BMJ

BMJ 2013;346:f4024 doi: 10.1136/bmj.f4024 (Published 25 June 2013)

FEATURE

WORKFORCE PLANNING

Why is India short of nurses and what can we do about it?

They're underpaid, overworked, and exploited, says **Soumyadeep Bhaumik**, but is there any enthusiasm to improve nurses' pay and conditions?

Soumyadeep Bhaumik *medical doctor, independent researcher, and freelance writer, Kolkata, India*

Nurses have been described as the "sheet-anchor" in India's health system that aims to provide primary healthcare to all citizens irrespective of ability to pay.[1] But India's urgent need for healthcare reform is constrained by shortages of health workers at all levels.[2] Although shortages of doctors are often discussed, shortages in nursing tend not to get the same airtime. The quality of services that nurses provide as well as their status, pay, and working conditions also need immediate attention.

A massive change in thinking is needed from "the current physician centric healthcare approach wherein the huge contributions and critical role of nurses and other allied health professionals are seen as sheer auxiliary inputs," Raman V R, principal fellow at the health governance hub of the Public Health Foundation of India (PHFI), told the *BMJ*.

Quantifying the problem

India has an average of one nurse for every 2500 residents, compared with one for every 150-200 in richer countries.[3] The union health minister, Ghulam Nabi Azad, recently said that the Planning Commission had projected a deficit of 955 000 nurses by 2012 of which 200 000-300 000 would be in the government facilities.[4]

Mercy John, principal at the School of Nursing, Christian Hospital, Bissamcuttack, Odisha, said that it is not clear whether these numbers include registered and unregistered nurses, and those who are registered but unemployed, because until recently live registers did not exist. In February 2013, however, the non-governmental organisation Family Health International, the ministry, and the Indian Nursing Council launched a database of all nurses.[5]

India has various educational programmes that train different types of nurse—the public health nurse or auxiliary nurse midwife (ANM), the do it all general nurse and midwife (GNM), and academic nurses with bachelors and higher degrees.

Because each cadre has different training and work functions it might be unfair to consider them together. "Generalisation skews the picture. The ANMs form the large numbers but are a totally different subset from the rest," John Oomen, head of the community health department at the Christian Hospital, Bissamcuttack, commented.

Data from the Indian Nursing Council of nursing positions in government and private institutions include 46 719 ANMs, 109 224 GNMs, 102 900 nursing graduates, and 10 026 postgraduate nurses.[6]

Quoting estimates by the Planning Commission's high level expert group, Raman V R said that India needs 832 178 ANMs and 1 616 227 general nurses, including GNMs and graduate nurses, in the public sector to meet World Health Organization recommendations.[7]

Skews in distribution

South India has 52% of the country's nursing schools. The north, west, east, and north east have 31%, 8%, 7%, and 2% of schools.[8] But the paradox, as Raman V R explained, is that "the states that do well have more advanced and developed economies; the most needy states are resource constrained with challenging work conditions."

Further inequity exists, with nurses under-represented in rural clinics. "Those clients who reach hospital may get care. For the public at large, services that require a nurse do not happen or get compromised, such as awareness of health or public health programmes, immunisation, safe deliveries, antenatal checks, data collection, and so on," Mercy John told the *BMJ*.

Bonded labourers?

Nurses are usually employed on contracts that lack job security and scope for career improvement. "There is no regular recruitment by state governments," Rafath Razia, professor and deputy director of nursing at the government of Andhra Pradesh, said. "The recruitment system is demoralising. Every year many nurses leave the country for employment as they don't get jobs in India and the pay packages are better."

soumyadeepbhaumik@rediffmail.com

For personal use only: See rights and reprints http://www.bmj.com/permissions Subscribe: http://www.bmj.com/subscribe

The All-Odisha Contractual Nurses' Association protested in July 2012 to demand more pay and permanent posts for nurses on contracts. Most nurses at the S C B Medical College and Hospital in Cuttack, one of the big hospitals in the state, for example, worked on a contractual basis and for pay as low as 5200 rupees a month (£62; €73; $95).[9]

The picture is similar nationwide. For example, the Government Multi Specialty Hospital Sector 16 in Chandigarh did not pay nurses regularly.[10] And at Bangalore Medical College and Research Institute, hospital authorities have said that they can terminate nurses' services "at any time," and they used nursing students as free labour when nurses there went on strike.[11]

With nurses working as long as 12 hours a day, "nurses are often underpaid, overworked, and exploited" in the private sector also, Raman Kataria, a community doctor and one of the founding members of Jan Swasthya Sahyog, a people's health support group at Bilaspur, Chhattisgarh, told the *BMJ*. Though private patients pay a premium and expect better care and services, most of the private sector employs unqualified nurses and pays them poorly.

"The larger or corporate hospitals provide a poor work environment where nurses serve as mere appendages to the physicians," Yogesh Jain, a public health physician working for Jan Swasthya Sahyog, said.

Poor labour laws

John also told the *BMJ*, "There are many [private] hospitals which take the original certificates of the nurses on appointment. Then they are asked to sign that they will stay for a period of two years, say. Since the documents are retained by the employer, they are unable to leave, and further they have to accept whatever they are paid."

Such exploitation is possible because of poor labour laws and poor compliance by big private companies—and of course there is the gender bias. Nurses tend to be women of middle and lower socioeconomic background, according to the Centre for Trade and Development.[12]

"Their compromised ability to negotiate their rights in the workplace are linked to their subordination to doctors, and eventually to underlying social structures of patriarchy, and class, community, and caste hierarchy that deeply influence Indian society," said Kabir Sheikh, senior scientist and director of the health governance hub of PHFI, a hypothesis supported by a review of nurses' status.[13] The review also noted, "Women are not expected to be working for a livelihood, and when women are seen to be working, it is assumed that they are doing it out of extreme necessity."[13] Someone in "extreme necessity" will take anything their employer offers, the argument goes.

"The physician-run private hospital environment as well as physician-dominated societal environment helps to protect the interests of physicians; nurses pay the cost of this," added Raman V R.

Economic supply and demand

The law of supply and demand dictates that greater scarcity in supply and a consequent increase in demand will automatically lead to higher prices. But this basic economic concept strangely seems not to apply when it comes to nurses' wages. As the demand-supply gap widens, and inflation soars, nurses' salaries remain little better than static in government and private sectors.

Pay scales vary widely between public and private sector institutions and also within the private sector. The Centre for Trade and Development report noted, "Nurses who are working in the government hospitals get a fixed scale of pay and other allowances, while those who are working in the private hospitals draw comparatively meagre amounts as salary . . . those who are working in private hospitals are earning in the range of 5000-10 000 rupees a month whereas a beginner in the state service gets around 8000 rupees plus allowance."[12] However, some nurses in the private and non-profit sectors earn much lower rates.

The report also did not consider the huge difference in workload between the two sectors. Government health systems are perpetually understaffed and the patient load is often twice the official capacity; patient load in private hospitals is comparatively lower.

Minimum wage

Kerala, the state with the best health indicators, in 2012 formed an expert committee under S Balaraman to look at working conditions for private sector nurses. The committee recommended a fixed minimum wage of 12 900 rupees a month and correlating salaries with considerations of work experience.[14] However, the Indian Nurses Association, a trade union comprising several nursing associations, claims that Kerala has chosen the "management pleasing" recommendations of the industrial relations committee, which said that there is "no provision for salary hike based on the experience of nurses or yearly increments."

"Now and then nurses agitate, but there are few changes and very little increase in pay scales. There is no uniformity among states. Central pay structures are good but how many posts are filled is questionable. Most nursing homes do not appoint trained nurses, they fool the public with untrained girls and boys. Fortunately, in some states the authorities are becoming stricter and ask nursing homes to employ registered nurses," Usha Ukande, principal of Choithram College of Nursing, Indore, and president of the Nursing Research Society of India, commented.

Sheikh told the *BMJ* that nurses have low decision making power in health policy and planning. "Existing regulations are inadequate and regulatory bodies function poorly, suffering from jurisdictional ambiguity and in some instances [the influence of] private interests."

Competing interests: I have read and understood the BMJ Group policy on declaration of interests and declare that I have no relevant conflict of interest to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Press Information Bureau. Nurses are the sheet anchor of our total health care delivery system: Dr. Ramadoss. 11 September, 2007. http://pib.nic.in/newsite/erelease.aspx?relid=31161.
2 Ministry of Health and Family Welfare: Report of the national commission on macroeconomics and health. New Delhi: Government of India; 2005. www.who.int/macrohealth/action/Report%20of%20the%20National%20Commission.pdf.
3 Evans C, Razia R, Cook E. Building nurse education capacity in India: insights from a faculty developmentprogramme in Andhra Pradesh. *BMC Nursing* 2013;12:8. www.biomedcentral.com/1472-6955/12/8.
4 Press Information Bureau. Shortage of trained nurses. May 7 2013. http://pib.nic.in/newsite/erelease.aspx?relid=95690.
5 Government of India, Ministry of Health and Family Welfare. National workshop on introduction to the National Human Resource Management Information System. 14-15 February, 2013. http://www.peopleforhealth.in/pdf/NationalNursingHRMISworkshopreport.pdf.
6 Indian Nursing Council. State-wise distribution of nursing institutions and the Admission Capacity 2012 as on 31st October 2012. www.indiannursingcouncil.org/pdf/31-Oct-2012.pdf.
7 Planning Commission of India. High level expert group report on universal health coverage for India. 2011. http://planningcommission.gov.in/reports/genrep/rep_uhc0812.pdf.

For personal use only: See rights and reprints http://www.bmj.com/permissions Subscribe: http://www.bmj.com/subscribe

8 Bagga R, Tiwari R, Jaiswal V, Abraham A. Study on nursing and midwifery in india: a critical review. National Institute of Health and Family Welfare. 22 November, 2012. http://planningcommission.gov.in/data/ngo/csw/csw_nurse.pdf.

9 *Telegraph (India)* . Protest affects health service. *Telegraph (India)* 16 July, 2012. www.telegraphindia.com/1120716/jsp/odisha/story_15732049.jsp#.UYyk1qI9Hng.

10 Express news service .Contractual nurses at GMSH-16 protest delay in payment of salary. *Indian Express* 1 November, 2012. www.indianexpress.com/news/contractual-nurses-at-gmsh16-protest-delay-in-payment-of-salary/1024975/#sthash.717GzvlL.dpuf_.

11 Express news service. Contract nurses out, 12K vie for permanent posts. *New Indian Express* 19 February, 2013. http://newindianexpress.com/cities/bangalore/article1470240.ece.

12 Issac A, Syam N. Migration of health care professionals from India a case study of nurses. Centre for Trade and Development. 2009. www.centad.org/download/Final_Migration_Report.pdf.

13 Nair S, Healey M. A profession on the margins: status issues in Indian nursing. Centre for Women's Development Studies. www.cwds.ac.in/ocpaper/profession_on_the_margins.pdf.

14 TNN News. Nurses to protest against revised pay package. *Times of India* . 30 April, 2013. http://timesofindia.indiatimes.com/city/kochi/Nurses-to-protest-against-revised-pay-package/articleshow/19792688.cms.

Cite this as: *BMJ* 2013;346:f4024

© BMJ Publishing Group Ltd 2013