



PEOPLE TO PEOPLE AMBASSADOR PROGRAMS JOURNAL OF PROFESSIONAL PROCEEDINGS

Nurse Executives
Delegation to India

Pamela T. Rudisill & Pamela A. Thompson
Delegation Leaders

September 12-20, 2010

PROFESSIONAL JOURNAL

2010 Nurse Executives Delegation to India

Travel Dates: September 12-21, 2010

Date: November 12 - 21, 2010

City: Delhi, Jaipur and Agra India

Your name: Alyse Kittner

Delegation Leaders: Pam Thompson and Pam Rudisill

On September 12, 2010 delegates from the American Organization of Nurse Executives (AONE) and their guests embarked on a trip halfway around the world to meet with nurse leaders in India through the People to People Citizen Ambassador Program. AONE president, Pamela Rudisill, MSN, RN, MEd, NEA-BC, and AONE chief executive officer (CEO), Pamela Thompson, MS, RN, CENP, FAAN, led the delegation's meetings with counterparts in Delhi, Jaipur and Agra. The trip was filled with dialogue about health care and nursing leadership in the United States (U.S.) and in India. The most intriguing aspects of our meetings were not the differences in our processes, but the similarities in our struggles, successes and views on the future role of the nurse leader in health care.

Located in south Asia, on a peninsula extending into the Indian Ocean, India is a little more than one-third the size of the U.S. Surpassed only by China, it is the second most populated country in the world with an estimated population of 1.3 billion people—increasing at two percent annually (Office of the Registrar General and Census Commissioner, 2010). This projected population increase is due in part to a decline in infant mortality, the result of better health care facilities and the government's emphasis on eradicating diseases such as hepatitis and polio among infants. In addition, life expectancy is rapidly approaching the levels of the western world (World Health Organization, 2010). Nearly three quarters of the population lives in rural areas. An estimated 27 percent of Indians live below the national poverty line. More than 300 million people in India live on less than a dollar a day and more than 50 percent of all children there are malnourished (The World Bank Group, 2010).

Date: September 14, 2010

City: New Delhi

Fortis Nursing Forum—similar issues and solutions

The first professional meeting of our trip was in New Delhi where our delegation met with nurse leaders and other staff members from the **Fortis Nursing Forum**. Led by Fortis Healthcare System chief nursing officer, Ms. Thankam Gomez, BSN, the Fortis Nursing Forum is a collection of nursing directors and educators who meet quarterly to share their experiences and create standardization throughout the system. Fortis Healthcare System is the second largest health care provider in India with a network of 48 hospitals, satellite centers and heart command centers. The system employs 5,420 nurses at almost 20 facilities.



Open dialogue between the Forum and AONE delegation immediately went to the issue of workforce—specifically ways to retain nurses. The delegates also discussed and agreed that recognizing staff members is an easy and universal way to show appreciation for hard work. AONE delegates and Forum participants commented on the power of small, immediate forms of recognition.

All agreed that a personal thank you card or simply saying “nice job” can go very far. Members of the Forum also shared with our group the details of a quarterly review process they developed to show the organization’s investment in the continued development of each staff nurse. At the end of the program, a complimentary AONE membership was given to Ms Gomez.

Later in the trip, Forum member Ms. Yachna Jacob, a clinical instructor at Fortis Healthcare System gave a presentation about nurse/physician relations and opened with a quote from Florence Nightingale: “No man, not even a doctor, ever gives any other definition of what a nurse should be than this - 'devoted and obedient.' This definition would do just as well for a porter. It might even do for a horse.” This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman.” From Florence Nightingale, to India, to the U.S., the relationship between nurses and physicians plays a pivotal role in the care of the patient. Fortis Healthcare System recognized this and developed education programs for both nurses and physicians to promote healthy and constant communication. Ms. Jacob noted that good relationships between nurses and physicians are critical to the effective teamwork required in successful health care organizations.

As new processes and solutions to old issues were discussed, it was clear that both the AONE delegation and the Fortis Nursing Forum recognize the balancing act required in health care. It is a universal truth that no matter the challenge, as nurse leaders it is up to us to ensure the resolution of issues without any negative impact on patient care.

Memorials for the leaders of India

The delegation was able to enjoy the powerful simplicity of Mohandas Karamchand Gandhi’s memorial later in the afternoon. Gandhi led the nonviolent resistance during the Indian independence movement in the 1920’s. After assuming leadership of the Indian National Congress in 1921, Gandhi initiated nationwide campaigns to ease poverty, expand women's rights, build religious and ethnic amity, end untouchability and increase economic self-reliance. Gandhi earnestly believed that a person involved in public service should lead a simple life by giving up unnecessary expenditure and embracing a simple lifestyle. Through his example of nonviolence resistance, Gandhi influenced important leaders including Martin Luther King Jr., and anti-apartheid activist and former President of South Africa, Nelson Mandela.

We finished the afternoon with a visit to the India Gate. Located in the heart of New Delhi, the India Gate is a memorial built by the British to honor the fallen India soldiers from World War One. This striking

monument is based on the Arch de Triumph in Paris. The name of each of the fallen soldiers is carved into the stone.

Date: September 15, 2010

City: New Delhi

Maulana Azad Medical College—the issues of developed and developing nations

The delegation began the day at **Maulana Azad Medical College** in New Delhi, where we met with Dr. Suneela Garg, professor of the department of community medicine, as well as her colleagues and students. First-year post graduate resident Dr. Akash Malik and the delegation discussed the specific commonalties and differences between health care in the U.S. and India.

Dr. Malik presentation noted that India faces the problems of both developed and developing countries due to the large population and its forecasted continuing growth. According to the World Health Organization (World Health Organization, 2010), India suffers from high levels of diseases including dengue fever, malaria, tuberculosis and polio. Clean water supply, high pollution levels and sanitation in India continue to be a major challenge to the country's government. Less than 30 percent of Indians use improved sanitation facilities and the largest portion of health care investment in the country is allocated to infectious disease prevention.

Population location is also an issue as 71 percent of Indians live in rural areas while 73 percent of doctors live and work in India's urban areas. Because of this arrangement, the majority of the population living in rural areas has little or no access to advanced health care. However, health care in urban areas doesn't fare much better due to limited resources that lead to severe overcrowding in hospitals.

Similar to the U.S., the financing of health care in India is another common problem. India has a universal health care system run by the constituent states and territories of India. Government hospitals provide treatment at taxpayer expense. The public and private health insurance sectors have seen growth in recent years and are expected to experience continued, if not accelerated, growth in the near future. However, as in the U.S., Indian citizens cite too many exclusions and unaffordable premiums as the biggest hurdles to purchasing insurance (Boston Analytics, 2009).

While at the college, we also met with Mr. T. Dileep Kumar, nursing advisor, Ministry of Health and Family Welfare and president of the Indian Nursing Council (INC). The INC is a regulatory body for nurses and nursing education in India. The core work of the INC is to establish and monitor a uniform standard of nursing education for the nurse midwife, auxiliary nurse midwives and health visitors and to recognize the qualifications for the purpose of registration and employment in India and abroad. The INC sets standards for a consistent syllabus in all government schools of nursing, similar to the American Association of Colleges of Nursing (AACN) "Essentials Series" in the U.S.

According to the INC, India holds the top position for the number of medical and nursing colleges in the world with 303 and 3,904, respectively (Indian Nursing Council, 2009). Yet, despite having less than half the number of medical colleges India has, the U.S. has more doctors. Migration of health care professionals to western countries is a significant concern for India. Countries like the United Kingdom and the U.S. recruit doctors from other countries including India. Similarly there is demand for nurses abroad and many Indian nurses head to the west for attractive salaries. INC is in the process of generating better professional opportunities to entice Indian health care professionals to stay in India or to return home from working in other countries.

Medanta Medicity—a new facility with a great mission and vision



Our next stop was Gurgaon, a bustling town in the national capital region. It is here that Dr. Naresh Trehan, an eminent cardiac surgeon recently opened **Medanta Medicity**, one of India's largest multi-specialty institutions. As chairman and managing director, Dr. Trehan modeled Medicity after esteemed U.S. institutions that achieved high medical care standards through clinical research, education and training such as the Mayo Clinic in Rochester, Minnesota and the

Cleveland Clinic in Cleveland, Ohio.

The impressive Medicity campus covers 43 acres. It houses a research center and medical and nursing schools and has over 350 critical care beds with 45 operative theatres catering to over 20 specialties. We toured the main medical center with chief nursing officer, Mrs. Vijayakshmi Banerjee. At Medicity there is a focus placed on the career paths of the nurses and an effort has been made to remove the glass ceilings that can face nurses in both India and the U.S. The nurses here have a common mission and vision: Excellence in patient care through education and clinical practice.

Touring this new facility gave the delegation a look at one extreme on the spectrum of health care in India. Throughout our trip, the wide disparity between the private and public hospitals was discussed. Medicity is a great example of a private, urban hospital—it's bright, clean and not overcrowded. Later as we continued to tour the country, we would see the other end of the spectrum.

Date: September 16, 2010

City: Jaipur

Fortis Escorts Hospital, Jaipur—a foundation of trust



On the first day of our trip we met nurse leaders from Fortis Healthcare System in New Delhi at the Fortis Nursing Forum. Now that we were visiting the **Fortis Escorts Hospital** in Jaipur, we were able to continue the conversations we began at the Forum meeting. Deputy nursing superintendent, Mr. Mohammed Mubeen Ahmed led the delegation in discussion about the specific challenges facing nurses in India. These challenges run the

gamut from nurses performing non-nursing functions to sexual harassment.

Mr. Ahmed explained that the biggest problem facing nursing in India is referred to as “brain drain.” It is when upon completion of their education many highly-educated nurses leave and find employment in the U.S., Europe and countries in the Gulf. This leads to not only a shortage of nurses, but also a shortage of qualified nursing leaders.

India also faces the challenge of nurses spending time on non-nursing related activities. As a system, Fortis is currently working to address this issue and reassign non-nursing tasks to other staff members. This will allow nurses to spend more quality time with the patient. There were many other presentations covering issues related to patient care, the current improvements for continuing education to develop nurse leaders and community outreach programs Fortis has initiated.



Fortis nurses shared with the AONE delegation a program they developed called the Estimated Date of Discharge. Each patient has a card on their wall that lists the day they will be discharged. This card is updated based on changes in the patient's condition. The card is easy to read with green, yellow and red dots representing different stages in the discharge process. This is a great communication tool that eases the patient's anxiety about the length of their stay at the hospital.

The development of and investment in the nurse leader is really where AONE and Fortis were able to connect. Having learned about the Nurse Manager Learning Domain Framework at the prior meeting, Fortis representatives asked for more information. AONE CEO Pam Thompson reviewed the three domains: The Science of Managing the Business; The Leader Within: Creating the Leader in Yourself; and The Art of Leading the People. AONE is also planning to share with Fortis the competency

assessment tools that are used for the Certified Nurse Manager and Leader (CNML) and Certified in Executive Nursing Practice (CENP) certifications.

We left Fortis with great hopes of future partnerships; the first of which has already come through. Fortis has given all of their nursing directors and educators nationwide, membership in AONE. We hope this is just the first step of a lasting partnership.

Date: September 18, 2010

City: Jaipur

SMS Hospital, Jaipur—overwhelming volume of patients and care



Our last professional meeting was with deputy superintendent and chief of surgery, Dr. S.S. Ranawat, at **SMS Hospital** in Jaipur. As we began our tour a patient was brought in the front door on a steel stretcher—he was just one of the 4,000 patients seen daily at the government-run hospital. We toured a triage area where patients were sorted by age. Most patients were high risk obstetrics with anemia, yet the principal admitting diagnosis, was cardiac. We removed our shoes in the ICU where we saw high technology monitoring and ventilators. Most of the nurse managers in this facility were male, but opportunities and recognition for women are increasing. At SMS, the overwhelming volume of patients was accompanied by an equal abundance of patience, hope and gratitude among those receiving their compassionate care.

A few blocks away at **India Gandhi Nation Open University School of Nursing** the delegation met with principal Sushma Rani Chugh, BSc(N), MA. Originally a psychiatric nurse, she now heads the various levels of programs at the school including master and doctoral programs. Since it is a state-run school, all tuition is paid for by the government. The common thread at the university was the discussion of the nursing faculty shortage, another effect of the larger nursing shortage in the country.

The heart of India

Outside of our meetings, we were able to soak in the rich culture of India. We roamed through Old Delhi on man-powered rickshaws and ventured an elephant ride up to the Amber Palace just outside of Jaipur. The view from our bus was filled with exciting images of cows in the street, wild monkeys on the rooftops and buffaloes roaming free. We were honored to visit the Friday Mosque in Old Delhi and the Taj Mahal in Agra. We wove through the intricate streets of the bazaar in Jaipur and gazed at the simplicity of the Mahatma Gandhi memorial in New Delhi. The trip was a wonderful opportunity to learn and experience a different culture, but most of all we were able to connect with the people of India, nurses, guides and people on the street.



There is so much joy in India. We met wonderful nurses and doctors and saw the amazing work they are able to do with their limited resources. We learned from each other and established long-term partnerships. Though it is 8,000 miles away, India and the U.S. share many of the same challenges and successes. Through the trip we also confirmed that we share the same commitments to patient care. The care and compassion for the patient comes above all else. This is a universal truth among nurses.

The AONE delegation would like to extend our thanks to all of the health care professionals we met in India. We learned a great deal about the cultural differences and similarities of nursing across the globe and will take all that we learned back to our jobs and to AONE.

References

Office of the Registrar General and Census Commissioner, India. Government of India Ministry of Home Affairs. "Census Data 2001: India-at-a-Glance, Religious Composition." [Online information retrieved August, 2010.] http://censusindia.gov.in/Census_Data_2001/India_at_glance/religion.aspx.

World Health Organization. "India Country Health System Profile: India National Health System Profile." [Online information retrieved August, 2010.] http://www.searo.who.int/LinkFiles/India_CHP_india.pdf.

Boston Analytics. 2009. "Healthcare in India." [Online information retrieved October, 2010.] http://www.bostonanalytics.com/india_watch/Healthcare%20in%20India%20Executive%20Summary.pdf.

The World Bank Group. 2010. "New Global Poverty Estimates: What it means for India." [Online information retrieved August, 2010.] <http://go.worldbank.org/51QB3OCFU0>

Indian Nursing Council. 2009. *Snapshots*. Second edition, page 19.

2010 People to People Citizen Ambassador Program delegation members:

Pamela Rudisill, MSN, RN, MEd, NEA-BC
 Mooresville, NC
 Delegation Leader

Pamela A. Thompson, MS, RN, CENP, FAAN,
 Washington, DC
 Delegation Leader

Verena Briley Hudson, MN, RN
 Hines, IL

Cynthia Carlson, CRNP
 Westfield, NY

Pamela De Back, RN, MS
 Muskego, WI

Judy Husted, RN, MS
 Glendora, CA

Pamela Jackson-Malik, PhD, MBA, RN, CNS
 Norristown, PA

Joyce Martin, RN
 Pinehurst, NC

Carol Reineck, PhD, RN, FAAN
 San Antonio, TX

Susan Spoelma, MBA, MSN, RN
 Oakdale, CA

Roxane Spitzer, PhD, MBA, RN
 Stuart, FL

Cathleen Wheatley, MS, RN
 Decatur, GA

Alyse Kittner
 Chicago, IL

Special thanks to:

World Wide Adventures

People to People

Fortis Nursing Forum

Maulana Azad Medical College

Medanta Medicity

Fortis Escorts Hospital, Jaipur

SMS Hospital, Jaipur

India Gandhi Nation Open University, School of Nursing, SMS Hospital Campus