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## A REVIEW ON CHALLENGES CONFRONTED BY THE NURSES IN CURRENT INDIAN HEALTH SYSTEM

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### Abstract:

*Nursing is an unmistakable calling which is at the cusp of Human expression and Sciences. Medical attendants and maternity specialists comprise almost 50% of the wellbeing labor force populace all over the planet [1]. In India, medical attendants make 66% of wellbeing labor force. Medical caretakers notwithstanding being a basic connection between medical services area and patients, they are taken advantage of, treated with absence of regard and nobility at working environments and in particular the remuneration gave to them is exceptionally low and they have absence of professional stability. Openness to talented, propelled and strong nursing care inside a vigorous medical services framework by everything is of fundamental significance. The job of medical attendants in medical services area is vital as we endeavor to make a superior team for better quality consideration for all. In the current medical services framework the Medical caretakers face various difficulties. There are issues at each level: authoritative level, state level and public level, influencing the confidence of the medical caretakers. To deal with the difficulties first and foremost it is essential to distinguish and see every single imaginable test. Subsequent stage in the wake of perceiving and understanding the difficulties is to give answers for alleviate them.*

**Keywords:** Nurses, Challenges, Health system, India.

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### Introduction:

Medical attendants have been portrayed as the "sheet-anchor" in the medical services framework that expects to give essential medical services to all regardless of capacity to pay. There is a condition of conundrum in medical services industry that toward one side there is overwhelming interest in wellbeing experts, while then again it is obvious that the medical caretakers are not compensated fairly and are compelled to work in a manipulative climate in the unregulated confidential area. At present in India the Doctor Medical caretaker

proportion isn't acceptable. The nation needs 2.4 million medical attendants to satisfy the developing need [2]. The HLEG (Significant Level Master Gathering) bunch report on UHC (All inclusive wellbeing inclusion India) 2011 is expanded dependence on a framework of thoroughly prepared medical caretakers, which will permit specialists to zero in on complex clinical cases [2]. There is an exceptionally mind boggling clinical milieu with the medical caretaker being in the focal point of this labyrinth packed with different lines of control and obligation and restricted independence and

authority. Nursing as an area in India keeps on encountering a few overwhelming difficulties with regards to Accessibility, Dissemination, Maintenance among others; passing on them less productive in delivering quality consideration to the patient. These difficulties go about as essential inspirations for medical caretakers to depart their calling, less understudies deciding on nursing calling. Elective professions with better remuneration, simple work hours and potential chances to relocate abroad will more often than not draw in medical attendants better [3]. It has additionally become apparent that the job of medical caretakers is exceptionally restricted in administration, navigation and strategy level at their working environments.

### **Challenges Faced By Nurses:**

#### ***Workplace health hazards:***

Medical attendants are continually presented to thorough physical and mental pressure ascribed to plentiful responsibility and furthermore they are not even given wellbeing inclusion. Long working hours: Greater part of the medical attendants need to work past the obligatory 8 hrs shift to in excess of 12 hrs. Aside from compensation, medical caretakers are not given business advantages and tip and working in night shifts disturbs their balance between serious and fun activities.

#### ***Shortage of Staff:***

As there is apparent deficiency of the staff in emergency clinics, medical caretakers needs to try and perform non nursing undertaking and this makes the medical attendant patient proportion very poor, and medical caretakers go to patients in additional numbers than they are supposed to. In this manner in numerous emergency clinics the typical medical

caretaker patient proportion is very higher 30:1 now and again, though the permitted proportion is 1:61. As medical attendants are over-burden with additional work, it hampers the Patient-Medical caretaker commitment.

#### ***Lack of Recognition:***

Medical caretakers, even in the wake of chasing after proficient status, are not perceived by others, be it their bosses or the local area, subsequently this makes a tremendous hole between how medical attendants comprehend themselves and the manner in which local area figure out medical attendants.

#### ***Lack of Autonomy:***

India a medical caretaker has restricted independence and authority. In different nations, medical caretakers assume fundamental part in navigation, however in India it is deficient.

#### ***Societal Challenges:***

Medical caretakers are talented experts who go through preparing and embrace proficient course to accomplish proficient status. In any case, they have frequently been seen by others as untalented, ethically suspect ladies who functions as workers do. The acknowledgment that they believe they merit has not been given to them. This hole between what they are and what different considers them has caused an excruciating trouble among them about status, and has made them very mindful of the shamefulness of it [4].

#### ***Ethical Issues:***

Another perspective that has not been featured much anyplace is of common liberties as inappropriate behavior to them (female medical caretakers). Absence of work place morals and absence of regard, with provocation by either specialists or the administration by continually blaming them for

abandonment of obligation make it more challenging for them.

***Lack of Growth Opportunities:***

In India seats in nursing universities are progressively falling empty and the yearly stockpile of medical caretakers is short. Moreover, qualified are enthusiastically searching for better paid positions in more extravagant nations. The vast majority of the medical caretakers relocating to the big league salary nations come from the non-industrial nations, for example, India [5,6]. India with an all around horrendous wellbeing framework is experiencing more as medical attendants are relocating to different nations.

***Financial Issues:***

In the confidential area, pays are disgracefully low and needs normalization. Many need to sign a reinforced agreement that unavoidably ties them to that office and breaking the agreement frequently include paying tremendous sum for getting their delivery. In any case, every one of their authentications are held by the emergency clinic the executives.

***Essential Things to Do:***

To accomplish all inclusive wellbeing inclusion and to guarantee admittance to the fundamental administrations, the excellent spotlight ought to be on wellbeing laborers. So down to earth arrangement of the above talked about basic issues for better usage, working circumstances and profession track of medical attendants are:

***Positive Practice Environment:***

A climate wherein all medical services laborers have an obligation as a component of the patient focused group to perform with a feeling of independence, impressive skill, responsibility, straightforwardness, contribution, productivity, and viability. All should be

aware of the wellbeing and security for both the patient and the medical services specialist in any setting giving medical services, giving a feeling of safety, regard, and strengthening to and for all people [7]. Successful relational correspondence in work settings act as inspiration to the medical caretakers. It is the need of great importance to hold the medical caretakers by establishing a sound and sustaining climate where they have bountiful chances to learn and develop. Execution of medical caretaker driven, doctor directed medical services model in which medical caretaker and doctors functions collectively. Nurture likewise gets independence and is a piece of independent direction. Responsibility balance: Evacuation of repetitive and non-useful undertakings from the arrangements of occupations allocated to medical attendants to give them additional opportunity for patient commitment. Additionally giving them motivating forces and rewards time to time. Medical caretakers ought to be viewed as pioneers and executives, they ought to be given Money and the board phases of preparation. Giving innovation to help the medical attendants for the imperative clinical help and stock reinforcement. The wellbeing service and the Indian Nursing Committee ought to make experts courses to prepare nurture professionals, nurture intensivists and medical attendant anesthetists. This will empower them to acquire more significant compensations to forestall their whittling down to West nations.

***Evidence based Practice:***

Best practices ought to be imparted by association to the medical caretakers with the goal that they will get a hand on what works and what not so much for quality help. Exploration ought to frame an indispensable piece of their training. A few

critical methodologies should be carried out now in light of the fact that the developing whittling down and diminished enrolment rates will unfavorably influence medical services framework. We really want to develop great administration supported by praiseworthy initiative. Consequently, it is critical now to zero in on making groundbreaking administration at all degrees of Nursing by using the authority limit of senior nursing leaders as well as bedside medical caretakers.

### **Conclusion:**

Patient and the general population reserve the privilege to get the best treatment and administrations from medical services experts. Furthermore, this must be accomplished by a persuaded and completely ready labor force. Getting the job done to the prerequisite of medical attendants and confronting their difficulties can make medical caretakers enabled, supported, tested and certified to keep on succeeding to do best with practically no obstructions.

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