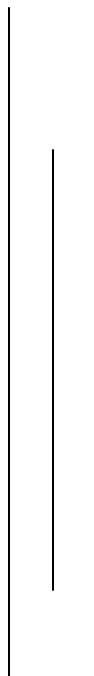


# **Report on Status of Nurses in Nepal**



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## **List of Acronyms**

ANM	Auxiliary Nurse Midwives
BN	Bachelor of Nursing
BNC	Bachelor of Nursing Curriculum
BPKIHS	BP Koirala Institute of Health Sciences
BSN	Bachelor of Science Nursing
CDR	Central Development Region
CNC	Certificate Nursing Curriculum
CTEVT	Council of Technical Education and Vocational Training
DoHS	Department of Health Services
DPHO	District Public Health Office
EDR	Eastern Development Region
FP	Family Planning
FWDR	Far Western Development Region
GoN	Government of Nepal
HLMC	Health Learning Material Centre
HMIS	Health Management Information System

HP	Health Post
ICN	International Council of Nurses
ICU	Intensive Care Unit
ILO	International Labour Organization
INGOs	International Non Governmental Organizations
IOM	Institute of Medicine
KU	Kathmandu University
MCH	Maternity and Child Health
MN	Masters of Nursing
MOHP	Ministry of Health and Population
MWDR	Mid Western Development Region
NAMS	National Academy for Medical Sciences
NAN	Nursing Association of Nepal
NESP	New Education System Plan
NGOs	Non Governmental Organizations
NHRC	Nepal Health Research Council
NNC	Nepal Nursing Council
NNMEIN	Nepal Nursing and Midwifery Educational Institution Network
OJT	On the Job Training
OT	Operation Theater

PBBN	Post Basic Bachelor Nursing
PCL	Proficiency Certificate Level
PHC	Primary Health Care
Ph. D	Doctor of Philosophy
PSC	Public Service Commission
PU	Purbanchal University
SEANMEIN	South East Asia Nursing and Midwifery Education Institution Network
SHP	Sub Health Post
SLC	School Leaving Certificate
SN	Staff Nurse
TNAN	Trained Nurses Association of Nepal
TU	Tribhuvan University
TUTH	Tribhuwan University Teaching Hospital
WDR	Western Development Region
WHO	World Health Organizations

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Executive Chairman  
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## **Summary**

Nursing is considered as caring profession. Traditionally nursing was considered as the service providing within four walls taking care of the sick, injured and dying person. With the advancement of time and improvement of the profession it included total care of the patients and healthy people. These days the profession has expanded from hospital to community and many other places such as schools, hotels, offices etc. The scope of nursing has increased with more emphasis and priority on preventive and promotional aspect of health care. Similarly, the preventive and promotional nursing are in global priority. It seems that it is difficult to meet the need for the global demand of nursing and becoming shortage especially in western world and gulf countries. Similarly, in developing countries like Nepal nursing profession is becoming highly demanding and young students are attracted to the nursing profession due to endless opportunities around the world.

Hence this study concentrates on the overall status of nurses in Nepal. It focuses on the nursing policy, nursing services, structure of nursing education, as well as current situation of nurses and its scope and problems encountered by the nurses in Nepal.

This is a descriptive study using primary and secondary data. Key informant interviews were conducted for the purpose of primary data collection whereas available records and reports were reviewed for secondary data collection.

This study recommended that policies should be formulated and must be implemented in order to empower nurses and make them safe accordingly. The nurse-patient ratio has not been met. The MoHP should take initiation regarding maintaining the ratio and it should be maintained as per the international ratio as recommended by WHO or follow the country's own system that are suitable and affordable. Similarly, recruiting more nurses in hospitals in order to maintain quality of care is essential which would probably reduce shortage and unemployment problems. Vacant posts of government sectors which are unfulfilled for a long time need to be fulfilled so that fresh nurses get the opportunity. Likewise, in order to strengthen the nursing services in Nepal, the supervision and monitoring of health institutions and hospitals needs to be made effective.

In Conclusion it was found that many nursing posts are vacant in comparison to the capacity of the hospital. The nurse-population ratio is low in comparison to international standards which certainly affects the quality of care. Further the number of nursing colleges is increasing year by year producing a large number of nursing professionals with less opportunity for jobs hence new areas are to be explored to recruit them. So far concerned with policymaking, it is found that nursing guidelines are not sufficient to flourish the profession. Moreover the problems encountered that need to be addressed are unemployment, insecurity, workloads, professional disempowerment, globalization, privatization, low pay, exploitation in job setting, lack of attractive policies, lack of government monitoring, insufficient in-service education and brain drain.

# 1. Introduction

## 1.1 Background

The history of nursing begins from taking care of sick, injured and dying persons without formal knowledge, and education during war and since time immemorial. As the concept has changed recently, responsibility of a nurse is not only limited within the hospital, but a nurse is considered as a person who provides holistic care to an individual or a community in preventive, promotive and curative aspects. These changes are mainly due to change in the concept of health, patterns of illness and also in the progress made by science and technology. Further, a lot of new intervention is coming up in nursing profession so the changes are obligatory.

The traditional scope of nursing was only within the four walls of hospitals. Now the scope has expanded from hospital to community. Change in the scope of nursing is due to emphasis on preventive and promotive aspect of health care. So, the role of a nurse became much broader in the promotion of health and prevention of diseases rather than just providing care to the sick in the hospitals and assisting the doctors in treatment of patients.

According to the **Oxford Advanced Learner's Dictionary**, "A nurse is a person who cares for sick or injured people in a careful and loving way and nursing is the art or practice of looking after sick or injured people."

**Florence Nightingale**, the founder of modern nursing, says, "Nursing is the care which puts a person in the best possible condition for nature to restore or preserve health, to prevent or to care disease or injury focusing the Environment theory."(1)

Similarly so many other nurses like Virginia Henderson, a leading Nurse Educator and Alice Price have also explored their own ideas in nursing.(1)

Nursing is considered respected and a social service oriented profession. Nursing service mainly aims to meet the needs of the entire community and society such as prevent from illness as well as care for the sick and also to carry out the research activities and gain more knowledge and improve nursing standards. Therefore, nursing is not only simply a job but also it is a career which is highly idealistic and respected. Hence, the study of the status of

such profession is important which could be an important source of information to policy makers, program managers and researchers.

In Nepal nursing services and education, began after the establishment of Bir Hospital in 1890 A.D. (1947 B.S.)(1) It was also commenced with the support of institution otherwise it may not be possible to establish nursing services and education in Nepal. The scope of nursing has developed in broader ways simultaneously with the development of medical services, advancement of technology especially after establishment of Bir Hospital.

## **1.2 Global Scenario of Nursing**

Need of nursing cannot be neglected by any individual or country. There must be a place to prepare for the nursing to fulfill the demand of the nursing. After the formal qualification, nursing began to be recognized as a profession and often rewarded for the contribution in serving the people. This profession has been rewarding as a service oriented the scope of which began from looking after a child and sick people to teaching and research.

In 1853 Florence Nightingale, the founder of modern nursing began with caring for the soldiers injured in the Crimean war.(2) Throughout the process of providing care to the injured army men, Florence Nightingale had developed preventive and promotive health care with the help of epidemiological studies, monitoring and care of sick, keeping good data records and scientific analysis of the data. Then nursing further developed globally as science-based knowledge and skills, and was institutionalized in higher education. Nightingale was from the high class family and well educated so it was easy to gain prospectus of nursing in the society.

According to 'Timeline of Nursing History', New Zealand was the first country to regulate nurses nationally, with adoption of the Nurses Registration Act on the 12, September 1901.(2)

### **Working Situation of Nurses**

Globally, there is a serious shortage of nurses. There are many reasons behind this. One reason for this shortage is the unsuitable working environment in which nurses' practice. In

a recent review of the 'empirical human factors and ergonomic literature specific to nursing performance', nurses were found to work in generally poor environment condition. DeLucia, Ott and Palmieri (2009) concluded, "The profession of nursing as a whole is overloaded because there is a nursing shortage".(2) Individual nurses are overloaded. They are overloaded by the number of patients they care over a time during their working hour, and by the tasks they perform. They work under cognitive overload, engaging in multitasking and encountering frequent interruptions. They work under physical overload due to long working hours and patient handling demands. The literature has evidence that nurses provide eighty-five percent of all health.

Around the Globe the problems and challenges of nurses are found to be identical. The shortage of nurses is not only in quantity but also in quality.

In United States nursing has been facing problems of shortage and most of the vacant positions remain unfilled. Along with this nurse to patient ratios is not met, patient care is at risk and quality of nursing is somewhat regressing.(3)

In United Kingdom, Australia, Canada, the situation is not different in comparison to the situations described above. In addition, it suffers from problems of replacing retiring nurses as well as the retention of nursing staffs. Nursing shortage is often considered as societal ailments. In many countries the profession is undervalued as women's works. It has very limited access to resources.(4)

In South-East Asian Regions nursing is found to be full of problems and shortages including insufficient skills in respect to quality health care services which is a result of unmet health care facilities, high workload, unsafe workplaces and lack of professional advancement opportunities etc.(5)

### **1.3 Rationale of the study**

This study focuses on the overall aspects of nursing profession such as career opportunity, employment status, problems and challenges faced by nurses in Nepal.

The study gives an overview of status of Nurses in Nepal which will be useful to those who want to pursue career in nursing, nursing students and faculties, academia etc. Furthermore, this document will be useful to Ministry of Health and Nepal Nursing Council for the purpose of proper planning of nurses in Nepal.

### **1.4 Objectives**

#### **1.4.1 General Objective:**

To assess the overall status of nurses in Nepal

#### **1.4.2 Specific Objectives:**

1. To review nursing policy in Nepal
2. To give an outline of the nursing services in Nepal
3. To assess the structure of nursing education in Nepal
4. To assess the current situation of nurses along with challenges and scope of nursing practice

## **2. Methodology**

A descriptive study was conducted using primary and secondary data. During the course of primary and secondary data collection, the researcher visited the Ministry of Health, Nepal Nursing Council, Department of Health Services and different other hospitals.

For secondary sources, the library of Nepal Health Research Council, Teaching Hospital, and Maharajgunj Nursing Campus were visited, and literatures were reviewed through documents, journals, and internet sources. Similarly, focal persons of different institutions were also contacted in due course of collecting data.

For collecting the primary data, semi-structured questionnaire was used as a tool. For the data collection, three central level hospitals of Kathmandu valley i.e. Teaching Hospital, Bir Hospital and Maternity Hospital were visited for interview with the Key Informants. Similarly, other key places was also visited such as Nepal Nursing Council, Department of Health Services, and Ministry of Health and interviewed with the Key informants. Hence, Key-informant interview was used for primary data collection. The three sets of semi-structured questionnaire were made for interview as a main tool of data collection. The questionnaires were reviewed by experts for its validity.

This study only includes the status of those nurses who were employed to the government health system. Nurses working in private sectors were not included in this study, hence, underestimates the overall status of nurses in Nepal.

### **3. Literature Review**

Nursing being a "doing profession" is important to have theoretical basic knowledge for their practice in their day to day work in order to fulfill their responsibility soundly. This is one of the important criteria of a profession. The criteria of a profession demand well-defined body of knowledge and high level practice to maintain professional status. Nursing theory is a strong pillar to provide direction to the nurses who are directly involved in practice and also to those who contribute to nursing education, management and research. The modern trend in nursing theory is based on the practice. Nurses can use both inductive and deductive theory for their practice in order to bring scholarliness within profession. Nurses apply different theories while using nursing process.(6)

Nursing is an art and science of caring. The situation in nursing might be different in time. It is the profession touched by joys and sorrows of human beings in different situation. Nursing is basically practical profession therefore nurses should try to updated to a newer skill and knowledge. The primary responsibility of nurses is the "betterment of the client".(7)

Nursing is a very vital and sensitive issue since they have to deal with ill and helpless patients in a very vulnerable and sensitive condition. Be it intentional or accidental, one mere word of kindness, compassion and dedication or aggressions make great difference in the acceptance and rejection of treatment as well as professional standards. Apart from knowledge and training for competence, good attitude is a must for nurses that enable to work with care and compassion. Caring and compassionate service helps patients to be more relaxed, feel better and be more co-operative which ultimately helps in the whole healing process. Knowledge, training and skill make a competent nurse whereas positive attitude make a complete nurse.(8)

Nursing discipline is a practice oriented and the mission of a nurse is to care for people to enhance their well-being. The perspective of nurse educationists and clinicians in nursing reflects the academic and professional approaches to knowledge development. The integrating process will also upgrade the status of nursing personnel in the development of



nursing knowledge and enhance learning environment for students as well as staff. Nursing knowledge should be used to provide better nursing care to people and solve the problems concerning to the discipline (Lauden, 1977). Therefore, one of the main driving forces in integrating nursing education and nursing service is for the development for nurse educationists to facilitate the educational packages, and for clinicians to use evidence based quality care to resolve issues and problems related to nursing profession.(9)

Nursing in Nepal is heading fast towards developing it as a unique profession. The image of nursing has changed to a greater extent. Many candidates entering nursing nowadays are of higher academic background. Nursing profession is gearing towards the progress despite many factors hindering its professionalization. The hindering factors are: lack of autonomy, inefficient support system, policies and political influences, poorly developed monitoring and evaluation system, scarce resources, lack of advocacy, social stigma, and inefficient collective bargaining, limited research studies and its application. Another is role conflict due to multiple responsibilities, inequality in provision of nursing services, lack of motivation and challenges, resistance in change, discrimination in salaries/benefits and other facilities, and treatment/disease focused nursing practice.

In conclusion, nursing profession in Nepal is developing towards professionalization. Especially nursing education is growing and extending fast. So nurses have to overcome those constraints by working towards autonomy, unique nursing practice, involving in policy and decision making level and strong collective bargaining.(10)

## **4. Results**

### **Section I**

#### **4.1 Nursing Guidelines in Nepal**

Till date, a specific nursing policy has not yet been formulated by the Government of Nepal. Nepal Nursing Council (NNC) also has limited their guidelines on the monitoring of the education system. There is an urgent need of nursing policy to flourish the profession and standardizing the care after which nursing profession can be accountable to the people of Nepal and be relevant to the situation of the country and its policy. Therefore the policy has to be formulated immediately.

A Nursing Division exists at MoHP which is also under medical service integrated section, and according to the division there is only working guidelines of MoHP formulated in 2059 B.S (2002 A.D). The points stated in the guidelines are as follows:

1. Projection, demand and supply plan of nursing manpower.
2. Categorization of nursing services, recruitment of nursing manpower, determination of terms and conditions and facilities of nurses, study, research and analysis to uplift nursing profession.
3. Planning for uplifting the status of nursing service and for the development of training, motivation and academic enhancement in nursing.
4. Observation, monitoring and guiding the nursing services in different hospital and health institution.
5. Making co-ordination concerning nursing staffs in different sectors.

In addressing these issues, it reveals that the Nursing Division's guideline should be updated. Division of Nursing should be separated with full authority and responsibility to make the nursing profession standard.

**\*See Annex IV for the original version of the guidelines**

## **4.2. General Hospital Nursing Service in Nepal**

Bir Hospital was the first hospital established in 1947 B.S (1890 A.D) under the regime of Shree Teen Bir Shamsheer Janga Bahadur Rana, the then prime minister of Nepal. During the same time two other hospitals were established in the Terai region. One of them was Koshi Zonal Hospital in eastern region of Nepal. In the beginning, Bir Hospital had only 15 beds for in-patients, and out-patient service was provided by foreign doctors and compounders.(11)

During the period of 1947-1985 B.S (1890-1928 A.D), there were no nurses to care for the patients. The hospital authorities realized the need of nurses and midwives to provide care to hospitalized patients after which four Nepalese girls named Ms. Vidhyavati Kansakar, Ms. Radhe Devi Malakar, Ms. Dharma Devi Kansakar, Ms. Bishnu Devi Mali were sent to India for an 18 months midwifery course in 1985 B.S.(1928 A.D). And when they returned after completion of the course, they were posted to Bir Hospital. Therefore the History of Nursing and women's contribution in health care was significant as they started from midwifery service. These four ladies were the first to join the Nursing/Midwifery service. They had gone very challenging work in the conservative Nepali society at the time.(11)

Further, in 1998 B.S. (1941 A.D) the Civil Medical School was established for the Training of Compounders (like physician's assistants) and dressers at Bir Hospital, Nepal. In this programme nine Nepali women were involved in the training. After completion of the training in Nepal, those trained women were sent to India for a midwifery course. In 2002 B.S (1945 A.D) they were posted to Bir Hospital after completion of training.(11)

In 2010 B.S (1953 A.D) again the third batch of eight Nepali women were sent to Kamala Memorial Hospital, Illahabad, India for diploma training in Midwifery. After completion of the training they started to work in Shree Panch Indra Rajya Laxmi Prashuti Griha. In the same year four other Nepali women were sent to Sri Lanka for tuberculosis nursing training. Unfortunately, they could not get a job in the government hospital after completion of training. Therefore, they started to work in Shanta Bhawan Hospital, Nepal.(11)

In 2013 B.S (1956 A.D) there was a move to establish School of Nursing in Nepal with the support of WHO.(11)

Besides serving the hospitals, nurses had a great contribution to other special areas such as Mental Health Nursing, Tuberculosis Nursing, Pediatric Nursing, and Maternity Service. Moreover, supportive service in hospital nursing such as development of central sterilized supply, development of housekeeping section, dietary section were also initiated.

### **4.3 Structure of Nursing Education in Nepal**

Before 2013 B.S (1956 A.D) nursing services in Nepal were delivered by few trained midwives in India and some locally trained compounders. Dr. Uma Devi Das and Ms. Rukmani Charan Shrestha were the first nurse candidates who were sent to India in the year 2009 B.S (1952 A.D) to pursue academic studies in nursing.(1)

The first nursing school in Nepal was established in 1956 A.D under Ministry of Health with the help of WHO.(1) Similarly, Shanta Bhawan School of Nursing came in the year 1959 A.D. In those days students under matriculation were recruited and this educational requirement continued until 1960s. In 1960s, after significant change in policy, the faculty of Nursing came under the Ministry of Health and the duration of training was extended to three and a half years after completion of School Leaving Certificate (S.L.C) as a pre-requisite.

After introducing NESP (New Education System Plan) in 1972 A.D, T.U took the responsibility to train the nurses, where, Institute of Medicine (IOM) was the only institute to run various levels of nursing programmes in Nepal for over two decades i.e. 1972-1992 A.D During this period IOM expanded the training programmes from Auxiliary Nurse Midwifery (ANM) to Proficiency Certificate Level (PCL) Nursing, Post Basic Bachelor of Nursing (PBBN) and the Master in Nursing (MN) in Nepal.

Being started from a single school, presently nursing education is taught in more than 100 nursing campuses in both government and private sectors. Each year thousands of nurses are graduated. As a result of availability and broadened scope, nursing is one of the most attractive education and profession now-a-days. For many girls it has been the first choice which could help shape their career leading to a bright future in technical field. Since last

few years, men are also engaging themselves in this profession regarding its popularity nationally and internationally. Only female candidates are eligible to enter the nursing profession according to Nepal Nursing Council's criteria. In Nepalese context, the nursing education programs begin with 3 years PCL courses. For PCL level, the campuses are affiliated with the TU and the CTEVT. Second division rank (45%) in the SLC examination is a pre-requisite criterion to appear for the entrance examination of PCL. According to the NNC criteria the average intake of each batch is maximum of 40 except in Maharajgunj where 60 students enroll in a batch on the basis of entrance exam and candidates are selected according to their scores of entrance exam.

The cost differs in a huge in government and private sectors.

Nursing education is mainly skill based technical education so there is a lot practical requirement to expose for the students. For learning objectives the students should go to different hospitals where they need to follow the practical assignments prior to sit in the final exam.

After completion of PCL courses, the nurses in Nepal need to have 2 years of job experience to be eligible to study Bachelor's level and again have to hold 2 years experience to study Master's level and even PhD. It is different than in other country.

In the early of nineties, BP Koirala Institute of Health Sciences (BPKIHS), and Kathmandu University (KU), eventually established in Nepal. Later on, Council for Technical Education and Vocational Training (CTEVT) undertook PCL Level Nursing Programmes and began establishing colleges in Nepal. In the late 90s, the country has adopted into multi-universities education system so many nursing institute and colleges started grooming. Therefore, at present there are dozens of Nursing Colleges in Nepal. Nursing programmes (intermediate to bachelor levels) are being run by several institutes, thereby creating a mass of nursing professionals. Thus, the concerned authorities need to maintain its quantity and quality.

At present the duration of course in nursing at various levels are different. For example, ANM- 18 months, PCL Nursing- 3 years, Bachelor Nursing (BN) – 2 years, B.Sc. Nursing – 4 years and Master Degree in Nursing (MN) – 2 years, ( 3 years at BPKIHS ), Ph.D. – 3

years. These are the minimum requirements of NNC whereas universities and colleges have their own requirements.

Table 1 Level, course duration, programme, and pre-requisite

Level	No. of institutes	Course Duration	Pre-requisite	Organization	Estimated production / year
<b>ANM</b>	48	18 months	SLC	CTEVT	48x 40 = 1920
<b>PCL Nursing</b>	79	3 years	SLC	T.U., K.U., CTEVT and BPKIHS	79 x 40+20 = 3180
<b>BN</b>	19	2 years	Staff Nurse completed with 2 years of job experience	T.U., P.U., NAMS	19 x 40 = 760
<b>B.Sc. Nursing</b>	21	4 years	I.Sc or equivalent.	T.U., P.U, K.U, BPKIHS Pokhara University	21x 20 =420
<b>MN</b>	3+1	2 years (3 years in BPKIHS)	B.Sc/BN and 2 years of job experience	T.U., BPKIHS	18+4+4=26

*Source: Nepal Nursing Council (2010 A.D.)*

Table 1 shows the level, course duration, programme, and pre-requisite of nursing programme. As per the table, there are 48 institutions that are running ANM programmes, 79 colleges running PCL Nursing, 19 running B.N., 21 running B.Sc Nursing and 4 running M.N. programmes. List of campuses along with the level and affiliation are shown in tables. (See Annex II).

## **Various programmes of nursing in Nepal:**

### **i. ANM Training Programme in Nepal:**

In the past, there was a shortage of health manpower in the country, especially nurses. Therefore, it was felt that more health personnel were needed in a short period in order to fulfill the demand of the shortfall of health personnel. Hence, the government decided to produce ANMs. In the beginning the course was designed with duration of 3 years education and 1 year job training, as long as 4 years since they were under S.L.C. But, later to improve the standards, the intake of students was made at least SLC pass and the duration was decreased to eighteen months including a three month On the Job Training (OJT).

The Philosophy of the ANM curriculum is based on the health needs of people on the basis of socio-cultural pattern and influence on health. The **general aim** of the curriculum development and guidelines and instruction management is to assist the individual programme to develop relevant curricula in order to produce ANM who can provide PHC services from health posts and district hospitals.(12)

The course contents are as follows; Anatomy and Physiology, Nursing procedures and first aid, Family Planning/MCH and nutrition, Integrated Science related to health, Treatment of simple disorders, Environmental sanitation, Epidemiology and communicable diseases, Community diagnosis, Midwifery, Management and supervision.

The conceptual framework is so arranged that, it reflects the wellness to illness continuum, move from simple to complex principles of learning and state various roles and responsibilities of the ANM. The main objectives to prepare ANMs are to demonstrate a positive attitude and respect for socio-cultural values in their work situations and to provide quality maternal/child and general nursing care in the community as well as in the hospitals.(12)

According to the admission policy, the Programme is open only for female candidates, intake of students should be annual, academic qualification is SLC pass and candidates are selected on merit basis securing qualifying mark in the entrance examination. The ANM Programme has been running under CTEVT in different institutions.

## **ii. PCL Nursing Programme in Nepal:**

The main aim of PCL Nursing curriculum is to prepare a competent staff nurse who will be able to care for the health of individuals, groups and communities based on the principles of primary health care (PHC) approach. IOM has defined some roles for PCL Nurses. They are communicator, change agent, motivator, problem solver, planner, care provider, evaluator, advisor, teacher, supervisor and facilitator in the basic level.

The education programme consists of 3 years' duration. The first year focuses on the health of the individual and family. In the first year, English, Nepali, Integrated Science, Fundamentals of Nursing (including practical), and Community Health Nursing-1 (including field exposure) are included. Similarly, the second year focuses on health maintenance. In the second year students study Nepal Parichaya, Community Health Nursing-2 (including field visit), Behavioral Science, Nursing Care of Children (including practical), Midwifery A (Theory+Clinical), Midwifery B (Theory+Clinical) and Midwifery C (Theory+Clinical). Likewise, the third or final year mainly focuses on ill client and the restoration of the client to optimum health. In this year, students study Nursing Care of Adults-1 (Theory), Nursing Care of Adults-2 (Theory+Clinical) and the Leadership and management (Theory+ Clinical+Field) according to Certificate Nursing Curriculum, 1997.(13)

The salient features of the PCL nursing programme include emphasis on the health care needs of people of Nepal, early exposure to community and practical nursing, national health system from primary to tertiary levels, integrated system- oriented approach to learning and small group teaching. The conceptual framework is so arranged that teaching/learning proceed from simple to complex, from wellness to illness continuum. There is a heavy focus on primary health care approach and utilization of the nursing process.

Teaching strategies applied in PCL nursing are: lecture, role play, demonstration, group discussion, field experience, written exercises, project work and case studies.

The programme is open only for female candidates (IOM Profile, 1999) and candidates are selected on merit basis secured in the entrance exam. The PCL nursing programs are run in



various campuses. There are six institutions which are running under TU. On the other hand, BPKIHS, KU and NAMS and other private colleges are also involved in PCL program. Moreover, CTEVT is also running various nursing colleges and has been providing certificate equivalent to TU since it follows the curriculum of TU.

### **iii. Bachelor of Nursing (BN) Programme in Nepal:**

The BN programme has been offered by TU at Maharajgunj Nursing Campus since 1977(2034 B.S), Lalitpur Nursing Campus, and Pokhara Nursing Campus with more emphasis on midwifery. Later in 1987, the emphasis was changed to community health nursing, adult nursing in 1983, and child health nursing in 1985. In 1988 A.D (2045 B.S) all Bachelor Nursing Curricula were reorganized and divided into two tracks i.e community and hospital nursing. Similarly, National Academy for Medical Sciences (NAMS) and nine several colleges under PU were also running BN programmes.

The overall BN programme is based on further enhancing the competencies of the staff nurses who have already have a minimum of two years of work experience in Nepal. On the other hand, B.Sc Nursing is offered to the graduates of 10+2 programme in order to prepare the professional nurses who can function independently in providing preventive, promotive, curative and rehabilitative care to the clients in hospital or community settings and in the education program. They can make independent judgment in making nursing decisions, teach nurses and other health programmes, function as managers, leaders and act as a change agent for the provision of quality care and conduct simple research works.

The aim of BN Programme is to prepare a professional nurse in midwifery, hospital and community nursing sectors with the highest possible technical and managerial focus, including problem identification, planning, implementing, training, health education and research. Such specialists can serve various types of positions at national, regional, zonal, district, or local levels and as per the needs in various kinds of governmental or non-governmental health agencies, communities, hospitals and schools. The 2 years job experience that is prerequisite in the BN programme is based on learning past experiences and making theories relevant.(14)

While comparing BN and B.Sc. nursing, it is known that B.Sc. nursing graduates can have well performance as BN graduates. However, BN graduates have foundation of sufficient practical and clinical experience when they were in PCL Nursing. The duration of course matters in BN and B.Sc. nursing i.e. BN consists of two years whereas B.Sc. nursing four years.

With practical point of view, BN nurses are more efficient than B.Sc. Nurses in both practical as well as the theoretical backgrounds. Here is a comparison chart shown below between BN and B.Sc. nursing.

Table 2 Course, Pre-requisite and Duration (2010)

Course	Pre-requisite	Duration	Total
<b>BN</b>	PCL Nurse (3 years) + Job experience (2 years)	2 years	7 years
<b>B.Sc. Nursing</b>	I.Sc. or equivalent (2 years)	4 years	6 years

In the PBBN curriculum, it is stated that, the overall aim is to produce competent nurse in different specialties of nursing services and educational sectors focusing on advanced science and technology research in health. It prepares a nurse who can use independent judgement, decision-making process in leadership position for the purpose of quality health care in the primary, secondary and tertiary level. The leadership role is much more emphasized in relation to the provision of health care services to individuals, families and communities. The graduates of this programme have been prepared to take leadership responsibilities in the community and hospitals and be able to teach in the nursing campuses. They are also able to improve nursing practice and education by applying the results of need based research. It has been prepared according the health needs of the people.(15)

The PBBN course is designed for the nurse who has already had completed the basic nursing/ PCL Nursing, three years course from the recognized institutions, and who has a

working experience of two years in clinical or related field. Since, the nurse has already learned the basic knowledge and practical skills on foundation of professional nursing, the PBBN is an advanced level course in nursing which enhances every nurse to specialize knowledge and skills in order to perform as a manager in different health settings. As per the admission policy, it is based on the entrance examination and candidates are selected on merit basis. Students' intake is annual, and should not exceed maximum of forty students per academic year. The candidates should be registered with Nepal Nursing Council (NNC) and must be a license holder. The candidates are required to have a minimum of 2 years work experience after basic general nursing programme.

#### **iv. Master of Nursing (MN) Programme in Nepal:**

The MN programme has been offered by TU since 1995 (2052 B.S) and BPKIHS. The course duration is of two years at TU and three years at BPKIHS. In order to be eligible to apply for master nursing, the candidates are required to have bachelor degree in nursing with a work experience of at least two years following the completion of bachelor degree in nursing. The intake of students varies with the college. At present it is offered in specialty areas i.e. Women Health and Development, Adult Nursing, Child Health Nursing and Psychiatric Nursing with core courses like Nursing Theories and Models, Trends and Issue in Nursing, Nursing Research, Epidemiology and Statistics, Health Service Management and Educational Science. The master programme aims to prepare independent nurses who are able to work at an advanced level in their area of specialization, conduct research relevant to their work and develop ability to contribute in policy formulation and decision making. The programme also equips the graduates to be able to establish educational programme for the individual or community.(16)

## **4.4 Current Situation in Nepal**

### **Professional Organizations**

There are some organizations in Nepal like Nepal Nursing Council (NNC), Nursing Association of Nepal (NAN) that work for the professional standards and welfare of nurses.

### **Nepal Nursing Council (NNC)**

NNC was established in 2053 B.S. (1996 A.D) as an autonomous body by an act of parliament in Falgun 2053 B.S. (March 1996).(17) This shows the commitment of Government of Nepal to provide safe quality nursing care to the public. The objectives of the council are to make the profession capable and dignified, to mobilize the nursing profession in a systematic and scientific way, and to register the name of Nurses and Auxiliary Nurse Midwife (ANM). The executive board is formed by different methods; some are elected, representative from various organizations such as TU, CTEVT and other are nominated by MoHP. The executive body consists of 15 members. The first President was Prof. Dr. Uma Devi Das. At first, NNC provides provisional license to the nurses after they complete their PCL Nursing Course. After 3 months of holding provisional license the nurses will get permanent license and the total charge for the permanent license is Rs. 1200/- which has to be renewed every 6 years paying Rs. 700. If the time period for renewal is crossed, re-registration has to be done within 95 days paying Rs. 1100/-.

Table 3 Total no of registered nurses as per the record of NNC

<b>S.N.</b>	<b>Particular</b>	<b>21 Nov. 2010 (5<sup>th</sup> Mangsir,2067)</b>
<b>1.</b>	Nurse	<b>14373</b>
<b>2.</b>	ANM	<b>16506</b>
<b>3.</b>	Foreign Nurse (Expatriate)	<b>643</b>
	Total	31522

*Source: Nepal Nursing Council, Bansbari, Kathmandu*

Table 3 shows the total number of registered nurses in Nepal on 21<sup>st</sup> November, 2010 (5<sup>th</sup> Mangsir, 2067).

At present, Nepal's population stands at 29,000,000 (2010) and we have approximately 31,522 professional nurses. Hence, the present nurse to population ratio is approximately 11 nurses per 10,000 population in Nepal. **Many literatures suggest the ratio of 50 nurses**

per 10,000 population as an optimum. Looking upon the current figure of nurses, it is felt that Nepal still face an acute shortage of nurses for the growing population. In order to provide quality nursing care, the present production rate of professional nurses needs to be increased by at least three times by the next five years.

Approximately 50-60 nurses come per month for the recommendation to apply abroad according to the council, up until present about 2200 nurses approximately have had the recommendation letters from the council. But there is no proper record available at the council as they don't keep the appropriate record of the registered nurses who left the country and go to abroad.

In an interview with the registrar of Nursing council, the reason for brain drain is inability of the government to increase the recruitment of nurses in hospitals, low salaries, less motivating factors, fewer facilities, no job security and guarantee, no career ladder and skill-building opportunity.

### **Nursing Association of Nepal (NAN)**

Nursing Association of Nepal (NAN) is the only one professional organization of nurses in Nepal. It is determined to protect and promote the professional rights and interest of all Nurses in the kingdom of Nepal. It was established in Magh 15, 2018 B.S. (1962 A.D.) with the Regd. No. 8/018 and became a member of International Council of Nurses (ICN) Geneva in 2026 B.S. (1969 AD).(1) Initially, it was registered as Trained Nurses Association of Nepal (TNAN). By the third amendment of its constitution in 2047 BS (1990 A.D), the name of association was changed and the organization shall be called "Nepal Nursing Sangh" in Nepali and "Nursing Association of Nepal" in English and abbreviated as NAN. The executive board is formed by election every 3 years. The executive body consists of 16 members. The first president of NAN is Lamu Amatya. To get a membership in NAN, every nurse pays certain amount, which varies according to its type i.e. for lifetime membership the amount is Rs. 1550 and for general, the amount is Rs. 250 per year. Lifetime membership does not need to be renewed whereas general membership has to be renewed each year.

Recently, **Nepal Nursing and Midwifery Educational Institution Network (NNMEIN)** has been established for academic collaboration and cooperation among nursing and midwifery educational institutions within the country. NNMEIN is a non-profitable and non-political educational group. It has been established with the influence of South- East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN). The aim of NNMEIN is to strengthen the quality of nursing and midwifery education by strengthening the capacity of the nursing and midwifery education institutions. It has an executive body consisting of 11 members i.e. one member from each of the institutions. The general meeting is held once a year. The network earns income through membership fee, support from WHO, donation and revenue earned from network activities.(18)

Table 4 Types of Institutions over the Development Region FY 2064/65

Type	E.D.R	C.D.R	W.D.R	M.W.D.R	F.W.D.R	Total
Central Hospital	0	8	0	0	0	8
Regional Health Directorate	1	1	1	1	1	5
Regional Health Training Centre	1	2	1	1	1	6
Regional Medical Store	1	1	1	1	1	5
Regional TB Centre	0	0	1	0	0	1
Regional Hospital	0	1	1	1	0	3
Sub-Regional Hospital	0	1	0	0	0	1
Zonal Hospital	3	1	2	2	2	10
DPHO	16	19	16	15	9	75
District Hospital	14	13	17	13	8	65
Clinic	4	9	2	3	1	19
PHC/HC	51	68	42	30	19	210

HP	142	172	145	129	88	676
SHP	721	1005	693	426	289	3134
<b>TOTAL</b>	954	1301	922	622	419	4218

*Source: HMIS / Personnel Administration Section, DOHS; DOHS, Annual Report 2064/65 (2007/2008)*

Table 4 shows the types and number of health institutions in each of the development regions, from which it is understood that CDR houses the largest number of institutions and FWDR consists of the least number of institutions.

Table 5 Distributions of nursing staffs according to the development regions FY 2064/65 (2007/2008)

	Eastern	Central	Western	Mid-Western	Far-Western	Total
<b>Sanctioned</b>	1290 (21.73%)	2108 (35.51%)	1177 (19.83%)	806 (13.58%)	554 (9.33%)	5935 (100%)
<b>Fulfilled</b>	1123 (21.16%)	1956 (36.85%)	1055 (19.87%)	713 (13.43%)	460 (8.66%)	5307 (100%)
<b>Vacant</b>	167 (26.59%)	152 (24.20%)	122 (19.42%)	93 (14.80%)	94 (14.96%)	628 (100%)

*Source: HMIS/ Personnel Administration Section, DOHS; DOHS, Annual Report 2064/65 (2007/2008)*

Table 5 shows the number of nursing staffs in each of the development regions. According to the table, it is seen that EDR comprises more nursing staffs and FWDR comprises of less number of nursing staffs.

Total sanctioned posts of five development regions are 5,935 but only 5,307 nurses are working leaving 628 posts vacant. **The data above are only from the government institutions.**

Although many nurses are having unemployment problem, the sanctioned posts are not yet filled and many vacancies are left without fulfillment. Hence, concerned authorities should give proper attention to fulfill the vacant posts and the institutes must be well occupied with the sufficient amount of nurses.

#### **4.4.1 Scope of Nursing Practice**

The scope has certainly grown better in the field of nursing. A large number of female students would like to join nursing after SLC since nursing profession is a reputable job throughout the world. Growing number of hospitals and nursing homes within the country creates many vacancies every year. Some get bound in the job and serve the nation. While, some even go abroad for holding job or to continue their further studies. Hence, those migrant nurses somehow contribute to fulfill the shortfall of nurses in the western world.

In Nepal, there are 1920 ANMs, 3180 staff nurses, 760 BN nurses and 400 B.Sc. nurses and 26 M.N. qualify each year (according to NNC) and most of them are absorbed in Hospitals, Nursing Homes, Medical Colleges, NGOs and INGOs.

Nurses are held legally responsible and accountable for their practice in the working setting. The modern era has shown the development of nursing degrees and nursing has numerous journals to broaden the knowledge based on the profession. Some of the nurses are in key management roles within health services and hold research posts at universities.

Nurses have been working in many sites, as some nurses adapt themselves in **hospitals** either in private or government settings. Some get absorbed in **colleges** holding a university degree as BN, MN or PhD and develop their career as a professor. Nowadays increasing number of **NGOs and INGOs** also engages nurses in conducting educational package and helps them to work through it. Further nurses can also engage themselves in **research organizations** carrying various research activities and later building their career as a researcher. Nurses practice in a wide range of settings, from hospitals to visiting people in their homes and caring for them in schools to research in pharmaceutical companies. Nurses work in occupational health settings, physician's offices, and clinics, long-term care facilities, camps and military services as well. Nurses act as advisors and consultants to the



healthcare and insurance industries. Similarly, Nurses work as researchers in laboratories, universities and research institutions.

In government sectors, employment of nurses is being done in different levels from ANM to Nursing Administrative Officers. Previously, MoHP had classified different nursing positions as Gazetted and Non-Gazetted officers, Administrative and Teachers etc. MoHP had also provision of reserved pools for different health institutions however those seats seemed to be very minimal to provide services to the increasing patients in the hospital but now it has been dismantled.

Better career options and secured ones, besides the ability to specialize and gain advanced education, is an encouraging prospect for anyone considering nursing as a career. Nursing had been a female-only profession for quite some time, but with more and more men entering this field, it has now been changed to a female-dominated profession only and this is expected to become gender-free in coming years.

To the very surprise, men had been in nursing for a long time, the growth of men in nursing is increasing especially in western worlds. A growing number of men in this profession are a positive sign and good for nursing as a profession, as it paves way for a good profession where anyone can participate towards working for a betterment of human life and care of the sick and disabled. Career flexibility, excitement, technical knowhow and money remain the most important reasons for men entering this profession. Nursing now turning out to be a gender-independent profession, where both men and women are participating and working towards welfare of the patients and providing them the care they deserve.

Public perception is changing slowly and thus more men are becoming a part of nursing profession. However, this concept is more or less accepted only in western countries, so nursing till date remains a female-dominated profession.

Nursing profession is highly regarded and is in demand all over the world. It has better scope in the western countries like US, UK, Australia, Canada etc. In addition, with these scopes, many Nepalese nurses are working abroad. As such, health workers are in high demand everywhere, they need not to worry about remaining unemployed. It has become a

globally renowned profession and its demand is increasing day by day but the maintained standard is mandatory.

## **Section II**

During the study period, all the respondents were provided a set of questionnaire and only then they were interviewed. For Key Informant Interview the matron from the TUTH, Prasuti Griha (Maternity Hospital) and Bir hospital, as a central level hospital of Kathmandu valley, were selected as the respondents. The matrons were asked various questions. The findings of the key informant interview are as follows:

### **i. Number of beds and total number of nurses**

There were altogether 482 beds, and 320 nurses were working in the **TUTH** in different level and posts. The nurses were posted in different wards according to the number of beds in the ratio of eight beds per nurse. Likewise, in case of **Bir hospital**, the total number of beds and nurses were 430 and 253 respectively and the ratio was 25 beds per nurse approximately. Similarly, in case of **Prasuti Griha**, the total number of beds and nurses were 415 and 170 respectively and the ratio was similar to Bir Hospital. As per the hospital source, the number of nurses in the hospital was found to be relatively insufficient according to the number of beds. Thus, they were found to have managed the nurses as per case flow and severity of patients.

### **ii. Facilities**

While discussing about facilities provided to nurses, as per the hospital source, it was found that the nurses were provided 50% more salary compared to other hospitals crossing the normal government scale, in TUTH. The shifts were divided into morning, evening and night. The morning and evening shifts comprised of nine hours. Regarding other facilities, the nurses were provided uniform allowances i.e. 450/month, night allowances i.e. 100/night and Expenses allowances (Mahangi Bhatta) provided as per government rules. Similarly, the hospital provides 90% reduction in treatment for nurses which include pharmacy, operation and investigation charges. Similarly, in Bir Hospital, the nurses were

provided night allowances i.e. 150/night, health hazard allowances 300/month, uniform allowances 600/month, treatment allowances as per level of staff, quarter facility to some staffs. Similarly, in maternity hospital, the facilities provided to staffs are according to Nepal government and management committee of hospital.

### **iii. Career Ladder System**

In TUTH, the ladder was maintained from Staff Nurse to Sister, Nursing Supervisor, Senior Nursing Supervisor, Nursing Administrator to Nursing Director.

Initially ANMs were also taken as the staffs but later the entry point in the hospital was Staff Nurse and those previously recruited ANMs were made Senior ANM. The matron i.e. nursing director in the hospital was selected from among the Senior Nursing Supervisor.

In Bir hospital, the ladder system goes from ANM (4<sup>th</sup> level) to Hospital Nursing Administrator and the top level up-to first class (11<sup>th</sup> level) though it was very slow in opening the post.

In Prasuti Griha, the ladder system goes from assistant (5<sup>th</sup> level) to higher level officer (11<sup>th</sup> level) that seems similar to teaching hospital.

There were no any exact records of staffs placed on contract or permanent. Initially, they all were kept in contract system and later they were upgraded to permanent as per hospital need and rules.

### **iv. Vacancy Announcement**

In TUTH, vacancy was found to be announced once in a year for at least 10 positions at a time. The vacancy was not announced in the newspaper, there was a provision of internal vacancy with the draft pasted on the notice board of hospital. In addition, the number of applicants for the vacancy used to be 10 to 15 times more than the usual. Therefore, if 50 vacancies were announced the number of applicants were 800 approximately.

In Bir hospital, vacancy was found to be announced through newspaper same as lok sewa as per hospital need but there was no fix time and date for vacancy announcement. But, as

per hospital source, when last time vacancy was announced, more than 1400 applicants were found competing for 73 seats.

In Prasuti Griha, the vacancy announcement was made through advertisements in newspapers and both written exam and interview were carried out, and the hospital source found more than 150 applicants for one seat when the vacancy was announced.

However, the common problem found was that in the hospitals they had no right to recruit the staffs whenever they need, they had to go through certain rules and circumstances for recruiting the staffs which is followed by government policy.

**v. Retention**

In all the three hospitals it was found that many nurses leave the hospital each year but the hospital administration did not have the exact record of it. However, TUTH, Bir and Prasuti Griha reported that approximately 50, 15 and 2 nurses leave the hospital in a year respectively.

Moreover, most of them reported that they left hospital to go abroad for further study, some told that they got the job in other hospitals and some left with their personal problems.

Furthermore, the permanent staffs that leave the hospital showing study leave can't be replaced by other staffs since the hospital had to pay the monthly salary to those till their leave period. Thus, there has been raised the question regarding the quality of care since few staff has to care for more patients and certainly they would be overloaded.

**vi. Working as per qualification**

It was found that in all the three hospitals the nurses were not working as per their qualification. Furthermore, as per hospital source, it was known that even M.N., B.N. was working in the post of Staff nurse. Even though nurses had fulfilled the criteria for the senior level post still they have to wait for the promotion. And they had to go through exams both written and interview as per hospital criteria to upgrade their position.

**vii. Staff Unions**

In all three hospitals, staff union was found to be very actively working for the welfare of staffs. They were timely protesting against the problems faced by staffs and demand facilities to staffs. Thus, the hospital carried every task of cooperating with the unions and with their involvement only.

**viii. Volunteer Nurses working in the hospitals**

Regarding employing volunteer nurses, it was found that there were no volunteer nurses in TUTH and Bir hospital. But, in maternity hospital 12 volunteer nurses were found to be working.

**ix. Stated Problems and Constraints by Key Informants**

**❖ Indra Rajya Laxmi Maternity hospital:**

Though the government rules was followed earlier by the board of hospital, which includes the facilities to the hospital staffs like staff promotion, salary, staff recruitment etc. exists but the hospital management now delay to follow that or they do not follow at all.

Facilities for the staffs are mentioned in the rules of Nepal government but are not provided to the staff from the hospital boards, which should be followed seriously for the benefit of hospital staffs as well as the service seekers and the country.

**❖ Bir Hospital:**

According to hospital source, the nurses-patient ratio is not yet fulfilled so the staff recruitment should be done in order to provide quality service and salary satisfaction must be there and the government should show its concern towards it. Furthermore, the nurses are not given proper training in research so the training must be provided for their good exposure in research and also nurses should be kept as a research advisor from the government. Refreshment course should also be provided to the nurses for their professional upliftment. Moreover, they feel that there is a professional biasness among Doctor and Nurses viz. Doctor are given 8<sup>th</sup> level officer immediately after passing their

MBBS whereas Nurses after doing bachelor in nursing also working as 5<sup>th</sup> level officer so the concerned authorities should also fight for the rights of the nurses.

## **Problems and Challenges**

Common problems indicated by the respondents in the selected hospitals, NNC and MoHP are as follows:

### **i. Employment problem:**

The nurses who have a high demand in global markets are facing problems in getting a job placement in their own country. Despite the huge number of hospitals many nurses are still lacking the job placement. The reason behind this could be massive production of nursing colleges due to which nursing products are in increasing state thus only few getting opportunities. Hospitals are running with inadequate number of nursing staffs in spite of huge patients' flow and at the same time not maintaining nurse patients' ratio. This has happened because there is no strict rules and policy made in the service sector by NNC. So the hospitals are functioning with minimum nurses to the maximum patient for the only benefit of those service providers, which creates unemployment problem, frustration due to work load in nurses.

### **ii. Security problem :**

Security problem can further be divided into two types: social security and job security. In social context, nowadays, people tend to beat or harm and misbehave medical persons like doctors and nurses, whenever they feel tense and aggressive. On the other hand, in job security, it is found that nurses are found to be insecure in job services. Generally, most of the private hospitals do not follow the rules, terms and conditions as there is no specific ILO policy in Nepal. They have the right to fire the staffs for their own benefits. Similarly, many nurses are placed in a volunteer service even for a long time with or without any kind of payments, which make nurses insecure about the job they are holding. So, the provision of proper security in workplace is essential.

### **iii. Workloads:**

As studies suggest both internationally and nationally, nurses are overloaded with work. Long hour of duties or overlapping duties also create overloads. In addition, the government has not increased the recruitment of nurses in the hospital. Therefore, in some hospitals it can be seen that nurses are looking after many patients beyond their capacity, which can even decrease the quality of care. These kinds of workloads can even create some sorts of frustrations, dissatisfaction, anxiety etc. among nurses.

**iv. Lack of professional empowerment** is also the cause for the graduate nurses to look for overseas jobs. Professional dissatisfaction, unhappiness, anxiety and emotional exertions might affect the quality of care.

### **v. Globalization.**

Though the nursing demands is high globally, due to minimal standard and mixed task oriented nursing curriculum, the majority of Nepali nurses are unable to fit with the other countries standard since the nurses in abroad are working just as a care taker in domestic settings and are not recognized as nurse practitioner.

**vi. Privatization of nursing education** is the main cause of mushrooming of nursing educational institute and not maintaining the standards of the curriculum. It is looking as profit making business which is unfortunate for the nursing profession.

### **vii. Low pay in job settings:**

Nepali nurses have made their reputation in the international markets but it is found that they are low paid in their own countries inspite of heavy workload and longer hour of duties in most of the non-government health institutions. Moreover, the private nursing homes who are charging huge amounts with the patient's are giving low salaries and less facility to nurses. On the other side the nurses have to pay (such as donation) for further study so the nurses are in double financial burden from their own profession. To avoid this Government and NAN, NNC must make certain rule and regulation.

**viii. Exploitation:**

Volunteer service, work done with low salaries, work overloads etc. come under exploitation. Nowadays hospitals are following the trend of putting staffs in volunteer services rather than giving them a job in their initial phase. Only few hospitals pay some small amounts to the nurses during volunteer period but many hospitals make them work without paying. Hence, this behavior of hospitals creates frustration among nurses and this is to be corrected essentially.

**ix. No attractive Policies:**

There is no any evidence of written policies made in nursing sector.

**x. Shortage of nurses in working place:**

There are many health institutions, which are running with inadequate number of nurses, which in turn creates shortage of nurses in working place. In government sectors there are many vacant posts left without care, whereas in some private institutions few nurses are placed with work overloads, so concerned authority needs to give attention and monitor regularly in order to minimize the shortage of nurses in workplace.

**xi. Lack of monitoring in health institutions for the quality care service.**

The education system must be within the recommended standard without political influence for maintaining its standard and NNC must regulate all the educational institution within the system. In order to maintain one of the mechanisms is to commence the licensing exam and regular monitoring system otherwise nursing standard of Nepal will not be recognized by International Nurses council (ICN).

**xii. Insufficient in-service education:**

Provision of in-service education is essential to boost one's knowledge and skills. In-service education should be provided timely.



**xiii. Brain drain:**

Nepal is a developing country in the world and bears the third highest rate for maternal child mortality in the world. Skilled manpower is centralized in the capital city only or even leaving the country due to unstable political conditions or other reasons. Health personnel are facing problems in the work settings like no sound environment within the working area, lacking post according to the qualifications, lacking facilities and remunerations as needed, lacking trainings and in-service education, poor evaluation of work done, etc. and all these things stress them and make them go abroad. Thus, skilled and experienced manpower is slowly decreasing and shortage has begun. Therefore, brain drain has also become one of the problems in national level, since most of the nurses graduated from different institutions have started leaving the country in search of better jobs abroad and further study as the demand of nurses in developed countries is increasing.

## **5. Conclusion**

So far concerned with policymaking, it is found that nursing guidelines are not sufficient to flourish the profession.

Regarding the services, it was found that in comparison to the capacity of hospital, the number of nursing posts is fewer in number and out of these fewer positions many are still vacant. The nurse-patient ratio in the hospitals is not uniform and found low which affects the quality of care.

The number of nursing colleges is increasing year by year producing a large number of nursing professionals with less opportunity for jobs hence new areas are to be explored to recruit them to address brain drain.

Further, the problems encountered that need to be addressed are unemployment, insecurity, workloads, professional disempowerment, globalization, privatization, low pay, exploitation in job setting, lack of attractive policies, lack of government monitoring, insufficient in-service education and brain drain.

## 6. Recommendations

In order to strengthen the nursing profession, following recommendation has been made based on the basis of problems and challenges nurses are facing as well as interview taken with different hospitals, MoHP and Nepal Nursing Council.

- Policies should be formulated and must be implemented in order to empower nurses and make them safe accordingly. **According to Nursing division of MoHP**, while making the policies, clear organogram has to be made of every area, individual file of nurses has to be well maintained, maintaining standard of nursing service, keeping nursing care manual in every hospital, good human resource and budget need to be allocated.
- Vacant posts of government sectors which are unfulfilled for a long time need to be fulfilled so that fresh nurses get the opportunity.
- The nurse-patient ratio has not been met. The MoHP should take initiation regarding maintaining the ratio and it should be maintained as per the international ratio as recommended by WHO or follow the country's own system that are suitable and affordable.
- Recruiting more nurses in hospitals in order to maintain quality of care is essential which would probably reduce shortage and unemployment problems.
- **NNC strongly recommends that** political interference in the service sector should be discouraged and avoided. Moreover co-ordination among the concerned organization (MoHP, NNC, NAN) should be strictly maintained.
- Nurses' job should be secured so that they will remain safe from different kinds of hazards like job and social insecurity.
- Rules and regulations for job security and uniformity should be made and implemented strictly. Similarly, government should also monitor the executers.
- Tasks and duties are to be assigned in such a way that nurses would not be stressed and paying scale needs to be increased along with facilities.
- Adequate salaries and remuneration and incentives should be provided timely to encourage nurses.

- The institutes that produce skilled nurses who would be appointed in any corner of the country after they graduate should be strengthened.
- In order to strengthen the nursing services in Nepal, the supervision and monitoring of health institutions and hospitals needs to be made effective.
- The rewards such as timely promotion, chances of further education, refresher courses on specialized subjects like ICU, OT, Maternity, etc, additional grades to the capable and honest workers in the institution along with other essential facilities need to be ensured.
- Appropriate career ladder for the nursing personnel needs to be provided.
- In-service education needs to be provided to enhance the skill and efficiency of nurses.
- The migration of nurses is a direct loss of skilled human resource in the country. Therefore, concerned authorities should critically think to stop for it and create good job opportunities within the countries (for example by distributing nurses in other sectors like hotel, industrial areas and schools in order to generate working opportunities) as well as sound environment for nurses so that they could be retained in their own country. It can be done either by promotion or provision of special allowance to the nurses who have higher qualification in comparison to the position they are working on. The nurses should be encouraged for continuing their further studies.
- **NNC also states that** employees as well as the employers should take the code of conducts and follow ethics seriously in the work settings.
- The standard curriculum and teaching learning practices (OJT) should be made such that firstly it should meet local requirements, secondly it should meet national requirements and thirdly it should compete in the global market so that the problem of globalization can be reduced to some extent.

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## Annexes

### Annex – I: Tools used for data collection

#### *I A: Key Informant Interview for Hospital*



**Nepal Health Research Council (NHRC)**  
Ramshah Path, Kathmandu

#### **A review on status of nurses in Nepal**

**Name of Hospitals (with full address) .....**

Name of interviewer:

Date:

( प्रश्नकर्ताको नाम )

(मिति)

1. Name of respondent:

(जवाफदाहीको नाम)

2. Position at Hospital:

(कार्यरत्त अस्पतालमा पद)

#### **Guidelines for key informant interview for Hospitals**

1) How many beds are there in this hospital?

(यस अस्पतालमा कुल कति सैया छन् ?)

2) What is the total no.of nursing staff in this hospital?

(यस अस्पतालमा जम्मा कतिजना नर्सहरु कार्यरत्त छन् ?)

3) What are the number of nurses in the wards?

(सैयाको संख्या अनुसार नर्सहरुको संख्या कस्तो छ ?)

a) Sufficient  
प्रर्याप्त

b) Moderate  
ठीकै

c) Insufficient  
अप्रर्याप्त

4) What types of facilities are being provided for nurses working in this hospital?

(यस अस्पतालमा कार्यरत नर्सहरुलाई के-कस्तो सुविधाहरु प्रदान गरिन्छ ?)

5) What is the ladder system for the nurses in this hospital?

( यस अस्पतालमा कुन तह देखि कुन तह सम्मका नर्सहरु कार्यरत छन् ? )

6) How many of them are on contract, temporary and on permanent services?

(ती मध्ये कति जना करार सेवा, अस्थायी र स्थायी सेवामा छन् ?)

7) What are the numbers of applicant nurses for the vacancies announced?

(अस्पतालले विज्ञापन गर्दा आवेदक नर्सहरु र आवश्यक सिटहरुका विचको सम्बन्ध कस्तो पाउनु भएको छ ?)

8) What is the system of promotion and encouragement for the nurses in this hospital?

( यस अस्पतालमा कार्यरत नर्सहरुलाई बढुवा तथा पेशागत प्रोत्साहनको के-कस्तो व्यवस्था छ ?)

9) Are nurses working in the hospital as per their qualifications?

(के नर्सहरुले योग्यता अनुरूप जागिर पाएका छन् ?)



- 10) How many nurses leave the hospital in a year? And what could be the reason behind that?  
(बर्षेनी कति कार्यरत्त नर्सहरुले अस्पताल छोडने गर्दछन् र किन ?)
- 11) Is there any post vacant in this hospital?  
(यस अस्पतालमा कति दरबन्दीहरु रिक्त छन् ?)
- 12) If yes, how many and what are the causes behind that?  
(के-कस्ता कारणले गर्दा कति दरबन्दीहरु रिक्त रहेकाछन् ?)
- 13) Is there any staff union in this hospital? What is the condition of this union?  
( यस अस्पतालमा स्टाफ युनियन छ ? छ भने कस्तो अवस्था छ)
- 14) Are volunteer nurses working in this hospital? If yes, how many and are there any facilities and remunerations for those volunteers?  
(यस अस्पतालमा स्वयंसेवि नर्सहरु कार्यरत्त छन्? छन् भने कति जना छन् ? उनिहरुलाई के-कस्तो सेवा- सुविधाहरु व्यवस्था गरिएकोछ ?)
- 15) If any suggestions and opinion you want to say which is not included in the above questionnaire:(माथिका प्रश्नावलीमा नसमेटिएको र तपाईंलाई भन्न मन लागेको केही कुराहरु छन्)

## **I B: Key Informant Interview for Nursing Council**



**Nepal Health Research Council (NHRC)**  
**Ramshah Path, Kathmandu**

### **A review on status of nurses in Nepal**

Name of interviewer:

Date:

(प्रश्नकर्ताको नाम)

(मिति)

1. Name of respondent:

(जवाफदाहीको नाम)

2. Postion at the council:

(कार्यरत्त संस्थामा पद)

### **Guidelines for key informant interview for Nursing Council**

1. Did the recruitment have met the required number of nursing staff in government and private hospitals?

(के सरकारी र निजी अस्पतालहरुमा आवश्यक संख्यामा नर्सिङ्ग स्टाफहरु रहेको पाइएको छ ?)

2. How many nurses come to the council to make good standing letter or recommendation letter per month?

(मासिक कति नर्सहरु सिफारिश पत्र बनाउन आउछन् ?)

3. Till date what is the total number of nurses who has made the letter?

(अहिलेसम्म कति नर्सले सिफारिश पत्र लिई सकेका छन् ?)

4. What is the total number of registered nurses who have left the country till now?

(परिषद्को अभिलेख अनुसार देश छाडी जाने नर्सहरुको संख्या हालसम्म कति रहेकोछ ?)

5. Why the nurses are moving abroad in your opinion?

(तपाईंको विचारमा नर्सहरु किन देश छोडेर विदेश बाहिरीई रहेका छन् ?)

6. What can be done to retain nurses within the country?

(नर्सहरुलाई आफ्नै देशमा रोकी राख्नका लागि के गर्नु पर्ला ?)

7. How is the condition of nursing profession in Nepal?

(नेपालमा नर्सिङ्ग पेशाको अवस्था कस्तो रहेकोछ ?)

8. Do you think increasing quantity is hampering in the quality If yes, how?

(बढ्दो संख्याले यसको गुणस्तरमा कस्तो प्रभाव परेको छ ?)

9. Do you think that we need to maintain the nursing profession quality?

(नर्सिङ्ग पेशाको गुणस्तर कायम राख्ने सम्बन्धमा परिषद्को धारणा के- कस्तो रहेको छ ?)

10. Is it necessary to strengthen nursing service in Nepal? If yes, what can be done?

(के नर्सिङ्ग सेवालाई बलियो/सबल बनाउन कसरी सकिएला ?)

11. Is there any policy made regarding nursing? If yes, what are contained in the policy? If no, do you think it is necessary?

(नर्सिङ्गका लागि के कस्ता नीति नियमहरु बनेका छन ? यदि छ भने नीतिमा के-के छन् ? यदि छैन भने, नीति बनाउनु जरुरी छ ?)

12. What are the challenges nurses are facing in Nepal?

(नेपालमा नर्सहरुले के-कस्ता चुनौतीहरु बेहोर्नु परेको छ ?)

13. As per your supervision, Nursing-patient ratio has been met or not? If not, what can be done?

(तपाईंको निरीक्षणमा नर्सिङ्ग स्टाफ र विरामीको अनुपात मिलेको छ ? यदि छैन भने, के गर्न सकिन्छ?)

14. Lastly, your opinion or suggestions to improve nursing services.

(अन्त्यमा, नर्सिङ्ग सेवालाई सुधार गर्नका लागि तपाईंको थप सल्लाह सुझाव, केही छन् कि?)



**Nepal Health Research Council (NHRC)**  
**Ramshah Path, Kathmandu**

**A review on status of nurses in Nepal**

**(Guidelines for key informant interview for MOH)**

1. How many nurses are working in government sectors as per your record?
2. Who monitor the fulfillment of posts in government sectors?
3. What can be done if the required number of posts is not fulfilled?
4. How many nurses are working in private sectors as per your record?
5. Who monitor the fulfillment of posts in private sectors?
6. What can be done if the required number of posts is not fulfilled?
7. Did the recruitment have met the required number of nursing staff in government and private hospitals?
8. How is the condition of nursing profession in Nepal?
9. What can be done to retain nurses within the country?
10. What can be done to strengthen the nursing service in Nepal
11. Is there any policy in nursing sector?
12. If not is it necessary to make the policy?
13. What are the challenges nurses are facing in Nepal?
14. As per your supervision, Nursing patient ratio has been met or not? If not what can be done?
15. Lastly, your suggestions to improve the nursing services?

## **Annex – II: List of Nursing Colleges of different levels**

### **II A: PCL Nursing Campuses and their affiliation**

#### **Tribhuwan University (Government Approved)**

<b>S.N.</b>	<b>Name of Institution</b>
1.	Maharajgunj Nursing Campus, Maharajgunj, Kathmandu
2.	Lalitpur Nursing Campus, Lalitpur
3.	Nepalgunj Nursing Campus, Nepalgunj
4.	Pokhara Nursing Campus, Pokhara
5.	Biratnagar Nursing Campus, Biratnagar
6.	Birgunj Nursing Campus, Birgunj

#### **Other Self-Affiliated Universities**

<b>S.N.</b>	<b>Name of Institution</b>	<b>Remarks</b>
1.	B.P Koirala Institute of Health Science, Dharan	BPKIHS
2.	National Academy for Medical Science (Bir Hospital), Kathmandu	NAMS
3.	Dhulikhel Medical Institute, Kavre	KU

## CTEVT Affiliated PCL Nursing Campuses

S.N.	Name of Institution	Remarks
1.	Khwopa Polytecnic School, Liwali, Bhaktapur	40 seats
2.	Shraddha Nursing Campus, Bhaktapur	"
3.	Institute of Medical Technology, Bharatpur, Chitwan	"
4.	Bal Kumari College, Bharatpur, Chitwan	"
5.	College of Medical Science, Bharatpur, Chitwan	"
6.	Seti Mahakali Nursing Campus, Mahendranagar, Kanchanpur	"
7.	Manipal College of Medical Science, Pokhara, Kaski	"
8.	Sushma Koirala Memorial Nursing Campus, Batisputali, Kathmandu	"
9.	Om Health Campus Pvt. Ltd, Kathmandu	"
10.	National Vision Nursing Campus, Bhimsengola	"
11.	Kathmandu Model Hospital Nursing Campus, Kathmandu	"
12.	Phulchoki Nursing Campus, Banepa, Kavre	"
13.	Himalayan Educational Society, Gwarkhu, Lalitpur	"
14.	Madan Memorial Academy, Urlabari, Morang	"
15.	Mayadevi Technical Institute, Butwal, Rupandehi	"
16.	Unique Educational Academy, Rajbiraj, Saptari	"
17.	Tansen Nursing School, Tansen, Palpa	"
18.	Janakpur Nursing Campus, Janakpur, Dhanusha	"
19.	Peoples Multiple Health Institute, Itahari, Sunsari	"
20.	Birat Health College and Research Centre, Biratnagar, Morang	"
21.	The Himal Institute of Health Science, Birgunj, Parsa	"
22.	Vinayak College of Health Science, Gausala, Kathmandu	"
23.	Gunaraj Pathak Memorial Nursing Campus, Baluwatar, Kathmandu	"
24.	Greentara Nursing Campus, Dhapasi, Kathmandu	"
25.	Nepal Institute of Medical Science and Technology, Shantinagar, Kathmandu	"
26.	Pokhara Technical Health Multipurpose Institute, Pokhara, Kaski	"
27.	Nepal Institute of Health Science, Boudha, Kathmandu	"
28.	Chakrabarti Habi Education Academy, Pvt. Ltd. Madhyapur, Bhaktapur	"
29.	Nepalgunj Nursing Campus, Nepalgunj,(Managed	"

	by Lord Buddha)	
30.	Kathmandu Institute of Technical Science, Kamaladi, Kathmandu	"
31.	Alka Hospital, Jawalakhel, Lalitpur	20 Seats
32.	Amda Hospital, Damak, Jhapa	40 Seats
33.	Chitwan Hospital and Health Foundation Research Centre, Chitwan, Narayani	"
34.	Janaki Medical College, Janakpur, Dhanusha	"
35.	Life Line Hospital, Damak, Jhapa	20 Seats
36.	National Medical College, Birgunj, Parsa	40 Seats
37.	Nepal Health Care Co-operative (Manmohan Memorial), Lainchaur, Kathmandu	"
38.	NPI Narayani Samudayik Hospital and Research Center, Chitwan, Narayani	"
39.	Tshorolpa Hospital Nursing College, Charikot, Dolakha	"
40.	Kathmandu Hospital Nursing Campus, Kathmandu	"
41.	Charak Hospital, Pokhara	"
42.	Padma Nursing Home, Kaski, Pokhara	"
43.	Lumbini Medical College, Tansen, Palpa	"



**II B: B.Sc. Nursing Campus and their affiliation**

<b>S.N.</b>	<b>Name of Institution</b>	<b>Affiliated to</b>
1	Nursing Campus Maharajgunj, Maharajgunj, Kathmandu	T.U.
2.	Dhulikhel Medical Institute, Dhulikhel, Kavre	K.U.
3.	Scheer Memorial Nursing College, Banepa, Kavre	K.U.
4.	Kathmandu Medical College, Sinamangal, Kathmandu	K.U.
5.	B.P. Koirala Institute of Health Science,Dharan	BPKIHS
6.	Sanjeevani Nursing College, Rupandehi, Lumbini	P.U.
7.	Om Health Campus, Chabahil, Kathmandu	P.U.
8.	Himalayan Open Hope International College, Satdobato	P.U.
9.	Nepal Institute of Health Science, Bouddha	P.U.
10.	Manmohan Memorial Institute of Health Science, Nakkhu	P.U.
11.	SANN Institute of NursingCampus,Baluwatar	P.U.

**II C: B.N. Nursing Campus and their affiliation**

<b>S.N.</b>	<b>Name of Institution</b>	<b>Affiliated to</b>
1.	Nursing Campus Maharajgunj, Maharajgunj	T.U.
2.	Lalitpur Nursing Campus, Sanepa, Lalitpur	T.U.
3.	Nursing Campus Pokhara, Pokhara, Kaski	T.U.
4.	National Academy for Medical Sciences(NAMS), Mahaboudha, Kathmandu	NAMS
5.	Manmohan Memorial Institute of Health Science, Nakkhu	P.U.
6.	Om Health Campus, Chabahil	P.U.
7.	B & B Medical Institute,Gwarko, Lalitpur	P.U.
8.	Nepal Institute of Health Science (NIHS) , Boudha	P.U.
9.	Asian Foundation for Education and Research, Gwarko, Lalitpur	P.U.
10.	Koshi Health Institute, Biratnagar, Morang	P.U.
11.	Kathmandu Model Hospital School of Nursing, Thulobharayang	P.U.
12.	Chitwan School of Medical Science, Bharatpur, Chitwan	T.U.
13.	Innovative Nursing College, Sifal	P.U.

### Annex – III: CTEVT Affiliated Private Training Institute

S.N.	District	Institute	Program
1	Baglung	Baglung Technical Institute	ANM-40
2	Bhaktapur	Bhaktapur Technical Training, Center, Balkot	ANM-40
3	Dang	Rapti Health Institute, Ghorahi	ANM-40
4	Dhankuta	Dhankuta Institute of Health Science, Dhankuta-6	ANM-40
5	Jhapa	AMDA Health Manpower Development Program, Damak, Jhapa	ANM-40
6	Jhapa	Mechi Technical Health Education Training Institute, Birtamod.	ANM-40
7	Kanchanpur	Institute of Community Health, ANM Training Center, Mahendranagar.	ANM-40
8	Kaski	Innovative Development Education Academy, Newroad, Pokhara.	ANM-40
9	Kathmandu	Human Resource Development Institute, Bijulibazar, (P.O.B. No. 3154)	ANM-40
10	Kathmandu	Om Health Campus, Chabahil.	ANM-40
11	Kavre	Kavre Health Training Institute, Banepa, (P.O.B. No.10726)	ANM-40
12	Lalitpur	Lalitpur Polytecnic Institute, Kumaripati.	ANM-40
13	Makawanpur	Makawanpur Technical Institute, Hetauda.	ANM-40
14	Morang	Sagarmatha Technical Institute, Biratnagar.	ANM-40
15	Morang	Madan Memorial Academy, Umlabari.	ANM-40
16	Morang	Koshi Health Institute, Biratnagar.	ANM-40
17	Morang	Krishna Prasad Sewa Gutthi, Vocational Training Center, Jahadha, Sisheani.	ANM-40
18	Okhaldhunga	Himalayan Paramedical Shixalay, Okhaldhunga.	ANM-40
19	Rupandehi	Lumbini Institute Technical Science, Butwal.	ANM-40
20	Sunsari	Sunsari Technical School, Putalibazar, Dharan.	ANM-40
21	Sunsari	Health Training School, Itahari, Sunsari.	ANM-40
22	Nawalparasi	Kumari ANM Training Center, Kawasoti.	ANM-40

23	Solukhumbu	Solukhumbu Technical School, Saleri.	ANM-40
24	Sindhuli	Technical Training Center, Sindhuli.	ANM-25
25	Jumla	Karnali Technical School, Jumla.	ANM-30
26	Dipayal	Seti Technical School,	ANM-30
27	Jiri	Jiri Technical School	ANM-30
28	Banke	Sushma Koirala Memorial Trust, Nepalgunj.	ANM-40
29	Chitwan	Balkumari College, Narayangadh.	ANM-40
30	Chitwan	Nepal Polytechnic Institute, Bhojad.	ANM-40
31	Dhanusha	Institute of Health Research Development, Janakpurdham.	ANM-40
32	Gulmi	Tamghas Technical School, Tanghas.	ANM-40
33	Kailali	Integrated Community Development Center, Dhangadhi.	ANM-40
34	Kapilvastu	Kapilvastu Technical Institute, Banganga.	ANM-40
35	Tanahun	Gandaki Technical Institute, Gandaki.	ANM-40
36	Udaypur	Modern Institute of Health, Gaighat.	ANM-40
37	Siraha	Dr. Yogendra Thakur Education Academy, Lahan.	ANM-40
38	Palpa	Palpa Technical Institute, Tansen.	ANM-40
39	Palpa	Siddhartha Institute of Medical Technology, Tansen.	ANM-40
40	Parsa	Divine Institute of Health Training, Birgunj.	ANM-40
41	Rupandehi	Siddhartha Medical Institute, Siddharthanagar, Bhairahawa.	ANM-40

## ***Annex -IV***

### **MoHP को शाखाको कार्य निर्देशिका**

#### **नर्सिङ्ग सेवा शाखा -४३**

- १) नर्सिङ्ग सेवाका जनशक्तिको प्रक्षेपण, माग र आपुत्ति योजना ।
- २) नर्सिङ्ग सेवाको स्तर निर्धारण, जनशक्ति परिचालन सेवा शर्त सुविधा सम्बन्धमा आवश्यक अध्ययन अनुसन्धान तथा विश्लेषण ।
- ३) नर्सिङ्ग सेवाको स्तरवृद्धि योजना, तालिम, उत्प्रेरणा तथा वृत्ति विकास योजना तर्जुमा ।
- ४) विभिन्न अस्पताल र स्वास्थ्य संस्थाहरुमा नर्सिङ्ग सेवाको स्थिती निरीक्षण अनुगमन गरी आवश्यक माग निर्देशन गर्ने ।
- ५) नर्सिङ्ग कर्मचारी परिचालन सम्बन्धमा समन्वयात्मक कार्यहरु ।

(नोट : २०५९ वि.स. मा बनाएको चिकित्सा सेवा महाशाखा (४०) मा नै integrated रुपमा नर्सिङ्ग को पनि बनाईएको थियो । )