P-ISSN: 2617-9806
E-ISSN: 2617-9814

Impact Factor: RJIF 5.2
www.nursingjournal.net

International Journal of Advance Research in Nursing

Volume 8; Issue 2; Jul-Dec 2025; Page No. 413-417

Received: 10-08-2025
Accepted: 15-09-2025

Indexed Journal
Peer Reviewed Journal

Health policy issues related to nursing practice

[1]Purnima Chakraborty and [2]Dr. P Ponnarasi

[1] Ph.D. Scholar, Child Health Nursing, Narayan Nursing College, GNSU University, Bihar, India

[2]Professor, HOD Medical Surgical Nursing & Ph.D. Co-Ordinator, Narayan Nursing College, GNSU University, Bihar, India

Corresponding Author: Purnima Chakraborty

DOI: https://www.doi.org/10.33545/nursing.2025.v8.i2.F.572

Abstract

The health policy of a Nation is the strategy for controlling and optimising the social uses of its health knowledge and health resources. The purpose of Health Care Services is to ensure the health and well-being of the population. It operates within the context of the country's socioeconomic and political framework. The world's health systems heavily depend on nurses to provide care, yet they often do not receive the necessary funding and recognition for their efforts. Globally, nearly 60% of the health workforce (WHO, 2020) are nurses. In India, among all health professionals, they represent approximately 59%. And nurses are often the first and sometimes the single point of contact for patients. Their closeness to communities enables them to provide culturally sensitive care, health education, and early interventions. Yet, chronic underinvestment and systemic undervaluation limit their potential to work at the top of their scope. International Council of Nurses (ICN) emphasizes that nurses are the backbone of Health care system; however, they continue to face several issues. These include international migration, recruitment and retention, workload, safe staffing levels, violence, and burnout.

Keywords: Nurses, health policy, issues

Introduction

A nation's health policy is essentially its strategic blueprint for managing and best utilizing its collective health knowledge and resources to achieve optimal public well-being. The Health Care delivery system ensures the health and well-being of the population. It operates within the context of the country's socioeconomic and political framework. The world's health systems heavily depend on nurses to provide care, yet they often do not receive the necessary funding and recognition for their efforts.

From the ancient Harappan civilization (5500-1300 BCE), our country developed a glorious tradition of public health, mentioning “Arogya” as reflecting “holistic well-being.” The Chinese traveller Fa-Hien (tr.AD 399-414) commented on robust treatment policy of disease. India's massive and diverse 1.4 billion-person population, transforming the healthcare delivery system is a significant challenge due to wide variations in regional resources, cultural practices, socioeconomic disparities, and disease burdens, which necessitates comprehensive, multi-faceted strategies to improve access, affordability, and quality of care for all citizens

From 1983 to 2017, the National Health Policy was directed towards attaining the maximum level of health and well-being of the population. by adopting a preventive and promotive approach in every policy, and ensuring equitable access to reliable health care services.

Nurses are responsible for delivering essential care to patients while also taking on leadership responsibilities in many sector of Health care delivery system Great satisfaction hard work, dedication, and full commitment is part of nursing profession

Nurses must remain attentive not only to the needs of their patients but also to the competent oversight of the system. This dual responsibility can often lead to challenges, regardless of how diligently nurses work to ensure quality care. As key coordinators and guardians of patient well-being, nurses must possess strong managerial abilities in addition to their technical expertise. In 2025, India is a country of approximately 1.419 billion, exceeding China’s 1.407 billion population. This demographic diversity contributes both possibilities and significant challenges for healthcare delivery. The country confronts a dual disease burden. At one end of the spectrum faces challenges like malnutrition, poor sanitation, and infectious diseases; on the other end, the escalating crisis of cardiovascular illnesses, diabetes Mellitus, and cancer, close to emerging infectious threats like Corona, Ebola, SARS, and H1N1 influenza

Globally, nearly 60% of the health workforce (WHO, 2020) are nurses. In India, among all health professionals, they represent approximately 59%. And nurses are often the first and sometimes the single point of contact for patients. Their closeness to communities enables them to provide culturally sensitive care, health education, and early interventions. Yet, chronic underinvestment and systemic undervaluation limit their potential to work at the top of their scope.

“Our Nurses. Our Future. Caring for Nurses strengthens the economics” theme of International Nurses Day, 2025, to

reinforce the link between a well-supported nursing workforce and societal well-being. International Council of Nurses (ICN) emphasizes that nurses are the backbone of the care system; however, they faces many unsolved challenges, issues which acts as double sided sword I their profession.

Issues faced by the Nurses

Issues faced by the Nurses in the Health policy can be included

1. Violence faced by nurses at the workplace
2. Insufficient nursing personnel to handle the patient's need.
3. Exposure to Physical and mental hazards
4. Extended periods of shifts
5. Poor Coordination
6. Lack of acknowledgement and appreciation
7. Non-nursing roles

1. Violence faced by nurses at the workplace

Aruna Shanbaug, a nurse, became a symbol of workplace violence after she was sexually assaulted by a ward attendant in 1973 at the hospital where she worked. The attack left her in a coma for over 40 years until her death in 2015, underscoring the significant safety risks faced by nurses (BBC News, 2015).

According to the definition of workplace violence by the World Health Organization (WHO) "Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health. It includes physical and psychological violence, such as verbal abuse, harassment, bullying/mobbing, and threat" [1] (World Report on Violence and health, Chapter 1, pp. 6, WHO, Geneva,2002)

Workplace violence within healthcare environments can be broadly classified based on its hierarchical structure and form. Structurally, it is identified as either *vertical*—involving interactions between healthcare professionals and patients—or *horizontal*, which occurs solely among peers, such as healthcare staff or patients [2] *physical* or *psychological violence* are types of workplace violence. Hitting, spitting, kicking, physical assault, or in extreme cases, homicide are examples of Physical violence. A range of behaviours, including verbal abuse, bullying, racial discrimination, and sexual harassment included in Psychological violence that can be extended to non-physical forms of aggression, such as threats (verbal or non-verbal), such as shouting, swearing, insulting, intimidation, coercion, slander, blackmail, and defamation [3]. Nursing professionals are particularly prone to workplace violence as they dedicate several hours to direct patient care within hospital settings.

According to the International Labour Organization (ILO), health care workers are the second most at-risk group for work violence [4, 5]. Exact frequency and rates of these incidents is unknown due to gross under-reporting, but studies have indicated up to 90% of health care workers report exposure to violence at work [6, 7]. Studies have observed the incidence rate of 25 per 10,000 for injuries from assaults and violence for nurses [8].

2. Insufficient nursing personnel to handle the patient's need

Nurse-to-Patient Ratio Norms in India by Indian Nursing Council

Regulatory Authorities	Nurse-to-Patient Ratio
Indian Nursing Council, (1985) [8]	Chief Nursing Officer: One for every 500 hospital beds. Nursing Superintendent: One for every 400 beds. Deputy Nursing Superintendent: One for every 300 beds, with an additional officer for every extra 200 beds. Assistant Nursing Superintendent: One per 100-150 beds, or one for every 3-4 wards. Sister-In-Charge: One per 25-30 beds or per ward, plus an additional 30% for labour rooms. Staff Nurses In teaching hospitals: One nurse for every 3 beds, plus 30% for labour rooms. In non-teaching hospitals: One nurse for every 5 beds, plus 30% for labour rooms. ICU Staff Nurses: One nurse per bed, or one nurse for every 3 beds per shift, plus 30% for labour room adjustments. OPD & Emergency Units: One nurse for every 100 patients, with a 30% increase for labour rooms. Specialized Departments (e.g., OT, Labour Room): One nurse per 25 beds, plus 30% for labour rooms. Infection Control Nurse (ICN): One ICN is required for every 250 beds. Additional Staff: Extra nurses may be required for departmental research activities.

World faces the crisis of 11 million health workers by 2030, mostly in low- and lower-middle income countries [9]. (who/workforce))Currently nurse-to-population ratio in india is 1.7 nurses per 1,000 people, which is 43% less than World Health Organization's recommended 3 nurses per 1,000 population [10]. Persistent under investient in skilled health worker's development and discrepancy between learning and working situation, irregular employment leads to ongoing staffing crisis. The situations are worsen by limiting in placing health professionals to rural, remote and underdeveloped areas. The growing international migration of health care provider aggravate health workforce shortage, in low- and lower-middle income countries. In many regions, public sector's budgetary limit restrics recruit essential health workers limiting access to services which may reflects to fulfil SDG.

A systematic search conducted by Mehta Vini Ajmera Puneeta *et al* on Human resource shortage (HRH)in India's health sector (2024) in various electronic databases, from the earliest available date till February 2024. [10] the review identified five major Human resources Challenges in India that are limited workforce production, low job satisfaction, creation, migration of professionals, policy-related barriers, insufficient in-service training, and monitoring. All of which contributes to the shortage of human resources.

Theme	Reason for Human Resources Shortage
1.Insuuficient health professional production	Insufficient medical education facilities in India have led to a shortage of qualified healthcare workers.
	Underfunded and underequipped recent medical colleges cause low-quality training of healthcare professionals
2. Job dissatisfaction	Key workplace challenges involving the physical environment, employee empowerment, and professional conduct with both peers and leadership.
	Inadequate salary, lack of promotional opportunity, disrespect, and dis regards contribute to discontent
	Improper professional management leads to occupational strain and decreased quality of life
	Professional advancement limitations turns to lack of motivation and workforce shortage
3. Emigration of skilled workforce	Key determinants of migration include economic and social factors, professional ambitions, religious and gender dynamics, family support, and the motivating role of migrant networks.
4. Regulatory concerns	Disproportional between Workforce expansions with population growth and shifting disease landscapes
	Bureaucratic and non-transparent recruitment policy, haphazard, lengthy selection procedures, unequal opportunities about confirm job, inappropriate wages, and non-recognition. Previous work experience poses important regulatory challenges.
	Irregularly updating HR planning leads to delayed requirements and resulting shortage of staff
	Insufficient to address human resource management issues.
	Unequal distribution doctors in health centers
5. Insufficient capacity building, supervision t, and evaluation	Lack of routine supervision A lack of direct guidance and technical support affects skill acquisition among health professionals

3. Exposure to Physical and Mental Health Hazards: Nurses in India face various workplace health hazards, including physical, chemical, biological, and psychosocial risks. Research studies have identified these as significant threats to their well-being. Key hazards include exposure to infectious diseases, toxic substances, ergonomic issues, and psychosocial stressors like shift work and violence. A study [11] analyzing occupational hazards found Musculoskeletal Disorders (MSDs) were the most common physical hazard (21%), followed by burns (13%) and awkward posture-related strain (10%). Chemical hazards included dust (8%), chemical inhalation (7%), and sterilization gases (6%). Biological hazards involved needle-stick injuries (12%), splashes (11%), and sharp injuries (5%). Equipment hazards were more prevalent among nurses, and shift duty stress was the highest psychosocial hazard at 17%. Incident logs confirmed slips/falls (28%), equipment hazards (23%), and needle-stick injuries (19%) as the most frequent reported incidents

4. Extended periods of shifts: In India, many nurses work long hours, often exceeding 40 hours per week, and some even exceed 12 hours daily. Studies show a strong correlation between long working hours and increased work stress, leading to reduced rest time, poor diet, and financial insecurity. These factors can contribute to burnout, fatigue, and even affect patient safety.

5. Poor Coordination: Refers to the difficulty a nursing student or working nurse faces in coordinating their professional responsibilities with their academic studies. This can manifest in various ways, including scheduling conflicts, time constraints, and a lack of support systems. Nurses are often held accountable even when doctor is not present in the ward, equipment is unavailable in hospitals, which negatively impacts the quality of care. While they may not be directly responsible for such shortcomings, they are ultimately seen as responsible for maintaining the care of the patient in the hospital [12].

6. Lack of acknowledgement and appreciation
Meaningful recognition empowers nurses by validating their skills and contributions, boosting their confidence (self-efficacy) to better handle emotional challenges, improve their overall well-being, and enhance job satisfaction. It is a psychological and moral form of support, more crucial than financial rewards, that fosters a healthy work environment by affirming nurses' value, especially during stressful times Lack of recognition in the nursing job, supported by studies, negatively impacts nurses' morale, psychological health, and job satisfaction, potentially leading to burnout and increased turnover. Nurses need to feel appreciated and valued for their hard work, as this directly affects their mental condition and the service of patient care.

7. Non-nursing roles: Nurses being burdened with non-clinical jobs at hospitals can significantly impact their ability to deliver adequate nursing care, impacting both patient safety and nursing staff well-being. Research consistently demonstrates that nurses spending time on tasks outside their core responsibilities negatively impacts their ability to provide optimal care, leading to missed opportunities and increased workload. Four types of non-nursing tasks have been identified to date: (a) auxiliary; (b) administrative, (c) expected by allied health care professionals; and (d) medical [13].
Unclear task, non-nursing duties, such as administrative and clerical work, contribute to a high workload and detract from a nurse's primary role, causing significant difficulties during work of nursing. Non-nursing tasks (NNTs) significantly reduced nurses' ability to effectively care for patients, impact Non-nursing duties, such as administrative and clerical work, contribute to a high workload and detract from a nurse's primary role. ed their productivity, and lowered their job satisfaction because they took away time and energy from their primary nursing duties, leading to professional stress [14].

Nursing Education

1. Variability Nursing Educational Standards
As India is a developing country, there are states which are quite good at providing nursing education, but few states are still at progressive stage. Many of the states don't provide diploma courses in nursing (e.g., R.A.K College of Nursing,

AIIMS, CMC Vellore, etc), but many other, mostly private colleges serve diploma as well as degree courses. India falls behind in well-organized nursing education.

2. Lack of Parent Hospital: Plenty of nursing colleges in India don't have a parent hospital, especially many private colleges. A parent hospital is a requirement for any nursing college to train its student nurses in various procedures. It provides the students with real-life experiences that enhance their emotional intelligence in the students and refine their practice.

3. Irregularities in Entrance Examinations: The selection of the students in the nursing school or colleges is not through any entrance exams. All the government colleges have NEET/ other standard tests as entrance exams for nursing courses, but in private nursing institutions, there is no standard test in selecting students for any nursing course

4. Insufficient Teachers in Nursing Institutions: We have hundreds of nursing institutions that are deprived of an adequate number of staff. Most of the colleges have teachers who are tutoring subjects other than their speciality and there is also a lack of adequate student-teacher ratio.

Solutions to curb the challenges

To resolve effectively the interconnected and interdependent challenges through searching is required to find out root causes and factors and to reach the solutions of these challenges that influence each other.

Positive working environment

- **Work environment:** Quality of Patient care and caregiver's job satisfaction depends on the work environment that is safe, secure, supportive, and collaborative work environment. Providing a sense of safety to patients and employees, respect, and empowerment, A positive workplace culture, built on good relationships and strong incentives, encourages and motivates nurses.
- **Equipment/materials:** For the smooth running of the hospital, an adequate and regular supply of materials is a matter of concern. Unavailability and inadequacy of both life-saving equipment and common supplies like gauze and gloves make the staff crippled. Hospital management should ensure regular supply, quality patient care, and staff productivity.

Positive teamwork

It is globally recognized that effective teamwork is an essential tool for providing effective and quality patient care. It speeds up the recovery of the patient.

Recruitment/retention policy

A structured, consistent, and transparent recruitment and retention policy to strengthen workforce capacity and ensure improved support and quality of care

Reducing education-service gap

There are huge gaps in what is taught in nursing programs and what is being done practically. Every organization should emphasize eradicating these differences. The practical and theoretical parts should be integrated to eradicate the education-service gap. Nursing Colleges and school should enhance their teaching methods to be more focused on the practical field and increase supervision to develop compassionate nurses and focus on patient safety. Students should learn the respect and value of human life. A hospital, which is equipped or not, always bears the risk of tragedy. Constant awareness and vigilance are key to maintaining safety.

Balancing in life and work

Excessive working load causes undesired trouble, disturbed mental well-being, which affects the efficient care of the nurses. Distribution of workload among all the healthcare members to balance work life and to get the desired result is very important for organizations.

Evidence-based practice

Nursing staff focus on evidence-based practice. Studies of various research provide knowledge on effective practices. Nurses can improve their knowledge and practices by regularly reading of research articles and studying various experimental studies of and thus can have a huge positive effect on patient health care and curative care.

Conclusion

Addressing the needs of the nurses and supporting them in overcoming professional challenges not only empowers and motivates them but also improve their skills and dedication. This approach enables providing optimal care consistently, fosters their professional growth, and contributes to improved patient outcomes, minimizing barriers that could hinder their performance.

References

Conflict of Interest

Not available.

Financial Support

Not available.

References

1. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002. 6 p. [cited 2025 Sep 13]. Available from: https://iris.who.int/bitstream/handle/10665/42495/9241545615_eng.pd
2. World Health Organization (WHO). Workplace violence in the health sector. Country case studies. Geneva: WHO; 2002. Available from: http://www.who.int/violence_injury_prevention/injury/en/WVsynthesisreport.pdf.
3. Dussault G, Dubois CA. Human resources for health policies: a critical component in health policies. Hum Resour Health. 2003;1(1):1.
4. Dhillon PK, Jeemon P, Arora NK, Mathur P, Maskey M, Sukirna RD, *et al*. Status of epidemiology in the WHO South-East Asia region: burden of disease, determinants of health and epidemiological research, workforce and training capacity. Int J Epidemiol. 2012;41(3):847-60.

5. Gilany AH, El-Wehady A, Amr M. Violence against primary health care workers in Al-Hassa, Saudi Arabia. J Interpers Violence. 2010;25(4):716-34.
6. Chappell D, Di Martino V. Violence at work. Geneva: International Labour Organization; 2006. Available from: http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_PUBL221108406_EN/lang--en/index.htm. Accessed on 3 June 2025.
7. Rippon T. Aggression and violence in health care professions. J Adv Nurs. 2000;31(2):452-60.
8. Merecz D, Ryamaszewska J, Mocicka A, Kiejna A, Jarosz Nowak J. Violence at workplace, a questionnaire survey of nurses. Eur Psychiatry. 2006;21(7):442-50.
9. World Health Organization (WHO). Health workforce. Geneva: WHO; [cited 2025 Jun 3]. Available from: https://www.who.int/health-topics/health-workforce#tab=tab_1
10. Mishra S, Chopra D, Jauhari N, Ahmad A, Kidwai NA. Violence against health care workers: a provider's (staff nurse) perspective. Int J Community Med Public Health. 2018;5(9):4140-8.
11. Karan A, Negandhi H, Nair R, Sharma A, Tiwari R, Zodpey S, *et al*. Size, composition and distribution of human resource for health in India: new estimates using National Sample Survey and Registry data. BMJ Open. 2019;9(4):e025979.
12. Mehta V, Ajmera P, Kalra S, Miraj M, Gallani R, Shaik RA, *et al*. Human resource shortage in India's health sector: a scoping review of the current landscape. BMC Public Health. 2024 May 21;24(1):1368. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11110446/
13. Minikumary CK, Pillai JSK, Mondal R. A study on occupational safety and health among workers at a tertiary care hospital at South India. Int J Community Med Public Health. 2023;10(1). Available from: https://www.ijcmph.com/index.php/ijcmph/article/view/10527
14. Chhugani M, James MM. Challenges faced by nurses in India - the major workforce of the healthcare system. Nurses & Care Open Access J. 2017;2(4). Available from: https://medcraveonline.com/NCOAJ/NCOAJ-02-00045.pdf
15. Mehta V, Ajmera P, Kalra S, Miraj M, Gallani R, Shaik RA, *et al*. Human resource shortage in India's health sector: a scoping review of the current landscape. BMC Public Health. 2024 May 21;24(1):1368. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11110446/#_ad
16. Al-Akash H, Aldarawsheh A, Elshatarat R, Sawalha M, Saifan A, Al-Nsair N, *et al*. We do others' jobs: A qualitative study of non-nursing task challenges and proposed solutions. BMC Nurs. 2024 Jul 15;23(1):478. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11247722/

How to Cite This Article
Chakraborty P, Ponnarasi P. Health policy issues related to nursing practice. International Journal of Advance Research in Nursing. 2025;8(2):413-417.