

## CASE 8

### PLANNING NURSE TRAINING

#### PART I - THE PLAN

##### 1. BACKGROUND

The Transitalia Ministry of Health has adopted the World Health Organisation (WHO) policy "Health for All by the year 2000". This places increased emphasis on primary health care (PHC) to deliver adequate health services to the rural areas where 80% of the population of Transitalia live. At present 60% of the health budget goes to the high technology hospitals in the cities which serve a small proportion of the population.

Some research studies have shown that nurse training is largely based on hospital care and does not prepare nurses for work in rural health centres. Currently all nurse training takes place in the cities and recruits from the villages are reluctant to return there when they have graduated. The Minister of Health has ordered that nurse training be changed and decentralised out of the cities to a great extent. A joint planning team has been set up with members from the Nursing Division and the Health Planning Unit to prepare a proposal.

A proposal has been put forward by the Director of Nursing which discusses the curriculum and administration arrangements. However, it contains very few numbers or specific targets and no cost information.

At present there are three nurse training schools, one in each of the major cities attached to the general hospitals. It is proposed to reduce the intake of the three city schools so that they produce just enough graduates for the city hospitals, and to open a number of new schools in small towns with much of the training taking place in rural health centres outside these towns.

##### 2. BASIC INFORMATION

The joint planning team decided that it needed to obtain information about the current numbers in post by age in order to estimate future needs. The staffing of the city hospitals is 500 nurses and is expected to remain the same over the next ten years. Although the 5 year plan does suggest some cut back in hospital beds it is thought that advances in medical techniques and shorter patient stay will require an increase in the nurse staffing ratio per bed.

An age profile of the current nurses in city hospitals is available from a recent survey.

Age band	Number	Annual Wastage %
26-30	140	4
31-35	80	3
36-40	100	3
41-45	100	3
46-50	<u>80</u>	2
Total	500	

The uneven numbers were caused by changes in policy on recruitment and staffing over the years and political unrest. The estimates of annual wastages are very rough. All nurses retire at 50 years of age.

The annual intakes of the three schools are:

A	50	students	a	year
B	40	"	"	"
C	30	"	"	"

The training is for three years. Data has been analysed which shows that the average drop-out of students is 5% in each year, and that 10% of students taking the final examination fail. Of the graduates about 50% have taken jobs in rural health centres, about 40% in the city hospitals, and the remaining 10% have stayed in the city taking jobs in the private sector.

The present number of nurses in rural health centres is 450 with the age distribution given below.

Age band	Number	Annual Wastage %
26-30	150	2
31-35	100	1
36-40	100	1
41-45	60	1
46-50	<u>40</u>	1
Total	450	

The wastage rates are lower for the nurses in rural health centres because they are less likely to move, and female nurses can have their children and continue working after maternity leave. This is less feasible in the city hospitals. The current proposal for expansion of rural health services envisages increasing the present 450 nurses to 700 in five years, and to 1,000 in a further five years.

The proposed new training schools will be placed in small towns with considerable practical attachments to selected rural health centres. These new schools will have a maximum intake of 20 students a year, for a three year training program as before.

A paper has been put out by the Finance Department with the Building Division which says that it will not be possible because of financial and building constraints to start more than two schools a year. The capital cost of a school is estimated to be \$T1,000 per student place, and the operating cost to be \$T250 per student per year including the additional costs for the health centres. But there is a capital cost of building overnight accommodation at the training health centres of \$T200 per place. The operating costs of the city training schools are \$T500 per student per year.

### 3. BRIEFING 1

Assume that you are a member of the joint planning team.

Develop a plan for building the rural training schools and show if it is possible to meet the targets. Consider also the intake to the city training schools needed to maintain the nursing strength of the city hospitals.

## PART II - RESPONSE TO THE PLAN

### 4. RESPONSE TO THE PLAN

The Minister was rather impressed by the plan and used some of the material in a speech. This provoked a range of different comments.

The Minister himself wanted a link made between nurse training and the training of doctors. Decisions have to be made shortly about the proposed expansion of the medical school. At present Transitanian has a number of foreign doctors on contract. There is considerable pressure from the Transitanian Medical Association to expand the medical school and aim for only Transitanian doctors in a few years.

However, there is a counter-view from the so-called "Chinese" group of politicians that doctors, among other professionals, are too expensive and do not serve the people. Their view is that the number of doctors should be cut back and many more village health workers could be afforded.

The reaction from the nursing establishment to the draft plan is split. One group believes that standards will decline in the rural training schools and therefore the minimum number should be built. Also that wastage rates will increase significantly. The other group, mainly younger with public health education, wants to reduce nurse training to two years so as to improve the national coverage of health services more rapidly.

Detailed discussion of the draft plan with the Engineering Division brought the comment that it was unlikely that health centres would be built, staffed and equipped as rapidly as had been assumed. Therefore, there was a danger that nurses would be trained before there were posts available for them.

#### 5. BRIEFING 2

The joint planning team is required by the Minister to consider how the plan might be revised to deal with the wider range of alternatives and the various uncertainties in the future.