Social Accountability and Nursing Education in Kerala

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ABSTRACT

Introduction: Health care education globally emphasis on community engagement activities and family health care.

Objective: This paper explores key informants' perspectives on social accountability and nursing education in Kerala.

Methods: A qualitative exploratory research was done among key informants from three zones of Kerala state, north, central and south zone respectively. Using a snowballing sampling technique, 60 participants were selected purposively on the basis of their expertise or knowledge of the research area to conduct in-depth interviews followed by 10 focus group discussions among nurse educators and students. The interviews were analysed using thematic analysis. Focus group discussions helped to explore controversial issues.

Results: Main themes derived were (1) Inadequate experience in curriculum, (2) Students selection (3) lack of capacity building (4) Shortfall in community participation (5) Lack of community oriented programmes and (6) Career opportunity. Key informants criticized the following: the inertia observed among the faculty, lack of autonomy, outdated curricula and lack of preparedness of nurse educators and nursing students based on health needs.

Conclusion: Social accountability is an important component for community engagement, and attention to be paid to incorporate a responsive curricula, faculty preparedness, and appropriate student recruitment by open and effective communication with communities.

Key words: Social accountability, nursing education in Kerala.

INTRODUCTION

World Health Organization has provided the toolkit for transformative health workforce education and India also signed up in the World Health Assembly resolution. [1] Transformative education is defined as the sustainable expansion and reform of professionals' education and training of health professionals which in turn leads to strengthening of country health systems and improvement of population health outcomes. We need to identify the characteristics of a good education system and must focus on what we would like the education system to produce in terms of graduates' skills. [2] Along with this students should be motivated to take responsibility for their learning. Their education and training should respond to society's needs. All elements of their education should relate to the context of community. [3] Bringing qualified health workers to rural, remote, and underserved areas is very challenging and if we succeed in the task, the public health needs can be met. [4]

World Health Organization (WHO) defines the social accountability as: 'the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region, or nation to whom they have a mandate to serve. WHO introduced the underpinning values for social accountability were relevance, quality, cost effectiveness and equity [5] However social accountability in nursing can be attained

through providing high quality and evidence-based health care amenities in all levels of prevention, exclusively primary prevention. Also, these services should be equally available for all members of the society, especially vulnerable groups and finally the client satisfaction should be continuously evaluated. [5,6]

This paper explores the key informants' perspectives on social accountability and nursing education in Kerala.

METHODS

The qualitative exploratory study was done to explore the perspectives regarding the social accountability and nursing education in Kerala state. The participants were nurse administrators, nurse educators, post graduate students, and graduate students of selected nursing educational institutions in Kerala. The setting permission from Kerala nurses and midwives council and ethical approval by the Human Research Ethics Committee of Government nursing college Thiruvananthapuram, Kerala were attained. All participants were given an information sheet and informed written consent was obtained. Using a snowballing sampling technique, 60 informants were selected purposively. In-depth interviews were conducted with the key informants, using an interview guide developed specifically for the study by the research team and an advisory committee. Participants from three zones of Kerala were approached over phone and willingness was obtained. An appointment was set up for an interview at their work place and time convenient for the informant. Interviews were conducted in English and Malayalam. Interviewer used probes to clarify responses and to obtain more detailed information. Data collection extended from November 2015 and April 2016. Each key informant interview lasted about one hour, although the duration varied in some cases depending on the responses by informants. Interviews were recorded by an audio recorder, and also took detailed

memos during the interview. The recorded interviews were transcribed with verbatim. Data cleaning took 3 months and consisted of an iterative process of checking the transcribed interviews against the original recordings, correcting the text, checking the recordings again, and making final corrections. Prior to analysis, an audit of key informants was done, and each key informant was allocated a code number to ensure confidentiality of information. The coded interviews were consolidated and the thematic analysis was done.

RESULTS

Majority of the participants were females (94%) and were nurse administrators with more than 20 years (21%) of teaching experience. The results that emerged from the key informant interviews are presented according to the derived six themes(1) Inadequate experience in curriculum, (2) Students selection (3) lack of capacity building (4) Shortfall in community participation (5) Lack of community oriented programmes and (6) Career opportunity

Inadequate experience in curriculum

Majority of the key informants were of the opinion that nursing curricula need revisions and they are unresponsive to changes. These stated curricular problems were worsened by the perception of the lack of skills among newly trained graduates, with many key informants indicating the skill gaps. These missing skills include wide theory- practice gap, inadequate social skills, lack of resourcefulness, and lack of experience to work independently in community settings.

Some of the students opined problems related to practical training, which included an insufficient number of good-quality practical training facilities, coordination of practical placements, and insufficient resources.

"One key informant said: If I think back of our educational programmes, by the time when we were fourth-year students we would be given an area in the community to

identify the problems of a community followed by discussion with health team in PHC's and together we decide on the arrangements of camps and health education in community settings. But even now things have not changed far… still the same continues……may be inertia………" (Nurse Administrator 18)

"Another key informant was concerned of the quality of the curriculum implementation. Some nurse educators who have not kept abreast of the practice environment, makes it difficult for their students to execute nursing responsibilities in hospitals. Self-motivation is also required for knowledge updating, but the institution must promote the dual responsibility of faculty in classroom and clinical setting" (Nurse Administrator 2)

Many students added that it's better to have a community acquired area for practice from first year to fourth year as this will help to have an enabling environment and acceptance in community (FGD students)

Students' selection

Key informants were worried about the problems of selection and suitability of applicants for entry into nursing and lack of alignment between nursing training and the service or work environment.

Almost all the nurse educators have the opinion of a common entrance exam for selection of students to nursing profession and addressed the need for an aptitude component to that. It's better to conduct a personal interview to know the students' interest to this profession and entrance mode of selection is essential (FGD Nurse educators)

Meanwhile one administrator mentioned that "as the students were not undergoing a common entrance examination, a marked rural distribution is seen among the students joining the course and most of them were from lower socioeconomic status. Steps to be necessitated for their service which has to be utilized for meeting the needs of rural areas"

Majority of the students addressed the concern that, to work in a community setting what all essential skills required for a graduate nurse…….. and suggested for revising the outdated procedures in bag technique (FGD Students)

Lack of capacity building

Majority conveyed about the lack of effective nurse leaders, poor utilization of nurses in community health sector and poor wages and salary benefits

"One key Policy makers commented that it is essential to reduce the pressure on professional's nurse's time and must focus on community engagement activities to gain social acceptance. This method of service to public itself will act as an education campaigns to attract bright young people to this profession" (Nurse Administrator 9)

Majority of the stakeholders commented the lack of social acceptance with the nursing profession, old mindsets still persist and there is definitely poor public perception of nursing profession, and as such, they are grossly underrated as a professional. Absence of nurse politicians to formulate policies and legislations related to nursing profession is also an issue to be considered. (Interviews and FGD)

Shortfall in community participation

Majority of the participants commented on the need to orient themselves to social accountability, by means of the authentic needs of the society.

Nurse educators commented on the lack of visibility of nurses' contribution in health care delivery and highlighted the shortage of prominent nurse leaders /educators

Few of the nursing faculty also opined the lack of autonomy to work in community engagement activity. (Interviews and FGD)

Majority of the students commented on the poor media representation, which is not truly reflective of current practice. This paved way to lack of public confidence and poor perception of nursing professionals. (Interviews and FGD)

Lack of community oriented programmes

Majority of the key informants addressed the lack of community oriented

programmes. As the rigid time schedule prevents further innovations it's hard to incorporate additional programs and almost all the institutions implements curriculum as per the stipulated syllabus.

But even in the midst *one key informant addressed their successful implementation of radio programs covering health education and celebration of health days (Nurse Administrator 10)*

Career opportunity

Majority of the stakeholders demanded for a salary package for staff nurses who work in private sector and the involvement of policy makers in this regard. Most of them were concerned about the resistance from other health disciplines with regard to the implementation of Community Health officer post for graduate nurses which was already implemented in other states of India. *PG students were addressing their lack of job opportunity and the poor salary structure in Kerala and also they requested for a pay scale based on the education and years of experience.*

UG students pointed the lack of career oriented training and the lack of attainment of competency among them even after the program. They also requested for a finishing course exclusively for core competency and skill acquisition.

Almost all the key informants were of the opinion that the values of students were deteriorating as compared with those of the older generation and that the new generation was less caring and less committed to stay in nursing.

DISCUSSION

In Kerala, the Kerala Nurses and Midwives council is regulatory body which certifies the professionals passing out from the state. The human resource of nurses available inside the state may be close to 1.75 lakhs who were registered in the last eight years in the council and it's time to assess the effective utilisation of these graduates. (Kerala nurses and midwives council status report)

The present study explored the informants view on rigid curriculum which was the most addressed area. Similar comment was also mentioned in the National Health Systems Resource Centre (NHSRC) and National health mission report in 2017. This necessitates flexibility and adaptability in the curriculum. However, the INC is rigid regarding the curriculum and does not provide flexibility to states to supplement or adapt the curriculum according to state specific needs. The states should be provided the opportunity to add further study topics after appropriate permission from INC.

In the study effective selection of students and capacity building were suggested by informants. Similar study result was seen a review article, [7] efficient production of nurses with relevant competencies remains a critical role of nursing education. Improvements in nursing and midwifery education are recognized as essential in increasing workforce numbers and enhancing the quality of health care and health systems. Same review explained the measures for scaling up with six themes which includes curricular reforms, professional regulation, transformative teaching strategies, collaboration and partnership, capacity building and infrastructure and resources.

Another area identified is the lack of community oriented programs to do the need assessment and community exploration. The Centre for Research and Education in Social Transformation (CREST), [8] in Kozhikode, Kerala has evolved a programme whose pedagogies include the following: participative learning, interactive learning processes, real life experiential learning, activity based classrooms, learning through fun by using relevant games and simulative learning through role plays, skits and theatrical methods. These strategies can be incorporated to health science education with better scope for community engagement.

Another mentioned theme is lack of career opportunity and poor salary package. Reviews by Sharafkhani and Bvumbwe [7,9] and NHSRC 2017 report also addressed the same issue. Even though all speak of leadership in nursing, the reality is deeply worrying. Nurses are the largest group in the global healthcare providers available. They occupy a special position as the liaison between the health system and the community, and they see, hear and know how policy and politics affects patients and communities. [10]

Recommendations

In the light of the above findings, it was found that there exist a need to encourage the adaptation of standards and norms that reflect social accountability. Once it's mandatory and specified in the curriculum all the educational institutions can follow a pattern and it can be measured and rewarded for their real capacity to meet the pressing health care needs of society

CONCLUSION

Community engagement programs helps to ensure that the curriculum is responsive to the needs of the community and that students are technically competent and graduate with the values. This transition provides a window of opportunity to address some of the issues that have troubled nursing education, while embracing the concept of social accountability.

Conflict of Interest

The authors declare that, they have no competing interest.

Funding

Quality criteria of the study

In current study, credibility was established through prolonged engagement with participants, member checking, peer debriefing and review of data analysis with colleagues. For dependability, renewed coding of the text was carried out by colleagues who had experience in coding qualitative data.

Ethical consideration

This research was carried out after getting ethical approval from Ethics Committee of Government college of Nursing, Thiruvananthapuram

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