Nursing Movements

Raise your voice: If not Today, there is not Tomorrow

Slow and steady will win the race was an old proverb we all read and know. There are new versions to this like Fast and Consistent will beat the prior. Another side of the moral is that pooling resources and working as a team will beat an individual performances.

We the volunteer nurses across the country called as Nursing Movements are trying to pool our resources and work together for better health system through building a sensitive and efficient nursing health workforce. Our eight years of experiences have proved that team work is more productive and effective than an individual’s effort. Our group members are those who can spend one or two hours a week for the professional upliftment and few are hesitant to come out with their names and other do not want but all of us have same feeling that our core competencies and creativity was lost along with the student life. So we are trying to build a platform to unite all these core competencies and creativity to enhance the personal self actualization and to do something for the society.

We basically work along with the clinical nursing association and unions to coordinate on various issues and challenges in the clinical field and build the gap between the theory and practice. Our volunteers discuss their institutional issues in the nursing movements social forums and substantiate their struggles. These activities helped us to collate the various issues and compile. One of such outcome was book titled as “History of Nursing Associations and Unions from 1970 - 2015” under the banner of Delhi Nurses Union.

We are glad to share this Magazine as another milestone of the nursing movements. It took long time to edit and come to this shape. This will be a space for the registered nurses and nursing students to express their views and issues. Please feel free to explore this opportunity by reading, writing and sharing to your friends and colleagues.
Dear Friends

Thank you for contacting me to write a message for the Indian nurses. It gives me pleasure to note that the select articles have been written by Indian nurses well versed in Clinical Nursing areas. As we all are aware, there is a wide gap between practicing nursing and academic nursing education in our country today. This is due to the fact that most nurses with a bright academic record go straight into teaching without any years of practical work- experience as clinical nurses, mainly as Staff Nurses. Staff nurses are the back bone of hospitals and specialized healthcare institutions and need to be the main focus of leadership development.

Innovating and adapting nursing procedures is the sign of a vibrant and growing profession. I hope that the beginning made by bringing up this Journal/magazine will inspire other clinical nurses to write and share their work and expertise.

I look forward to reading this first edition of this group.

With best wishes,

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--- सन्देश ---

मुझे यह ज्ञानक अतीत प्रस्तावित हुआ कि ‘नर्सिंग मूल्येंट’ स्पृशिका का प्रकाशन किया जा रहा है।

मानव सेवा वालों में सबसे ईमानदार भेदक है, नर्सिंग सेवा के सिद्धांत एवं कार्य के लिए कि

मैं आपका ही नहीं पूर्ण विश्वास है कि स्पृशिका में ‘नर्सिंग सम्बन्धी पत्र’ समीक्षा का जो समाचार किया जादेखा, यह निदान है। नर्सिंग व अन्य सामाजिक के लिए उत्पादनी होगा।

उपरुंतु स्पृशिका के लिए भेंट मेरी ओर से हार्टिक शुभकामनाएँ।

(अशोक कुमार)

महामैत्री
‘राजकीय नरसंह संघ, उ. प्र.’
‘उ प्र संस्करण, लखनऊ’
Introduction and Background
Hospital Acquired Infections (HAIs) are the ones which are acquired by a patient in a hospital environment. It is different from the infection for which the patient is admitted in the hospital. These infections might develop during the patient’s stay, during discharge or as an occupational infection to various health workers in the hospital. Such infections have caused widespread health problem across the world.

These infections in healthcare settings are responsible for depleted healthcare quality and deaths. They cause significant distress to both the patient as well as the healthcare provider. Thus it becomes really important to identify the infection rate and practice certain preventive measures for its control. Prevention of nosocomial infections is a responsibility of the hospital staff and the healthcare providers. In order to ensure quality healthcare to all patients survey on the prevalence of nosocomial infection and measures for its prevention is essential.

Prevalence Survey
What?
- In a prevalence study, infections in all the patients in the entire hospital at a given time are identified

How?
- Interviewing clinical staff
- Collecting data of individual patients
- Collecting data on risk factors

Advantages
- Simple
- Fast
- Inexpensive

Disadvantages
Determining whether the infection is active on the day of prevalence or no prevalence

Prevalence Survey in Safdarjung Hospital
The Infection Control Team of Safdarjung Hospital, Delhi has been conducting a prevalence survey every year since the year 1998. The graph below represents an Average HAI over last 15 years. The result of prevalence survey over these years indicates that the number of HAI cases has declined. However, the decrease in the number of cases is not consistent and it can be observed that in some years there has been an increase in the number of cases, when compared to previous year.

The infection rate in Safdarjung hospital has been decreasing due to effective implementation of staff education and patient care practices.
This involves training of the hospital staff on various pointers such as Hand Decontamination, Personal Hygiene, Use of Personal Protective Equipment’s (PPEs) such as gloves, gown, mask, shoe cover and goggles, Safe injection practices, Sterilization and Disinfection of patient care equipment’s etc.

Conclusion and way Forward

Research has proved that HAI infections are a major cause of mortality and morbidity. If the HAI rate of a hospital is high, it clearly indicates poor quality health care services. A monitored and integrated programme is essential for prevention of nosociomal infections. It will involve a yearly initiative to promote good healthcare through staff training, sterilization and proper isolation by the active hospital infection control committee. While the efforts made by Safdarjung hospital infection control team to reduce cases related to HAI are commendable, it is also necessary to ensure that such cases reduce every year and that the training of the hospital staff is continued on a regular basis.

This initiative would hence require participation of the entire hospital staff, to make this initiative a success and ensure world class quality health care services in the hospital.

References


A seminar organized by Male Nurses Union, Andhra Pradesh
Examination is the evaluative tool to ascertain the vital prerequisites needed by the student such as knowledge, attitude, skill and competency and also to determine that he/she possesses the required qualification to pursue a specific job. Nursing is one of the job oriented discipline which guarantees hundred percent placements in varieties of settings like hospitals, nursing educational institutions, public health, international health organizations, insurance companies, IT companies, factories etc.

This article is to think through and make a review on the pattern and method of nursing examinations adopted in the state of Karnataka.

Role of various stakeholders and authorities

Board/university
- Intimation of dates regarding conduct of examinations to the respective colleges
- Issuing of examination application forms
- Deputation and appointment of observer, examiners, squad and other personnel
- On the basis of favoritism, nepotism, & bribery.
- Inspection for the allotment of examination centers prior to the commencement of examinations.

- Selection and appointment of inspectors is done on basis of bribery.
- The prospective inspector intimates the concerned colleges of his/her visit with regard to allotment of center so that all necessary arrangements are made temporarily for the sake of inspection.
- The inspector after his physical visit certifies the concerned college as examination centre as appropriately suitable to hold the examinations by receiving huge monetary benefits.
- Issuing of hall tickets
- Change of centre at the nick of the moment
- Unrealistic postponement of examinations due to irrational constraints
- School/college of nursing
- Information to the candidates regarding conduct of examination via phone calls, speed/registered post, courier.
- Prior collection of requisite fee before filling up the application forms

Break up of fee structure
- Examination application form: fee more than the prescribed
- Postal charges
- Penal fee
- Centre fee
- Copying fee
- Chit fee
- Refreshment fee during the examination
- Observer fee
- Squad fee
- Examiner fee (internal & external)
- Chief Superintendent Fee
- Room supervisor fee
- Invigilator fee
- Chit supplier fee
- Volunteer fee
- Hall ticket fee
- Subject expert fee in case of dictation type of plagiarism
- Collection of centre fee from the tagged institutes
- Miscellaneous fee (includes, late submission of answer scripts i.e. beyond 3 hours)
- Dispatching filled examination forms to the residence of the respective students for the signature
- Issuing of hall tickets to the students on or just one day before to the commencement of examinations
- Conduct of theory examinations in their own institutes as per their own wish and will. Pertaining to practical exams, they are actually not done, if at all they are conducted, it is in their own respective institutes but not in the designated settings (hospitals)
- Strict surveillance is ensured to obscure from confounding factors
- Bill clearance of observer, squad etc (includes, refreshment, food, entertainment, tour package after the completion of examination, ticket fare, gifts for family and children)

**Role of student/candidate**

- Issuing DD/Cheque/hard cash for the smooth conduct of examinations as well as for cent percent result in single attempt
- Mass copying
- This was a brief note as to how the final examinations are conducted in Karnataka by following the adage ‘KAR’NATAK’ in Karnataka where anything is possible by throwing money.

“Do we deserve to desire to bring reform”
Volunteer nurses from Nursing Movements had organized a national level essay writing competition in the month of May 2016. Clinical nurses and nursing students were asked to write on any one of the specified topics as mentioned in below with a given set of instructions.

**Clinical Nurses**
- Patient right: A tool for effective nursing care
- Clinical area shift (transfer between the department): A power play for seniors and authority
- Strategies to improve nurse’s image and dignity in society
- Nurse practitioner and Nurse Specialist: A clinical career pathway
- Privatization of nursing education and standard of clinical care.

**Student Nurses**
- Is nursing a profession or occupation?
- Student and teacher in the nursing education system.
- Scientific culture in nursing pedagogy
- My rights as being a student nurse
- Privatization of nursing education and professionalism

We had a positive and good response from different states. It was evaluated by the nursing and other scholars (who are working on nursing) and the decisions were made to select two prizes from each clinical nurse and student nursing groups.

We thank Dr. Maya John and Dr. Sreelekha Nair for accepting to evaluate these essays and a group of volunteers from Delhi who coordinated and accomplished this task. This would have been successful without the donor's support; we as team extend sincere thanks for their generous contributions. This activity was possible with the active involvement of the participants we appreciate their efforts and expect them to write in coming days.

ILBS Nurses Association and Delhi State Contractual Employees Association leaders discussing their issues with Delhi Health Minister
STRATEGIES TO IMPROVE NURSES IMAGE AND DIGNITY IN SOCIETY: A CASE STUDY

Lissy Jacob K  
Staff Nurse (Open Heart Surgery Ot),  
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Andhra Pradesh

“To make a difference in someone’s life, you don’t have to be brilliant, rich, beautiful or perfect. You just have to care”.

A nurse is one who opens the eyes of a newborn and gently closes the eyes of a dying man. It is indeed the biggest blessing to be first and last to witness the beginning and end of life. Dignity is the important aspect of health and social care. Dignity may be said to exist when an individual is capable of exerting control or choose over his or her behavior, surroundings and the way in which he or she is treated by others (Mairis1993). Image is a part of a profession. It is the way a person appears to others, or in the way the profession appears to other disciplines and to the general public - consumers of health care.

Olden times (history)

Until the mid-nineteenth century, nursing was not an activity which was thought to demand either skill or training nor did it command respect. According to Florence Nightingale, nursing was left to “those who were too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else”. The intimate body services to be done for the patient were considered to be unseemly or immodest for young unmarried or well-bred females, especially if not a family member. Cleaning and feeding another person were regarded as domestic tasks performed by servants. Before 1880, the hospital treatment of illness was fairly rare. Home services were adequate; a sick person was attended by the family doctor or nursed either by female family members or servants. From the 1860s onwards, a series of nurses training schools began to produce fairly large numbers of educated women who were eagerly accepted by hospital authorities whose medical officers, patients and public opinion in general were demanding higher levels of nursing skills in the wards.

Preliminary Nursing Education

When we go back to the history of nursing, we can see great leaders in nursing like sister Laura, Sir William Macewen, Mrs Strong, Ms Olivia Brittan and Ms Ann Jarvie who were a great inspiration for the development and upgradation of the status of nursing education. There was a study conducted in the year 2013 to discuss the
actual public image of nurses and other factors that influence the development of nurse’s self-concept and professional identity. This concluded that nurses need to increase their visibility to improve their image. This could be realized by ongoing education and a challenging work environment that encourages nurses to stand up for themselves.

Nurses must work harder to communicate their professionalism to the public. The public does not always value the skills and competences nurses have acquired through education and innovation. Social media like the internet can be used to show the public what they really do.

**Showcasing Nursing Profession in Public**

**Dignity of the profession**

Nurses should make better use of strategic positions, such as case manager, nurse educator or clinical nurse specialist and use their professionalism to show the public what their work really entails. How nurses view themselves, their professional self-image, has an impact on professional self Esteem. “Although nurses comprise the majority of healthcare professionals, they are largely invisible. Their competence, skill, knowledge and judgment are as the word “image” suggests only a reflection, not reality” (Sullivan,2004).

Human dignity is essential concept and fundamental human right in our life. There are certain characteristics of dignity that are position, actions, capacities, qualities, social status of a person and his self-control. Giving respect and worthiness helps in maintaining good interpersonal relationships. Attitudes and behavior of nurses also play an important aspect in maintaining their dignity. Increased workload on nurses cause conflict which affects their dignity and self-worth. In spite of these barriers, dignity has essential role in the nursing practices.

A study was conducted by Akram Paramdeh, Morteza and Jamileh on nurses, human dignity in education and practice from 2000 to 2013 and found that recognizing nurse’s dignity can help to improve the nursing practice and provide them a dignified workplace. The factors affecting human dignity includes respect, communication, autonomy and power, competency and ability, structure of the workplace and value based education. Trends in nursing have increased a wide scope in this field along with the other branches in science. Different roles of nurses and high competency in different specialties in nursing have also improved the nurse’s image and dignity. But how far is it being maintained in this society.

Trends and advancement in technology and mindset in people has improved this profession. When we compare different states in our country itself there is a lot to point out at. For example the young nurses are migrating to other foreign countries for a brighter future. The higher salary, added perks and benefits, competency with the present modern equipment’s, low cost of living and better prospects of the individual is improved and hence leads to a happy living.
Establishment of professional bodies in upliftment of nursing profession

Various changes were brought from time to time in education and service system as well as in the rules and regulations. Previously nursing profession did not have a proper status in the eyes of the society. After establishment of the Indian Nursing Council, most of the states in India established their State Nursing Councils. It was responsible for maintaining the standard and uniformity in nursing education. There is a great disparity between the available and required number of nurses as per the population in our country. Since many corporate hospitals are being established and more avenues like medical tourism, home nursing, industrial nursing etc. are available to better qualified and efficient nursing personnel. Number of men entering this female dominated profession has been increasing in the last few years. It is a clear indication of increased demand for nurses. There is increased work, increased ratio of patients to nurses, low salary, zero medical benefits, job risks due to night shifts and long working hours in this profession. Young nurses in most parts of India are still facing difficulty to get good proposals for marriage and all these leading to depression and other health problems. All these should be changed to improve nurse’s image and dignity.

These issues should be brought to the notice of higher authority and we need nurse leaders in higher positions to understand these problems. When we survey the hierarchical structure of health care organizations, very few nursing personnel are filled in these posts. These also need a change to uplift our profession.

The colleges and universities do play an important role in maintaining quality and standard of education. Trained Nurses Association of India, along with other associations in specialized nursing fields and unions, provide collective professional identity to contribute to development of nursing profession. They play a major role in collective advocacy and safeguard welfare of nurses. Legal provisions and government control over the nursing practice ensures good and conducive working environment. We need to follow strict rules and regulations on the whole to provide efficient nursing care and help the nation to reduce the mortality and morbidity. They are the hard working personnel in the hospitals but when there is a mistake, before the situation has been investigated there is already a punishment given to the duty nurse. Most of the nursing leaders also don’t investigate the situation properly instead look into their own benefit. Every nurse should be given the right to choose their leaders like any other profession. Periodical inspections, elections, meetings and problems should be discussed and presented before the concerned personnel. All these combined efforts would play an effective role in establishing nurse’s image and dignity in the society.

Disparity in government and private hospitals
When there are funds being released every year towards medical and health we are also responsible to use them accordingly. Why is there a disparity in maintaining standards of nursing practice when compared to government and corporate hospitals. Nurses are brilliant to use the resources with minimal wastage. With the minimum resources also the standards can be met in government sectors. But is this being done? Are our nursing leaders or superiors evaluating them? This carelessness among the nursing profession has created a poor image in the present society. Inspite of the expensive medical bills people are opting for corporate sectors to have a better nursing care and faster recovery. In the government set up also there need to be performance evaluation for nurses and attendance in education programme or in service programmes for having their yearly increment. This will definitely improve the nurse’s image and dignity in the society.

Few private hospitals are being run with Auxillary Nurses and Midwives (ANM) and a minimal salary. Many people do not know about the education required to become a nurse and to maintain current knowledge. There is limited recognition that nursing is a scientific field. The profession needs to be more concerned about visibility because nursing is struggling to attract qualified students and keep current nurses in practice. To improve the nurse’s image and dignity all these should be maintained with standards developed by accrediting agencies such as NABH accreditation and these should be checked and reviewed on periodic basis. There should be frequent strict inspections of the colleges, schools and hospitals to maintain the standards of practice. Diploma nursing should be completely stopped and degree nursing should be a minimum qualification after the intermediate education for achieving a nursing job. This may improve the standards and encourage youngsters to choose the profession.

Role of induction programs in enhancing standard of nursing practice

Proper and controlled use of information technology is playing wonderful role in raising their performance standard. We can see new equipment in the government hospitals but they are not being used due to lack of training and personnel. But the corporate nurses have induction programmes, orientation programme and ongoing nursing education to get updated with the new equipment and technology. Motivation, assertiveness and empowerment are essential.

At present research in nursing need to be encouraged more along with evidence-based nursing practice. All these changes shall definitely give appropriate respect and position to nurses in the society and would also bring financial stability to this noble profession of nursing. It is essential that nurses who act as mentors and educators be a role model to improve the nurse’s image and dignity. Mentors can demonstrate a nursing philosophy that shows understanding. The
experiences and views of those we care for is essential to enable us to undertake care humanely, with respect and dignity. As mentors we take on responsibility for the next generation of nurses and how we treat each other needs to demonstrate our philosophy in action. We are the ones upon whom the responsibility for upholding the standards of care rests. Humanity, respect and dignity must be the foundations for our practice with those we care for, those we work with and those we mentor.

Conclusion
Nurses play an integral role in the healthcare industry, providing care to patients and filling leadership roles at hospitals, health systems and other organizations. But being a nurse is not without its challenges. It’s a demanding profession that requires a lot of dedication and commitment. The nurse’s voice is typically silent, and this has demoralized nursing (Pike, 2001). This is a strong statement and maybe a confusing one. Nurses need to be actively involved in the process of policy and funding decisions, particularly any changes that impact nursing care but also broader health care issues. If nurses are not viewed as vital members of the healthcare team and are seen only as team members who hold a patient’s hand or serve as angels of mercy, they will not be more visible in the critical process of change. There should be a sense of professional pride and self-esteem. It all depends on how we present ourselves to patients and families, how we dress, how skilled we are at our jobs, how we get along with other disciplines and how updated we are with the present trends and accomplishments. We need to raise our voice when there is misinformation from television and other media about health care issues and false image of a nurse. But if the media is to accurately portray nursing as more than just caring, nurses must provide the information to inform the public about nursing actions and activities and not be shy about taking credit when deserved. Nursing no longer needs to wait to be invited but should call the meeting. There should be periodical activities that raise the voice of nursing and increase its visibility. Many strategies could be taken to improve the image of nursing. These involvement in decision making at policy level, acquisition of power and empowerment, assertiveness within the profession, advocacy and the need for more men and in nursing. If nurses had a more realistic image, it would be easier to participate in the healthcare dialogue on the local, state, national and international levels to influence policy.

In a nutshell, I conclude that our actions, attire, method of putting forward our story and the image we portray are important in improving nurse’s image and dignity in society. Last but not the least, it’s in our hands to upgrade our knowledge and skills and maintain standards and improve our image and dignity.

“They may forget your name, but they will never forget how you made them feel”.

- Maya Angelou
Anita Panwar, School Health Nurse, NCT Delhi.

Introduction

Public Health Nurse (PHN) is one of the most important Nursing Personnel's of public health care system who works at peripheral level with other nursing personnel's and deals with "All aspects of health" of the community.

All the PHNs are qualified nurses with basic qualification --- BSc. (Hons.) Nursing which is 4 years degree course from a recognized university. Many of the PHNs are post graduates and few are PhD in various fields related with health

Work Profile of PHN - Present Scenario in the State Of Delhi. Public Health Nurses are working in various health facilities and agencies of Delhi such as

- Directorate of Health Services (DHS),
- Directorate of Family Welfare,
- Delhi State Health Mission
- National Rural Health Mission,
- Municipal corporation of Delhi,
- Medical college,
- Hospital,
- School Health Scheme,
- Mobile Health Scheme,
- Delhi Government Dispensaries,
- Maternity Homes,
- CDMO offices,
- CGHS schools of Nursing,
- Colleges of Nursing
- Government and private sectors both at state and central level

Health and Family Welfare Training Centre

Job Responsibilities of PHN’s In “School Health Scheme”

- Annual Medical health screening for health problems such as Myopia, Anaemia, Malnutrition, Dental caries, Worm infestation etc.
- Maintaining Cumulative health records and making reports.
- Counseling of students and parents individually as well as in groups.
- Conducting investigations– Hb, blood sugar etc.
- Conducting daily OPD’s and providing first-aid to the students during emergency.
- Providing referral services to the students for Second Referral Units
(SRCs) & other institutions or First Referral Units (FRUs).

- Follow up of the referrals are done regularly.
- Health Awareness activities-
  Regular health talks in assembly, film shows, slide shows. Individual and group health counseling on various issues like personal oral and menstrual hygiene, Iodine deficiency diseases, Fluorosis, prevention of anemia HIV&AIDs hepatitis worm infestation, Healthy Nutrition, prevention of drug abuse smoking, early detection of cancer and swine flu etc.
- Counseling of students on sensitive issues are done like body Image problems, age of marriage, sexual health, sexual abuse of children etc.
- Participation in eye camps and helping in getting free spectacles for students from various agencies.
- Coordinating with school authorities, students and teachers for promoting healthy environment in the school by undertaking sanitation rounds in the school.
- Participating in various national programmes such as Pulse Polio Programme since 1994, prevention of blindness, prevention of iodine deficiency disease, save the girl child, prevention of leprosy, diabetes control programme etc.
- Participating in other health programs like WIFS (weekly Iron Folic Acid Supplementation) Kanwar Camps, flood camps, Health Melas, Health camps during sports meet at various stadiums etc.
- They are also working as Master trainer for eg- ASHA trainings, Anganwari workers, teachers trainings, WIFS programme and De-worming.
- They are also maintaining all the records and reports of the students and managing store of logistics and medicines.

“Mobile health schemes”

Public health Nurse provides health services in the unserved and underserved areas of Delhi where no regular health facilities are available.

- Screening of patients in the field for health problems and providing preventive and curative health services along with counseling services
- Referral and follow-up services
- Conducting immunization (Now a day’s Mission Indradhanush) and monitoring with district programme officer, compiling reports etc.
Providing emergency services to community. For example: Flood Relief Camps,
Fire relief camps.
Maintaining all the records, reports and managing store of logistics and medicines.

Other health care delivery services provided by PHN's in state of Delhi.

“Services provided by PHNs through National Rural Health Mission (NRHM)”

At district level – PHN’s are the linkage between dispensary and office of CDMO regarding the programmes, do reporting and recording at all level i.e. dispensary, district and state.

The PHN’s look after (IMPLEMENTS/SUPERVISES) the programmes:

- Immunization (Now a day’s Mission Indradhanush) do monitoring with district
- Programme officer, compile report etc.
- Maternal Health -Direct monitoring of implementation and compile the report of severe anemia during ANC.
- Implementation of Janani Suraksha Yojna (compilation and reporting).
- Family planning activities - monitoring at dispensary with district
- Programme officer for IUCD, PPIUCD etc
- Participation in District Quality Assurance Committee – legal follow-up of sterilization failure cases etc.
- Organising UHNDs (Urban Health & Nutrition Day) in the field.
- RKSK (Rashtriya Kishor Swasthya Karyakram) – Providing Adolescent Reproductive Sexual Health services in the dispensaries through DISHA clinics (Delhi Initiative Of Safeguarding Health Of Adolescents). As we know, 22% of our population comprises of adolescents so health services are being provided to them to make them healthy citizens of the country.
- Actively participating in PNDT (prenatal diagnostic testing and prevention of female foeticide) Programme, assisting in monitoring of centers and also attend court cases sometimes.
- Supervision of immunization sessions in the outreach and clinic sites.
- They are also working with the Ministry of Women and Child Welfare, ICDS, Nutrition Board for providing counselling services to the adolescents, pregnant women and general public in the community.
Roles and responsibilities of PHNs in DELHI STATE HEALTH MISSION

- Assist in preparation of State PIP after coordinating with Districts.
- Organizing workshops, Meetings and Trainings for the financial year as projected in the PIP for ASHA Scheme and other trainings.
- Maintenance of Records and Reports of trainings and uploading of reports on the ASHA Portal at the State level.
- Provision of inputs for formation of IEC (Information, Education and Communication) material for ASHAs, and other components of Health for posters, cards, charts, flip charts, certificates etc.
- Act as trainers for ANMs and ASHAs Trainings.
- Collection and compilation of data regarding ASHA Scheme, Database, Incentives, Performance Monitoring ASHA trainings.
- Field visits for monitoring performance of different programs.
- Screening of Files for recruitments of contractual staff.
- Coordinating with districts for all SPUHC (FULLFORM) related activities.
- Realignment of 11 district—updating List of Delhi Govt, MCD, NDMC, CGHS
- hospitals maternity homes, dispensaries, Maternal Child Welfare centers form
- 9 existing district to 11 districts as per the list provided by Directorate of Health
- Services
- Screening of files for recruitment.
- Assisting the SPO (FULLFORM) in Universal Health Care Pilot Project.
- All other activities and duties assigned by the SPO.

Responsibilities of PHNs at Headquarter (DHS)

1. Some of the PHNs are also posted at DHS. They are carrying out the duties and responsibilities assigned by the additional director (DHS) very efficiently.
2. They work as a technical support to Additional Director of specific branches and are contributing towards planning, implementation of various health programs.
3. They help in publication of different Annual Reports.
4. PHNs also participate in Integrated Disease Surveillance Program.
5. They play a major role in health data management.
6. They are also involved in induction training for staff nurses and ASHA.
7. Many PHNs are working as teaching faculty, principal, vice-principal, professors and state level master trainers at various colleges and schools of nursing as well as in the State level health and family welfare training institute in Delhi.

Summary

PHNs in the state of Delhi are doing their level best to provide preventive health services to the people of Delhi by carrying out their job responsibility efficiently at all the levels in all the agencies with their whole potential. But on the other hand I hereby submit that PHN’s are never recognized and their work is not known to many of the health personnel’s. Hereby, on the behalf of all the PHNs I request all of my friends to recognize “US”
“TO DO OR….NOT TO DO”

Shefali (Dass) Lawrence  
(Smt. Suchita Kriplani Hospital, Delhi) &  
Lipika (Dass) Prasad  
(Kalawati Saran Children’s Hospital, Delhi)

Every day while working with the patients, the Nurses are exposed to situations where their decision making capabilities are challenged……to do or not to do…..little to guide them ….. to do or not to do.

A physician prescribes a dose and the Nurse is sure that the dose is wrong….to give or not to give …..

The relatives of brain dead patients ask the Nurse to use heroic measures to resuscitate their loved one ……to do or not to do.

A patients getting chemotherapy for months, refuses to get the dose … to give or not to give …

What should the Nurse do, or is there an easy way out …..work mechanically like a robot and tell the patients to go ask the doctor. Or is there something that is inherent in Nursing, something that says ..... accept and respect the client. This is the point where the Nursing code of ethics guides the Nurse’s behavior.

Ethics help the Nurse to face such dilemmas and guide them to make decisions. The primary responsibility of the Nurse is towards the patient who needs care. Religion is a powerful force that affects the patients. The patients may choose to refuse a procedure than abandon his religious practices. The care planned keeping in view the customs, religion and faith of the patients will surely hasten recovery in the client.

The patients have the autonomy to take decisions about his health without interference from the Nurse. Indeed the Nurse is responsible for educating the patients but it is his decision that matters after all. Taking informed consent from the patient respects his autonomy.

Veracity is the principle that obligates a Nurse to be truthful to the patients. At times the truth may be painful for the patient or his family to hear, but honesty is a core virtue; only under unusual circumstances is violating it acceptable. To act from the virtues of honesty and compassion requires you to make sure that bad news is delivered in an honest and compassionate way. Privacy and confidentiality are other principles of patients care. While privacy is the right of the patient regarding whom he wishes to share his information about health
with, confidentiality is how the Nurse uses the information entrusted to her by the patient. The nurse should share the information only if it would be of any help to the client.

The Nurse practice Beneficence which says do good for the patients but at the same time she has to be cautious that no harm is done to the patients (maleficence) physically or mentally. The code of Ethics is the guiding force that adds personal human touch to the care rendered by the Nurses. This code tells the Nurses what kind of conduct is expected of them as they practice. It will state responsibilities of its members towards those whom they serve, their coworkers, the profession and the society as a whole.

When a person becomes a member of a profession he/she accepts the responsibilities of living up to the code of ethics of that profession. With a brand new beginning of a new blissful day, while sitting in the uniform, with a white bright apron, shining with the name plate and year of mine, I being pioneer or a vision of modern India,

Sajin Abdul Kader, Nursing Officer, JPNATC, AIIMS, New Delhi.
Thinking about this controversial topic, whether nursing a profession or an occupation?

If this same question, I ask to my fellow seven nurses, I probably get seven different answers to my question, but according to my view, nursing is challenging, rewarding and a very exciting career consisting of team of professionals who starve to educate, care and advocate for their patients as well as themselves. Although my motive for becoming a nurse haven’t always been as set in place as they are now. Knowing full well that my decision to enter the nursing field was one I was not entirely certain of I decided to embark on the journey nonetheless.

Today, if I get into the deep history of nursing, the only image that strikes my mind is mother of my profession “Florence Nightingale- A Lady with the Lamp”. I don’t think, we can understand nursing, until we understand where the nursing has been? If we try to enlighten Indian history since 3000 B.C, the Ayurvedic system stressed on “Hygiene and Prevention of Illness” so as our Florence Nightingale her work during CRIMEAN WAR “improved battle field sanitation which ultimately reduced illness, infection and mortality”. No more the nurse’s role is limited to changing bandages, giving needles and offering support. Role of nurse is now one of advocate, counselor, case manager, researcher and caregiver. No factor absolutely differentiates a Profession from Occupation, but a level of dedication, sincere hard work and the way practice makes all the difference. Occupation is a just a job, that makes a person busy, on the other hand Profession is an autonomous, in which education takes place from college or university, which is prolonged & requires a mental creativity and has a basic liberal foundation.

If we try to delineate nursing as a profession, there are some touchstones that must be attained to call it as a profession. A Profession has the following primary characteristics:

- **Specialized Education:** specialized education is an important aspect of professional status. It includes both theory as well as practical expressions. It provides wide field of education like diploma, baccalaureate degree, master's degree, specialized courses and doctoral degree. Hence, Nursing fulfills The First Criteria of Being Profession.

- **Body of Knowledge:** Nursing has a well defined body of knowledge and expertise. In order to ensure uniformity of education in nursing throughout the
country, the syllabus is developed & controlled by “Indian Nursing Council, New Delhi”. Thus, Nursing Fulfils The Second Criteria Of Being As A Profession.

- **Service Orientation:** Nursing has a tradition of service to others. This service is guided by certain rules, policies and code of ethics. As history itself is a corroborator of selfless, hard work by the Florence Nightingale, a lady who envisioned “Nurses as ANGELS imparted by god to decrease the suffering of mankind”. Nursing also fulfils This Criterion of being A Profession.

- **Code of Ethics:** Code of ethics is a formal statement of a group's ideals and values. It is a set of ethical principles that is shared by members of group, reflects their moral judgment, over times and standards for their professional action. They defines the principles we the ‘NURSES’ use to provide the care.

- **Autonomy:** Today our role is independent, inter-dependent or dependent. For example: we independently implement coughing and deep breathing exercises for a patient who had recent surgery without medical orders.

Thus here it is proved that nursing is more than a Profession. It’s not being a medico or a nurses, it is more about being a human. “With increased autonomy comes, greater responsibilities and accountability”

No profession is free from hazard; no work place can ever assure you absolute security. Earlier it was said “It was a profession by a woman for a women”. As an irony earlier you can say it was women obsessed profession, But the trend has undergone a sea change. Now men get equally engaged and appointed in this profession.

As it is often said, make new friends but keep the old, one is silver and the other is gold”. Nursing as a profession stepped from traditions, yet managed to reach in modern era. A nurse in the world today is very different than our predecessors. Knowledge acquired with time has become great with advancing technology and intelligence.

It’s a time for transformation now. Nursing has been one of the biggest professions for many years and there has been drastic changes over the years.

- **Changes Regarding Salary:** earlier nurses use to get very less salary but now the trend has change they are highly paid these days. People join nursing as it offers job security, gives good salary, and guarantee of safe future.

- **Technology:** Kardexes are used these days to reduce reasonable about of medico legal issues.
Education: Specialized programmes and diplomas in nursing, uniform and role of men in nursing has emerged as great change.

Is still there need of dilemma or a question mark on its identity. Whether it is a profession or a occupation? As it is often said “if you spend too much time thinking about a thing, you will never get it done. Make at least one definite move daily toward your goal”. Our goal is to transform the thinking of common people regarding the image of NURSE.

Nurses are no more “brainless sex bimbos”. They are compassionate, caring, intelligent, and able to manage multiple tasks and love their jobs.

Call to transform is louder today. There is need to transform or change your thinking regarding PROFESSION NURSING and NURSE. PROFESSION demands nothing but Respect. Some concerns that we nurses come across are; freedom versus control, truth telling versus deception, knowledge versus personal beliefs. Whenever I introduce myself as a nurse I straightway get invited to the lives of people, which rarely happen in any other profession.

As a member of professional discipline I feel highly obliged to support my own profession as my duty doesn’t end with a shift alone; instead I am responsible for lives of people who entrust on me. I hope many student nurses like me, can proudly say they are nurse; they belong to a profession not an occupation.
STUDENT AND TEACHER IN NURSING EDUCATION

Waseem Ahmed. M B.Sc.Nursing IV year
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Introduction
Education system in any field plays an important role in the development of a profession. Likewise, the role of a teacher in the development of a student especially teaching students on how to deal with human life, the standards to be set are to be high. There are remarkable developments in nursing education, but looking at it from the student perspective I feel the Teaching –Learning process needs strengthening further. Over the years, advancements in practice and technologies has made nurses to improve their standards so as to cope up with the faster developments. Though nurses have made big contribution in the health care sector still there is scope for improvement in achieving best practice. This is where the nursing education needs to give a stronger foundation for the students. The best practice is achieved only when the teacher imparts the knowledge in such a way that enhances student ability to learn.

Nursing education prepares student nurses to practice in a variety of settings. Nursing is an essential part of health care sector. Be it clinically in the hospital or in community settings, nurse’s critical thinking skills should be appropriate and unique. Nurses are faced with many challenges which are demanding and leadership oriented. Although nurses work in collaboration with other medical professionals, Nurses are different from other health care professionals on how they care the patients. Looking at all the values if you got to succeed well, you should involve in best practice and achieve good results, for acquiring that it requires a strong body of knowledge.

Initially a student perceives nursing course as something that is all about learning on how to care sick peoples. But later realizes that it is only about bulk of writing, boring theory classes and months of institutional postings. Once I asked my mate “what do you think about nursing course...?” he said “it’s quite boring actually”. This is how a student generally thinks about nursing degree. On the other hand, teachers put in lot of efforts to make a student succeed. Every nurse educator deals with much stress in teaching. But the question is how well the teaching is effective to the students. The method of teaching holds the key.

Even with many different teaching methods the most common method used in class room
teaching today is lecture cum discussion. Besides having the advantage of teaching a large number of students through lecture, the students lose concentration quickly which is a major drawback. With long lecture classes the students often lack interests in learning. If a student is not actively involved in the class then how can a student gain knowledge?

- Moreover the understanding of the theory content is necessary, not all the students can understand the lecture well. Theory is a part of nursing which provides solid foundation before the student goes to clinical. Nurses tend to be practical learners, that by doing something rather than studying about it. So Classroom teaching can be made more interesting by using different teaching methods. Even if it is lecture, the teacher must ensure that a student is mentally involved in the process. Relating theory to everyday life examples, using real scenarios keeps the theory classes alive. Mostly the students have the fear of discussing in a group and tend to lay back. The teacher can ask frequent questions which would force a student to engage in learning.

- Another important aspect of nursing education is the writing part. I don’t think any other course would have the load of writing work as it is in nursing. Successful people have the habit of learning by writing so do nurses which is a best practice. Right from time planning to case studies, student do a bulk of writing. But what is more important is how the student writes. Teachers on a regular basis keep a continuous assessment of students by giving assignments or case work to write. But most of the students involve in plagiarism, some copy from others, some from the internet etc. by doing so student don’t acquire the knowledge of the assignment rather the aim is only about submission. From a teacher point of view, it is difficult to find out and it is time consuming. But it is necessary to understand that the student may not benefit from such activities. Steps need to be taken to ensure that students learn something by writing, and having a check of student references. Other than this students should also be encouraged to draw pictures whenever required as it provides a visual appearance that will help in clear understanding.

- Educators can use different strategies for the students. Not all the students can have same intellectual ability; also the student’s ability is often underestimated. Teachers should make use of active learning technique which improves cognitive skills, student engagement and enhances students’ self-esteem to learn. AV aids can be used often with creativity. Student should also be involved in self-directed learning helps to identify the own strength and weakness. The effective concept mapping strategy is less commonly used, mapping provides a way to connect with the knowledge visually.

- However, the key component of nursing education lies in clinical practice. It is the
professional promotion of nursing students. Whatever a student learns in theory, the knowledge is applied in the clinical. Even more amount of knowledge is gained from practice. Researcher’s shows that initially a student has clinical anxiety (Farkhondeh, et.al 2005). But for a student it all starts from demonstration, teacher must not expect the student to be proficient after one or two attempts. Students must be provided with good learning environment. In clinical wards student get a real scenarios of learning, rather collecting patient’s history students tend to look at the case sheet for the patients information. This is where nurse educators play a key role in guiding the students. Students should be encouraged total with the patients and to compare the patient picture with the book picture. This helps in proper understanding of the whole scenario between theory and practice.

A nursing instructor should assist students in learning and in the development personal as well as professional competence. The relationship is valuable in clinical nursing. As much as teachers support, students feel more convenient in learning. Research studies (Griffith JW, Bakanauskas AJ, 1983) indicate that there is direct correlation between self-concept and academic performance. When the nurse educator has open communication with the students and show interest in student learning it enhances students ability and helps in active participation. It will not make student think powerless or threatened. Active communication is most essential in student - teacher relationship which will make the student comfortable and develop confidence to learn and communicate.

Having said, students need to step up to the plate. Nursing is not the same as it was used to be. Students should gain proper understanding of knowledge and practice skills in a best way which is needed for the welfare of the people as well for the health care sector. By doing so, it will not only develop but also benefit the student and the quality of entire nursing education system.

**Conclusion**

To sum up, student and teacher can come together to form a stronger bond in nursing education system. It is important that nurse educators use different methods of teaching, enhance student ability by active learning, improve teaching strategies, maintain relationship with open communication and promote clinical aspect during teaching. On the other hand, student should take up the responsibility of learning, be actively involved in the learning process, perform procedures as per the standard guidelines, not to compromise quality and to engage in lifelong learning.

*I believe that the future is great for nursing students*
Achievements of Rajkiya Nurses Sangh Uttar Pradesh (RNSUP)

प्रदेश के सभी राजकीय नर्सिंग प्रशिक्षण संस्थानों की निगम कई वर्षों से समर्थन शृंखला न जमा होने हेतु कारण है। यह नर्सिंग कौशल, नई दिल्ली द्वारा समर्थन समाप्त कर दिया गया था, जिसे संघ द्वारा अर्थव्यवस्था ने शासन एवं प्रशिक्षण से बजट जारी करके समर्थन दिलाने का प्रयास किया जा रहा है।

2. जनवरी का साल में रखने हुए संघ की मांग के अनुसार प्रदेश में राजकीय बीएसएसी में एम्बुलेंस नर्सिंग प्रशिक्षण संस्थानों की स्थापना की गयी।

3. प्रदेश में नर्सिंग सेवाओं को और अधिक सुदृढ़ किस्म करने हेतु संघ द्वारा गरीब मांग के अनुसार विकिस्ट्रा एवं स्वास्थ्य सेवाओं, उपोनी, स्वास्थ्य सेवा महानिदेशालय, लखनऊ में नर्सिंग सेवा की स्थापना करायी गयी।

4. विकिस्ट्रा एवं स्वास्थ्य सेवाओं, उपोनी, स्वास्थ्य सेवा महानिदेशालय, लखनऊ में नर्सिंग सेवा की स्थापना करायी गयी। नर्सिंग संस्थान में विकिस्ट्रा कर्मचारी की तैनातियां शासन द्वारा की गयी हैं, जबकि संघ की मांग है कि नर्सिंग संस्थान के अधिकारी की पदोन्नति कर नर्सिंग(नर्सिंग) के पद पर तैनात की जाय।

5. विभाग द्वारा नर्सिंग संस्थान की पदोन्नति न होने के कारण नर्सेज में कार्य करना चाहते थे, जिसे संघ निगम द्वारा 2014-2015 तथा 2015-2016 में लगभग 600 से अधिक नर्सेज की पदोन्नति उच्च पद कराया गया। नर्सिंग संस्थान के लगभग 250 नर्सेज पदोन्नति कराने का प्रयास किया जा रहा है, जो मार्च 2016 तक पदोन्नति करने हेतु, महानिदेशक, विकिस्ट्रा एवं स्वास्थ्य सेवाएं, उपोनी द्वारा आवेदन किया गया है।

6. नर्सिंग संस्थान की संख्या से प्रभावित मांगों में से सबसे महत्वपूर्ण मांग उपोनी नर्सिंग सेवा निगम में विकिस्ट्रा स्वास्थ्य प्रदेश सरकार द्वारा निर्माण दिनांक 12 फरवरी, 2016 को प्रकाशित किया गया, जिसमें निम्नलिखित परिवर्तन किया गया कि:

- कार्यकाल को समाप्त 'ग' से समाप्त 'ख' में किया गया।
- नर्सेज की सीधी संबंधी लोक सेवा आयोग, इलाहाबाद द्वारा किया जायेगा।
- स्तर नर्स की नियुक्ति संबंधी पात्रता, प्रदेश के निजी एवं राजकीय प्रशिक्षण संस्थानों से बीएसएमो एवं बीएसएसी में नर्सिंग की उपाधि हो।
राजकीय नर्स संघ, उत्तर प्रदेश
RAJKIYA NURSES SANGH UTTAR PRADESH
(Recognised by U.P. Govt. No. 4882/16-13-79-8 (201)79 Dated 24-9-79)

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पत्रकार:

- सीधी गर्ली परीक्षा 100 अंकों की होगी, जिसमें 85 अंकों की लिखित परीक्षा तथा 15 अंकों चिकित्सा एवं स्वास्थ्य विभाग में संविदा के आधार पर कार्यरत नर्स का प्रतिवर्ष 03 अंक के अनुसार अधिकतम 05 वर्ष का प्राप्त अंकों में जोड़ दिया जायेगा।
- संविदा के आधार पर कार्यरत स्टाफ नर्स की अधिकतम आयु सीमा उत्तर सरकार ने निर्धारित वर्ष अधिक हो, जितने वर्ष संविदा के आधार पर सेवा में पूर्ण कर चुके हों, जो कि अधिकतम उन पांच वर्षों के माध्यम में होगी।
- सीधी गर्ली हार्दिक 90 प्रतिशत महिला अध्यायी एवं 10 प्रतिशत पुरुष अध्यायियों का चयन किया जायेगा।

7. संघ की मांग के अनुसार प्रदेश सरकार ने शासनदेश दिनांक 17 फरवरी, 2016 हुए उपरोक्त सरकारी सेवक परीक्षा (प्रथम संशोधन) नियमावली, 2016 जारी करते हुए अन्य सरकारों के साथ ही नर्सिंग सरकार के उच्च पदों पर पदार्पण में परीक्षा अवधि समाप्त कर दिया गया है।

8. निदेशक, राज्य स्वास्थ्य मिशन, उपरोक्त सरकारी सेवक परीक्षा एवं मिशन एवं मिशन से संबंधित अधिकारी को सुझाव देगा करने के लिए एवं नर्सिंग संगठनों को सुविधा रूप से किया जाएगा। कर्मचारी नर्सिंग कमान के कार्य का प्रशिक्षण विभाग से एक तकनीकी सलाहकार समूह का गठन किया जाएगा।

9. निदेशक (चिकित्साएवं नर्सिंग), चिकित्सा एवं स्वास्थ्य संगठन ने उस संविधान तथा प्रशिक्षण एवं नर्सिंग सेवा के प्रशिक्षण को संतुलित करने के लिए, महानिदेशालय स्तर पर नर्सिंग सेवा के लिए नागरिक संस्थाओं में अशोक कुमार को भी संस्थान के रूप में नामित किया गया है।

(अशोक कुमार)
महामन्त्री
राजकीय नर्स संघ, उ.प्र.-226 018
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