# CHAPTER I

# INTRODUCTION

## COUNTRY BACKGROUND

Nepal is a landlocked kingdom of great diversity manifested by its geography climatic, people and culture within its rectangular boarders of approximately 500 to 100 miles, Southern edge lies in Gangetic plain about 150 feet above sea level and about 100 miles away the North edge meets the plateau of Tibet with the highest mountain in the world. The mount Everest at 29,028 feet altitude. The climate of Nepal rotates within three seasons winters, summers and rainy.

Nepal has many different kinds of socio-cultural practice, with a number of ethnic groups and varied religious groups and languages, but always having commercial harmony between different ethnic and religious groups. A majority of people are to Hindu, followed by Buddhism and others. Nepal is a proud of having Lord Buddha being born in the country. Regarding economic activities, agriculture dominates all other economic opportunities. More than 90 % of the people are engaged in agriculture.

Major foods are rice, wheat, maize and grain and grow in Terai. Hills and mountain people are to be supported by surplus food from terai. But due to lack of proper road infrastructure, transportation has been a major problem, although a progress has been made towards road construction.

## GENERAL HEALTH SCENARIOS

Nepal is experiencing a high mortality rate. The attributing factors for high death rate are unfavorable, socio economic condition of individuals and communities, lack of access to health services, limited, physical and human resources of existing health institutions. Statistics indicates 108 infants death per thousand live births (Child Birth Statistic, 1986-87).Child mortality rate, that is for every 1000 children, who have died before reaching five years of age is 66 (Child Birth Statistic, 1987). The figures demanded services concern in the supply and demand of health facilities. Moreover, micro level studies based on hospital record analysis shows a vary high maternal mortality rate. Two school of thoughts emerged from this information. Socio-economic thoughts focuses that the mortality rate could be still higher since many of the death occurs outside the hospital. On the other hand, hospital experiences indicate many of the death can be prevented, if the patients were admitted to the hospital within time and increasing inflow of admission to hospital can be reduced.

If appropriate preventive measures of health care and implemented effectively. To encounter these problems. His Majesty's Government of Nepal (HMG/N) has increased its investment from 123,949,000 in the fiscal year 1978/79 to Rs 819,000,000 in the fiscal year 1988-89. The increment in however not sufficient to meet the demand of health services. Equally important is the priotisation of areas of investment and its impact HMG/N has implemented eight strategies preventives, curatives, laboratory, promotion, health administration, research training and integrated rural development preventive health care has remained top priority in health investment. This sector occupies 59.18% of total health investment in 1989/90. Curative health has been in the second position till 1987/88 and this sector was given third priority from 1988/89 onwards. Within last three years, the government has emphasized on strengthening health administration and promoting construction work which occupies 22.11 % of total health expenditure in 1989/90. The increment accounts for nearly 14% during 1986/87 to 1988/89. In the present concern of strengthening health administrative, an assessment of working nurses problems, constraints and strengths will be essentially required.

## SCENARIOS OF HEALTH SERVICE FACILITIES

Health services in a constitutional setting are provided through hospital, health post and health centers.

Health posts and health centers are largely concentrated an areas whereas hospitals are concentrated on urban areas. The former sector to the large extent provide services in preventive health care and to some extent provides minor curative services. People of urban dwellings generally have initial contact with hospital. Whenever the health services are required on the other side people from rural communities get contact with hospitals usually after check up with traditional local faith heelers and health posts. People from the later sector thus usually visit hospitals at late stage.

Total number of hospitals in Nepal is 123 with total of beds 4717 (HOM 1990) government hospitals under Ministry of health courts to 74 (2610 number of beds). The other hospital number and bed capacity stood respectively. Ayurved (1,500), IOM (1,300), RA/Police (7,332) NGO (137), Eye hospital (10,548), private ( 225), Mission (9,554) and Nursing home (18,261).

Administratively Nepal is divided into regions - Eastern, Central, Western, Mid Western and Far Western (14 zones and 75 districts). Most of the hospitals are concentrated on central region which occupies 40.65% of hospital and occupies 55.16% in terms of bed capacity of hospital see table I.

Table I Numbers and percentage of hospitals and beds by development region.

| Region | No. of Hospital | No.of Beds | % of Hospital | % of beds |
|---|---|---|---|---|
| Eastern | 22 | 703 | 17.89 | 14.90 |
| Central | 50 | 2,602 | 40.65 | 55.18 |
| Western | 24 | 732 | 19.51 | 15.67 |
| Mid Western | 14 | 313 | 11.38 | 6.64 |
| Far Western | 13 | 380 | 10.57 | 7.63 |
| Nepal | 123 | 4,717 | 100.00 | 100.00 |

Source: - Ministry of Health, 1990.

Hospitals under Ministry of Health (MOH) are further classified into four level - district, zonal, regional and central. Each category of hospital has a different level of man power, physical and financial resources. The number of hospitals stands at 59, 9, 2 and 5 respectively at district, zonal, regional and central level. Number of available hospital and hospital beds is for away from the requirement. Statistics shows the ratio of population per bed to be 3,908 (MOH, 1989).

SCENARIOS OF NURSES

Nepal, on one hand has a deficit number of hospitals and hospital beds and on the other hand the

existing hospitals are understaffed with respect to number of nurses. Statistics show only 601 nurses in 1990. Provided, there is no turnover and numbers are equally distributed among the beds, the nurse and bed ratio turn out nearly 1:8. This assumption is however far from reality. Nurses have to cover round the clock considering the duty period to be 8 hrs. The nursing man power need three times more. That is the nurse and bed ratio becomes 1:24. Due to shortage of man power, the existing nurses have always over worked. The over work burden may cause the nursing personnel frustrated. To prepare a skilled man power is expensive both in terms of cost and time. But there is very little attention paid to the shortage of nurses and its reasons and consequences. I think the hospital need to know why nurses are leaving.

Hospital input is considered as manpower, money, material and management. Among all the man power; Nurses are the key actors of the hospital. Management is interpreted differently, but main theme is the same "Getting things done through people for the people to achieve the objectives" or "A systematic process of using resources with judgement, to achieve the objectives."

The management process - planning, decision making, organizing staffing, directing and controlling. So nursing executive should assign the right man to right job right

place for a definite period of time, providing clear define policy for future progress, defined authority and responsibility and over all good vision. So it is essential to study in this field, because this problem may turn worst. If investigated it can be prevented, which will be good for the hospital. A positive direction in production of nurses is emerging through it is not fully satisfactory. The commulative figure of nurses, staff nurse, public health nurse and assistant nurse range from 1980 to 2990 during the period 1983/84 to 1989/90.

The study of turnover rate will however be incomplete, if it is looked from an isolated prospective of hospital management only. Numerous socio-economic factors do affect the turnover. Availability of highways market of nurses outside the country may have encouraged the working nurses to leave the home country institute. Socio-culture incompatibility of work with the profession, may again be a distracting factors for the continuity of professional development. To address this, one way recall the view of Maslow's hierarchy which stresses the need of food, shelter, clothing, security and rest. A conflicting issue might occasionally occur in Maslow's hierarchy, due to incompatibility of nursing profession with respect to socio-culture norm, especially due the multiple roles women are carrying out day to day with household activities,

maintaining cultural practices and keeping a balance with professional activities.

## STATEMENT OF PROBLEMS

Hospitals, especially government hospitals have limited number of graduate nurses. The shortage of nurses creates over workload and a great difficulty in the management of proper nursing care. Adding further to this problem is the turnover of graduate nurses. The turnover definition includes occasional obsenteesm, long sick leave, transfer and resignation. Depending on the nature of the turnover, the hospital is loosing the service either temporarily or permanently. In the absence a replacement for the turnover nurse, the nurses on duty may have increased work burdens in some cases may lead to close down Unit and inabiliy to start other important units of the hospital. A concep in management is that the present demand be in relation to the turnover rate. The management should have complete plan for study leave, transfer, training and delegation of authority and proper evaluation, monitoring and supervision. In other words, this study aims to address the role of decision making, organizing the staffs, directing and controlling the process of work in order to have optimum utility of existing human and physical resources.

The study of the turnover rate will however be incomplete, if it is looked at from the isolated perspective of hospital management only. Numerous socio-economic factor do affect the turnover. Alternative wage earning market such as availability of high wage market of nurses outside the country, may have encouraged the working nurses to leave the home country, antiquation socio cultural compatibility of work with the profession, may again be a distracting factor for the continuity of profession. To address this one may recall the view of Maslow's hierarchy which stresses the need of food, shelter, clothing, security and rest. A conflicting issue might occasionally occur in Maslow's hierarchy, due to incompatibility of nurses profession respect for socio-culture norm, especially due to multiple role of women in carrying out day to day household activities, maintaining cultural practices and keeping balance with professional activities.

**NEED AND RATIONAL**

The projected deficit number of nurses is tremendously high and calls for serious attention to administrative and working environment. A mismatch between gazetted and non-gazetted staffs is an increasing trend. The administrators are then bound to fill the gap by new enrollment of non-gazetted nurses, implying that the senior

and experienced staffs are being replaced by juniors and in experienced. The under staffing of nurse in hospitals has created hospital management problem and hence has to seek alternative choice in management decision making process. The decision making can be sustainable only if proper information regarding the turnover and means of solving the problem is identified and then implemented effectively. This study is aimed to address these issues. In other words the study will examine the factors associated with turnover.

A structured questionnaire interview with the nurses will provide in depth information of reasons for turnover and their suggestions will give a basis for formulation of practical measures. Interview with hospital administrators and directors is required to assess the feasibility of working plan as suggested by nurses.

The issues and methodology of study carry significant importance, in the present concern of health development planning which stresses on improvement of health administration. The budget allocation increased from 8.86 % in 1986/87 to 22.11 % in 1989/90, growth in three years time. In non of the other health sectors, has the investment risen in that proportion, implicating a need for strengthening hospital Nursing administration. The out come of this study will outline the practical measures to control the turnover and hence will help to meet the objectives of

government to strengthen administration.