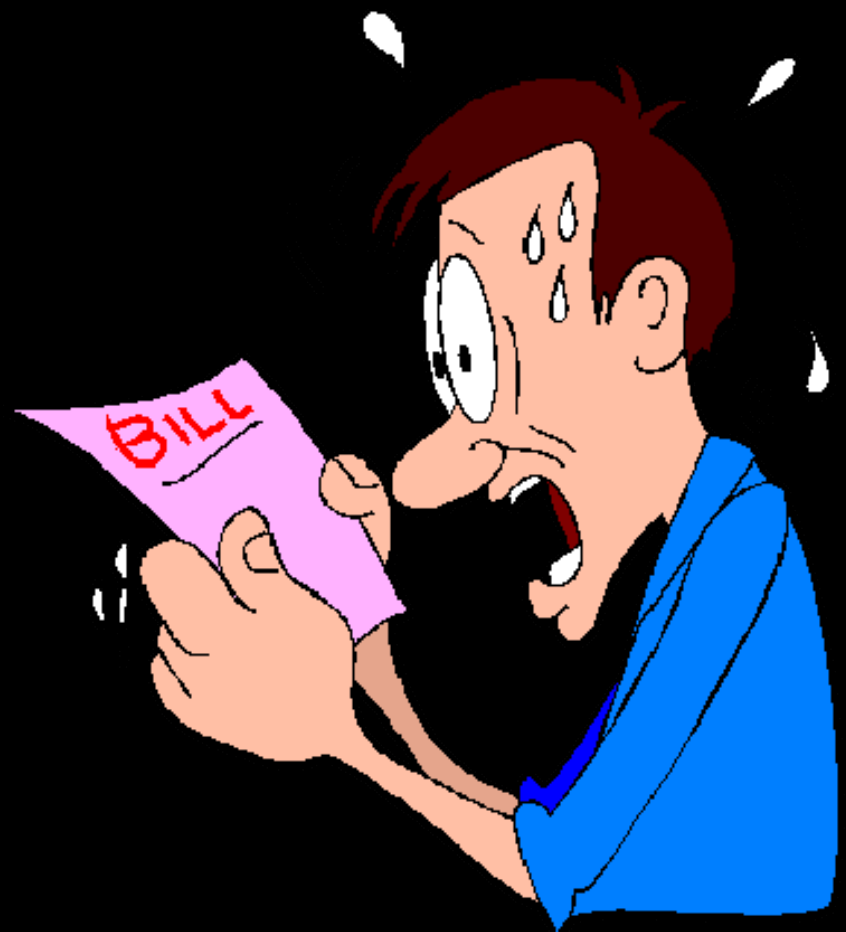
**SHIFT TO POPULATION BASED CARE AND INCREASING
COMPLEXICITY OF PATIENT CARE**



**GROWING NEED OF
INTERDISCIPLINARY EDUCATION FOR
COLLABORATIVE PRACTICE**



COST OF HEALTH CARE





**IMPACT OF HEALTH
POLICY AND
REGULATIONS**

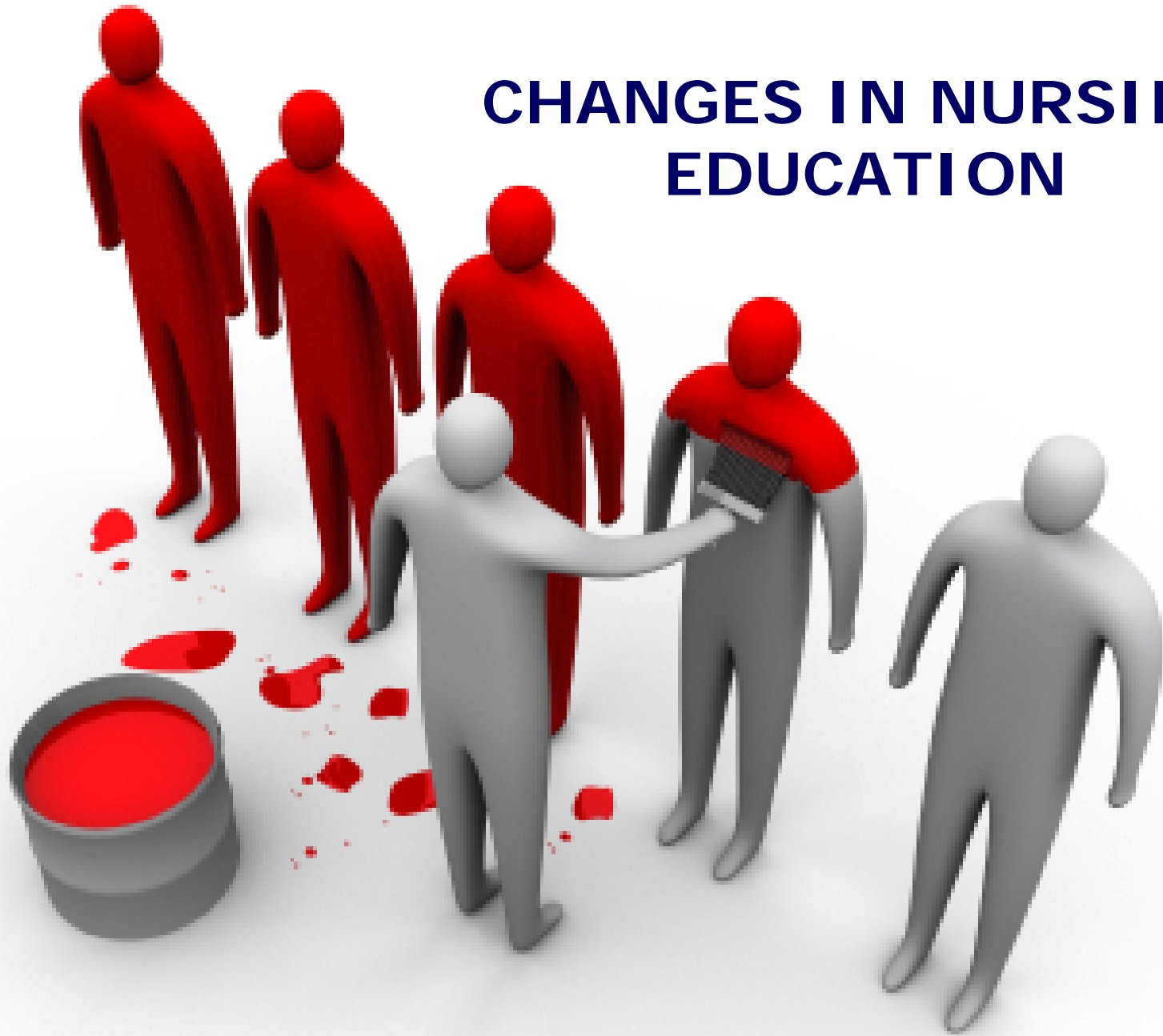


**THE CURRENT NURSING
SHORTAGE,
OPPORTUNITIES FOR
LIFE LONG
LEARNING AND
WORKPLACE
DEVELOPMENT**



**SIGNIFICANT
ADVANCES IN
NURSING
SCIENCE AND
RESEARCH**

CHANGES IN NURSING EDUCATION

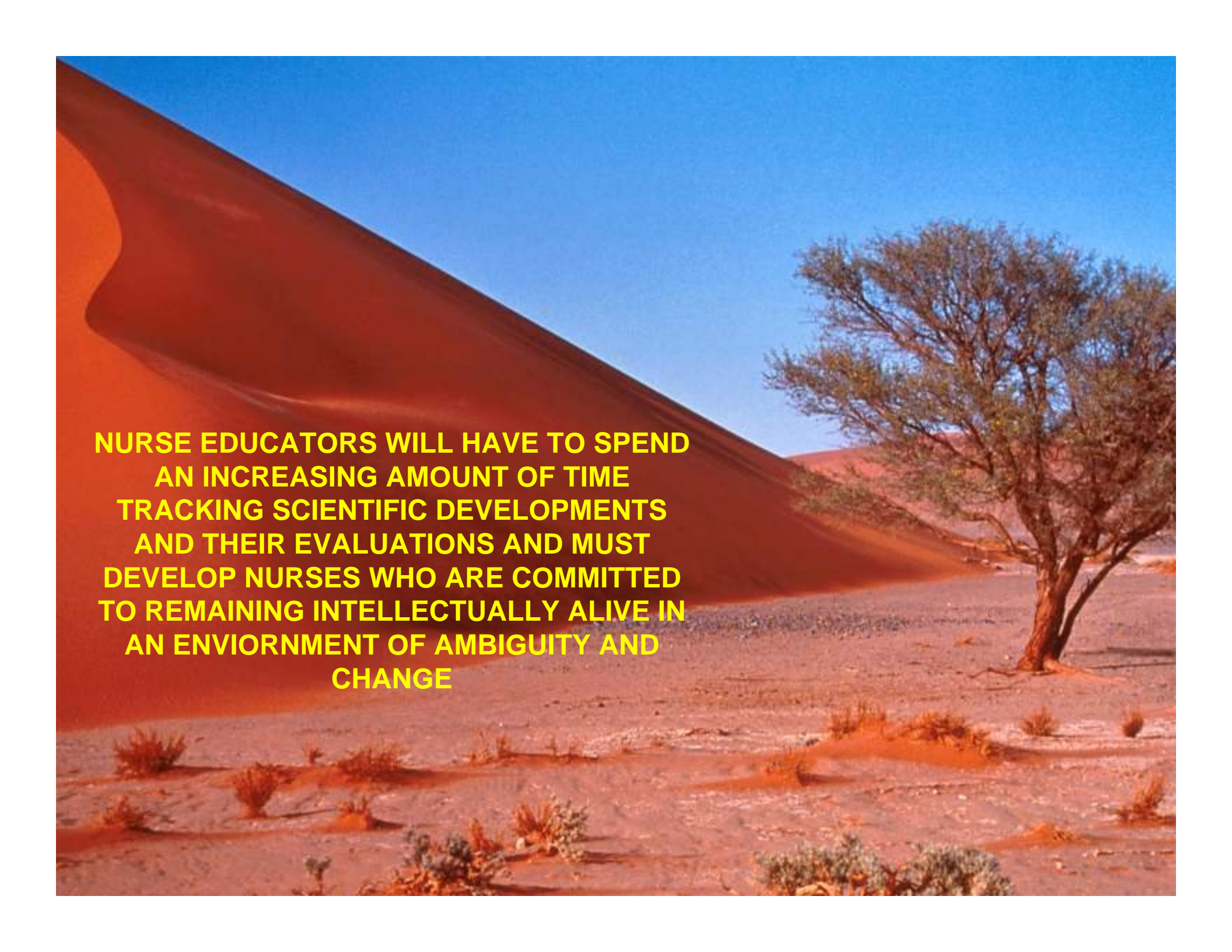


NURSE EDUCATORS WILL WORK IN A MARKET DRIVEN, HIGHLY COMPETITIVE, SYSTEM OF HIGHER EDUCATION PREPARING THE NEXT GENERATIONS OF NURSES TO WORK IN A MARKET DRIVEN, HIGHLY COMPETITIVE HEALTH CARE SYSTEM





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

A photograph of a desert landscape. On the left, a large, smooth, reddish-brown sand dune slopes down towards the foreground. The sky is a clear, bright blue. On the right side of the image, there is a single, large, leafy tree with a thick trunk. The ground is sandy and sparsely covered with small, low-lying desert plants. The overall scene is bright and clear.

**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**



SHIFTING PARADIGMS



HEALTHCARE DELIVERY

TRADITIONAL VIEW	EXPANDED VIEW
NURSING AT BEDSIDE	NURSING AT PATIENT'S SIDE
PROCESS ORIENTED	OUTCOMES ORIENTED
EMPHASIS ON MEETING NEEDS/OBLIVIOUS TO COSTS	EMPHASIS ON TRIAGING NEEDS/MINDFUL OF COSTS
EMPHASIS LARGELY ON MORTALITY AND SOME ON MORBIDITY	EMPHASIS ON MORTALITY, LIMITING MORBIDITY AND MAXIMISING FUNCTIONING/QUALITY OF LIFE
NURSING = DIRECT CARE	NURSING = DIRECT CARE; PROMOTING SELF CARE; DIRECTING CARE GIVEN BY OTHERS; DESIGNING POPULATION BASED HEALTH PROGRAMS AND MANAGING PATIENT SERVICES
NURSE SUPPORTS PRIMARY CARE PROVIDER	NURSE PROVIDES PRIMARY CARE
RESPONSIBLE FOR DISCHARGE PLANNING	RESPONSIBLE FOR MANAGING LIFE STYLE CHANGE

ACADEMIA

TRADITIONAL VIEW	EXPANDED VIEW
EMPHASIS ON TEACHING	EMPHASIS ON LEARNING
PLACE BOUND	VIRTUAL UNIVERSITY
SCHOLARSHIP NARROWLY DEFINED/CONGRUENT WITH PERSONAL INTERESTS	SCHOLARSHIP BROADLY DEFINED/CONGRUENT WITH INSTITUTIONAL MISSION
SERVICE PERCEIVED AS QUASICHARITY	SERVICE VALUED FOR REVENUE GENERATION
CENTRALISED ADMINISTRATION	RESPONSIBILITY CENTERED MANAGEMENT



**THE GREAT THING IN THIS WORLD
IS NOT SO MUCH WHERE WE STAND...
BUT IN WHAT DIRECTION WE ARE
GOING.....**

- OLIVER WENDELL HOLMES

