

THE WAY FORWARD FOR SALVATION ARMY SCHOOLS OF NURSING

Implementing the 2008 International Health Ministry Vision Statement in Nursing Education

“The Salvation Army exists not so much for the Salvationist as for the whole world.
So that the safety and continued life of the Army depend not
upon our guarding and shepherding what we have won,
but upon our utmost devotion to help and bless and save mankind.
This is the grand message of the Army of the past to the Army of the present.”
(Bramwell Booth)

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1.0 Executive Summary

- 1.1 In 2008, the General approved a new vision statement for The Salvation Army's International Health Services. This vision statement restates the Army's ongoing mission to participate in the delivery of health care, giving priority to the poor and marginalised. However, it also takes into account present challenges and realities including: the explosion in health care knowledge and treatment possibilities; the increasing investment of private and public money in hospitals and clinics, especially acute services; the World Health Organisation's advocacy of health for all through the delivery of health care services as close to, and in partnership with, the family in community; and the serious world-wide shortage of trained health care workers. It requires The International Health Services to refocus its mission-based health ministry on the needs of people who are today's poor and marginalised – serving the present age.
- 1.2 The General also approved three specific long term tasks to be undertaken in implementing the new vision. This report contributes to the completion of the second task: "a minimum seven year project for the right sizing of The Salvation Army's hospitals and health worker training programmes (particularly in India and Indonesia) to enable them to better support the international health ministry vision ..." It seeks to provide information and informed reflection that will be of assistance to those responsible for making decisions on the future of Salvation Army nursing and health worker education programmes.
- 1.3 For many years, nursing education programmes in Salvation Army hospitals have provided not only a career opportunity for the children of poor, often marginalised, Christian families, but also an opportunity for young Christian men and women to live out their faith in a holistic health ministry that continues to prioritise the poor and marginalised in their community. In the new vision, International Health Services are challenged to focus on the development and provision of mission-focused educational opportunities that will produce people with the skills and knowledge required to work within a mission-focused health ministry, within a particular community, in a dramatically changing world.
- 1.4 While this report is written with all Salvation Army nursing education and health worker training programmes in mind¹, it focuses on the current situation in India where there are four nursing education programmes attached to hospitals.
- 1.5 This report sets out the circumstances that all four nursing schools in India are facing at the present time. It is essential to review the viability of each school in the light of the new health service ministry vision and plan and its impact on the shape of health services in the future, and to determine exactly what will be required to bring each school, and each nursing education programme, to the required standard from the perspective of The Salvation Army and the local community.
- 1.6 Following a visit to Catherine Booth Hospital School of Nursing at Nagercoil, the author joined representatives of all four nursing programmes in discussion at the Health Ministries and Facilitation Workshop held at Coonoor in May 2009. As a group, the four experienced nurse leaders shared their concerns about their sustainability within the changing Indian nursing and broader health care environments.
- 1.7 A visit to Woodward Hospital School of Nursing in Palu, Indonesia provided a valuable opportunity to compare the impact of the international influences that are shaping nursing education today around the world. One major example of this is the drive to replace diploma level programmes with degree level preparation for registered nurses, which is occurring simultaneously in both countries.
- 1.8 Four recommendations are made in relation to the immediate future of the schools of nursing in India. These recommendations acknowledge that the schools are not only part of The Salvation Army but also part of the system of nursing education in India. There is no doubt that the four Salvation Army nursing schools in India are not currently in a healthy state, and changes are required if they are to continue. It is important to review the

¹ India (Nagercoil, Nidubrolu, Dhariwal and Ahmednager), Indonesia (Palu and Surabaya), Zimbabwe (Howard Hospital and Tshelanyemba Hospital) and Zambia (Chikankata Hospital), as well as a number of Community Health Worker training programmes, such as those in Papua New Guinea (Kainantu).

viability of each school and to consider the funding and changes required to bring each school to the required standard from the perspective of programme development and delivery, facilities, resources, and staffing.

- 1.9 The recommendations also situate the nursing schools as an integral part of The Salvation Army's mission-focused, holistic Christian health ministry. Thus, it is possible that the decision on the future of Salvation Army nursing education programmes may well be profoundly influenced by other decisions on the future shape of The Salvation Army's health ministry that are yet to be made.
- 1.10 As the recommendations emerged, it became apparent that they needed to be situated within a framework that could guide the proposed review of each school. A set of ten generic guiding principles are proposed for consideration (See section 2). These principles arise from consideration of the new International Health Ministry vision and related tasks, as well as the current circumstances affecting nursing schools, particularly those in India and Indonesia. However, it is suggested that these principles could form a significant component of an overall monitoring process for all Salvation Army nursing and health worker training programmes, and be of considerable assistance to those who are responsible for planning and delivering the programmes.

2.0 Recommendations and Principles

2.1 There are four recommendations specifically related to nursing education in India that arise from this report:

2.1.1 None of the four schools of nursing in India can continue in their present circumstances

2.1.2 Each school of nursing should be reviewed using the principles proposed in this report

2.1.3 Each school of nursing that is recommended to remain open must receive the resources required to bring it up to date and sustain it into the future in line with the proposed principles

2.1.4 Each school of nursing that is confirmed to remain open should be viewed as an integral part of The Salvation Army and operate in line with the international vision for health ministry.

2.2 A set of ten guiding principles relevant to all health related training programmes are proposed for consideration:

2.2.1 Every Salvation Army school/college of nursing/health worker training centre should be an integral part of the local expression of The Salvation Army's mission.

2.2.2 Every Salvation Army school/college of nursing/health worker training programme should be established and maintained with the facilities and resources required to meet the local standards and other requirements.

2.2.3 Every Salvation Army school/college of nursing/health worker training centre should have local policies and practices that mirror Christ's model for living and serving in community.

2.2.4 Every Salvation Army school/college of nursing/health worker training programme should include a specific teaching/learning experience that ensures every student is thoroughly familiar with The Salvation Army's local health ministry vision.

2.2.5 Every Salvation Army school/college of nursing/health worker training programme should include a specific teaching/learning experience to enhance the holistic health and the spiritual wellbeing and maturity of each student.

2.2.6 Every Salvation Army school/college of nursing/health worker training programme should have a major focus on primary health care as close to the family as possible, with a priority for the poor and marginalised, as a vertical thread through every stage of the programme.

2.2.7 Every Salvation Army school/college of nursing/health worker training centre should have a specific strategy for attracting and retaining qualified teaching staff, and also assisting current staff to upgrade their qualifications when the school/college/centre is unable to meet the current minimum requirements, or any higher requirements arising from upgrading a programme.

2.2.8 The Salvation Army International Health Services should develop a process for monitoring the quality of major health-related education/training programmes offered by The Salvation Army throughout the world.

2.2.9 The Salvation Army International Health Services should identify a group of qualified health professionals who can advise International Health Services on the development of an international monitoring process, and guide Salvation Army health-related education/training providers on the development of quality, mission-focused programmes.

2.2.10 The Salvation Army International Health Services will assist territories to develop a financial management strategy that facilitates the ongoing financial viability of quality, mission-focused, health related, training/education programmes.

3.0 Introduction

- 3.1 The following words of General Bramwell Booth are very relevant to this consideration of nursing schools in India, and The Salvation Army's new vision for its international health ministry:

The Salvation Army exists not so much for the Salvationist as for the whole world. So that the safety and continued life of the Army depend not upon our guarding and shepherding what we have won, but upon our utmost devotion to help and bless and save mankind. This is the grand message of the Army of the past to the Army of the present.

- 3.2 This report seeks to provide information and proposals to inform those responsible for making decisions on the future of Salvation Army nursing and health worker education programmes, at the same time as decisions are being made on the future shape of mission-focused health services.
- 3.3 At the present time, there are four Salvation Army hospitals in India that have a school/college² of nursing on site:
- India Northern - MacRobert Hospital School of Nursing, Dhariwal
 - India Western - Evangeline Booth Hospital and Lady Colville College of Nursing, Ahmednager
 - India Central - Evangeline Booth Hospital, Evangeline Booth Hospital School of Nursing, and Evangeline Booth College of Nursing, Nidubrolu
 - India South Eastern - Catherine Booth Hospital School of Nursing, Nagercoil
- 3.4 It should be noted that this report focuses on the situation in India, but The Salvation Army also has nursing education programmes in Indonesia (Palu and Surabaya), Zimbabwe (Howard Hospital and Tshelanyemba Hospital) and Zambia (Chikankata Hospital). The author has visited the nursing programme at Woodward Hospital in Palu and, while the context is very different, they share many issues in common with the Indian schools. Also, it is probable that the findings of this report could also impact on Community Health Worker training programmes such as those in Papua New Guinea (Kainantu).
- 3.5 All four Salvation Army schools of nursing in India are currently approved by the Indian Nursing Council and associated national and state organisations to deliver the diploma level General Nursing and Midwifery (GNM) programme. The Evangeline Booth College of Nursing was established at Nidubrolu in 2007 when approval was received to begin the four year BScN programme – which will eventually replace the diploma as the required entry level qualification for registration as a nurse throughout India. There have been two intakes classes into the Nidubrolu degree programme, but no graduates yet.
- 3.6 The Salvation Army has a long and rich history, and a longstanding good reputation, of offering health care and nursing education programmes in India. For more than 50 years, many nurses have benefitted from the educational opportunities they have gained at a Salvation Army school of nursing. This is particularly gratifying when it is probable that many would not have had this experience, because of their poverty and/or marginalisation, and/or Christianity, if the Salvation Army school had not been there. Today, the schools still give priority to admitting the poor and Christian applicants. It is great to know that the retention rate and examination pass rate for students in the current diploma programme remains high, and graduates of the present programmes are still employable in India and abroad. But, the situation is changing.
- 3.7 This report seeks to take into account the General's approval of the International Health Services new vision statement's commitment to both The Salvation Army's continued participation in the delivery of faith-based, integrated, quality primary health care as close to the family as possible, giving priority to poor and marginalised members of society; and to the delivery of educational programmes that equip health workers with appropriate skills and experience, as well as developing their commitment to holistic Christian health ministry.

² The term "college" is usually associated with an approved degree programme. Nidubrolu has both a school and a college; Ahmednager has changed its name to college but does not yet have approval to offer a degree programme.

- 3.8 The International Health Implementation Plan identifies the international influences within and outside The Salvation Army that must be considered as part of the discussion on the future shape of Salvation Army health related community ministry activities within each territory. Three specific tasks have been approved in the plan. These triggered the Health and Facilitation Workshop held in Coonoor on 6-8 May 2009, where the leaders of the Salvation Army's hospitals, community health services and nursing schools in India were guided to identify and discuss a huge range of major issues affecting their present and their future in the light of the new vision and plan.
- 3.9 As a group, the four nurse leaders identified a significant number of concerns about their sustainability within the changing Indian nursing and health care environment. There is no doubt that the four Salvation Army nursing schools in India are facing major issues that challenge their continued viability. At this time of rethinking the Salvation Army's health services ministry, it is important to consider the immediate future of each school in the light of the new health service ministry vision and plan, and to specify the funding and changes required to bring each school to the required standard from the perspective of programme development and delivery, facilities, resources, staffing, and mission.
- 3.10 Four recommendations are made in relation to the schools of nursing in India (See Section 8.1). These recommendations acknowledge that the schools are not only part of The Salvation Army but also part of the system of nursing education in India.
- 3.11 In order to facilitate the proposed review of each school, a set of ten generic guiding principles are proposed for consideration (See Section 8.2). These principles arise from consideration of the new International Health Ministry vision and related tasks, as well as the current circumstances affecting nursing schools, particularly those in India and Indonesia. However, it is suggested that these principles should form part of an overall monitoring process for all Salvation Army nursing and health worker training programmes, and they should also be of assistance to those who are actually responsible for planning and delivering the training programmes.

4.0 Sources of data for this report

- 4.1 The writer of this report, Judith Christensen, is a recently retired Salvation Army Officer and registered nurse in New Zealand. Her academic qualifications include BA in History and Anthropology, a MSc(Applied) in nursing with a focus on nursing education and mental health nursing, and a PhD in Nursing. From 1965 to 2001, her primary role area of work was nursing education where she had the experience of leading the development and delivery of diploma, undergraduate and graduate programmes in nursing. She was also a member of the Nursing Council of New Zealand, including nursing education and examination committees; and was involved in the approval and moderation of undergraduate degree programmes on behalf of the New Zealand Qualifications Authority.
- 4.2 The report has been assisted by the information in the appendices to this report which was received from the four schools of nursing, and directly from discussion with the four nurse leaders who attended the Health Ministries and Facilitation Workshop held in Coonor on 6-8 May 2009.
- 4.3 Further information was gained from documentation produced by the Indian Nursing Council and a variety of net based resources.
- 4.4 Further information available to assist in the development of the report came from papers produced by International Health Services, including the new vision and associated plan.
- 4.5 The author would like to express her sincere appreciation of the opportunity to meet the nurse leaders and health care personnel who gathered for the Health Ministries and Facilitation Workshop and to gain an insight into their world. It was also a joy to visit Catherine Booth Hospital and School of Nursing at Nagercoil. There was so much to learn and so little time. The time spent with these colleagues was a real privilege.
- 4.6 Following the Coonor workshop, the author was privileged to visit Salvation Army hospitals in Bandung and Makassar, and Woodward Hospital and School of Nursing in Palu, Indonesia. Indonesia provides a significantly different context for both The Salvation Army and nursing education, However, it is evident that the school of nursing in Palu, which is about to start a building programme to improve the physical environment for the programme, is facing many of the same issues and challenges - facilities, teaching/learning resources, staff qualifications, clinical experience, phasing out diploma and phasing in degree programme – as their colleagues in India. It was a real privilege to meet and share time with the officers, staff and students.

5.0 Background information on nursing education

- 5.1 The registration of nurses began at the very beginning of the 20th century, with hospital schools of nursing offering three year apprentice type programmes. Both the curriculum and the examinations were controlled by national nursing organisations, and there was a national register that set minimum standards for nursing practice.
- 5.2 Over the course of the 20th century, nursing education was influenced by developments in general education, and there was a strong international nursing collaboration that saw similar developments happening around the world. This was particularly the case in the countries of the commonwealth. However, it is also important to emphasise that there have also been local influences that have also shaped the nature of nursing education in a particular country.
- 5.3 Since the beginning, there have been profound changes in every area of nursing education – including pre-entry educational requirements, curriculum content, clinical experience, conditions of learning, examinations, teacher qualifications, resources, learning outcomes – even while nursing education remained largely in hospital based schools.
- 5.4 In the 1960s and 70s there was a significant development in tertiary education throughout much of the world with the growth of vocationally oriented qualifications – usually certificates and diplomas - offered in non-university colleges. For nursing, this meant a move from an apprentice model to a student-based diploma programme. No longer would the student be the main provider of nursing care, under the supervision of registered nurses. Instead of being paid for their service as students, now students would pay the institution for their training, and during their required clinical experience they and their tutors would be considered supernumerary to the ward or unit staff.
- 5.5 In some commonwealth countries, like New Zealand, Australia and Great Britain, it meant the gradual closure of hospital schools of nursing and their transition into the general tertiary education sector. However, in other countries, like India, the hospital schools have remained and now offer a student-based diploma programme. Whatever the setting, the requirements for delivering the diploma-level programme have grown incrementally as a response to changes in education and in health care delivery.
- 5.6 By the 1990s, the developments in nursing education were continuing, and a number of countries began to move to a degree programme as the minimum entry level for registration as a nurse. This requirement has been fully implemented in many countries, and the development has continued to spread throughout the world.
- 5.7 The Indian Nursing Council has established criteria for the commencement and delivery of BScN programmes, and has the intention of phasing out the current diploma level GNM programme so that the four year degree will be the minimum requirement for registration.
- 5.8 The actual implementation date for the change to the degree requirement is currently “in abeyance” by the Indian Nursing Council because of the current shortage of nurses and the expansion of the health sector, with an emphasis on rural health. Despite this, the Indian Nursing Council, and local state nursing bodies, are encouraging the ongoing development of degree programmes. Nursing diploma and degree programmes may run side by side in the same organisation if it is able to meet the requirements to deliver each programme.
- 5.9 It is important to note that one significant change in the move to degree level programmes is the inclusion of another key organisation – a university. A non-university college of nursing requires the approval of the designated university for the programme and the delivery standards using the requirements established by the Indian Nursing Council; and the university, working in conjunction with the Indian Nursing Council and State registration body, also controls the registration requirements for the college students.
- 5.10 Nurses are a very mobile workforce, and there is much emphasis among nursing organisations around the world on the portability of basic nursing qualifications. The national council of nursing in each country invests a significant amount of time establishing frameworks for the recognition of the registration qualifications held by

nurses wishing to enter their country to work. In particular, many Indian nurses seem to begin their training with the intention of taking that qualification to other countries such as USA, Britain, Australia, and the Middle East for financial and family reasons. Many students in Salvation Army schools in India have this intention.

6.0 Current requirements for registration as a nurse and midwife in India

- 6.1 The Indian Nursing Council is the statutory body that regulates nursing education throughout the country. It establishes the “syllabus” for each level of nurse, and revises the requirements as a result of changes in health policy and practice within India, as well as changing trends and practices in vocational and general education.
- 6.2 Each state has a registration council which receives applications for registration from students completing nursing programmes approved by the Indian Nursing Council. Registration can be removed on a temporary or permanent basis for unprofessional conduct. A nurse with registration in one state can move to any other state to practise.
- 6.3 There are two programmes prescribed by the Indian Nursing Council that currently lead to registration as a nurse and midwife:

- General Nursing and Midwifery programme (GNM)
- BScNursing programme

- 6.4 In India, in contrast to the situation in countries like New Zealand where nursing and midwifery have become separate professions with separate programmes and separate boards and councils, both the diploma and degree include registration as a both nurse and midwife.

6.5 The GNM programme

Duration:	3 years 6 months (since 2004)
Entry:	Pass with aggregate of 40% in Years 10 + 2 with no subjects specified
Focus:	2 years practice in general (hospital) nursing, 1 year community health and midwifery; 6 months internship
Examinations:	External examination at the end of each year conducted by a designated nurses examination board
Qualification:	RN and RM

6.6 The BScN programme

Duration:	4 years
Entry:	Pass with aggregate of 45% in Years 10 + 2 pass in Physics, Biology, Chemistry and English
Focus:	Balance of professional and general education aimed at producing a self-directed nurse practitioner
Examinations:	Theoretical and practical examination requirements established by the affiliated university in consultation with state registration and examination boards
Qualification:	RN and RM

- 6.7 The Indian Nursing Council plans to phase out the GNM programme so that the BScN becomes the normal path to registration. As previously stated, this decision has been delayed until at least 2014 because of the current shortage of registered nurses at a time when there is an increase in community health services, particularly in the rural area. Thus, for the foreseeable future, diploma programmes will continue to be offered and more degree programmes will be approved.

- 6.8 There is a significant increase in the qualifications and experience requirements for leadership and teaching staff in the degree programme in comparison to those required for the diploma programme. It is becoming the norm that the nursing leadership in schools, and all teaching staff, hold a Masters degree in nursing. Clinical tutors – those who supervise students in the practical setting – may be approved with a bachelors degree in nursing with a completed post-basic clinical speciality programme. Usually there is a requirement for a specified number of years of experience as well as a completed qualification for all school staff.

- 6.9 In recognition of the current shortage of nurses and other teachers holding the relevant qualifications to masters level that are required to teach all subjects in the degree programme, including those teaching the social, biological and physical sciences, the Indian Nursing Council has agreed to a transitional stage. This specifies that at least some of the teaching staff hold a masters qualification when the degree programme starts, and at least one person with a completed masters degree is added to the staff each year so the full requirements are met within 5 years.
- 6.10 The category and dimensions of the physical space required for the diploma and degree programmes are the same, but if both programmes are to be offered concurrently, the space requirements and other resources are determined by the total number of students in the school – more students, more space, more resources.
- 6.11 The library requirements for a degree programme increase to 1000 of the latest editions of nursing and related books by the time the programme is fully implemented, together with a reading room, photocopying facility, internet access and a range of national and foreign nursing journals.
- 6.12 The clinical experience facilities for a degree programme increase to a minimum of 300 beds, with other specifications including the type of units, types of patients, range of services, annual turnovers, and minimum daily occupancy rate. Both the diploma programmes and the degree programmes can enhance the range and number of clinical facilities available by entering into affiliation agreements with other health care providers using the established guidelines. The use of both base hospitals and affiliated hospitals and agencies for clinical experience has to be paid for by the school.

7.0 Issues of current concern to the four Salvation Army schools in India

- 7.1 This section focuses on the identification of issues of immediate concern to the current schools of nursing that need to be considered as part of the decision making process concerning the future of Salvation Army nursing education in India. From the Salvation Army's perspective, a wider range of issues will be covered in the discussion. These will include many of the issues raised in the section on hospitals contained in the report from the Health and Facilitation Workshop, and also the implementation of the new IHS vision and the associated plan. Thus, it is accepted that the future of Salvation Army nursing education programmes will be part of the wider discussion on the place of health service delivery in The Salvation Army's mission and ministry in 2009, and into the future.
- 7.2 People in India have increasing expectations of the nature and quality of the health care they can access as the range and quality of services increases; and potential students have increasing expectations and more choices as the number of places in nursing schools increases in response to a national shortage of nurses.
- 7.3 The current Salvation Army hospitals and schools in India are situated in aging buildings which have been poorly maintained, and are poorly resourced – and are not up to the standard required of a modern health care facility. There has been little capital investment in creating modern hospitals able to deliver increasingly complex care using modern technology. In effect, today's hospitals still retain some of the reputation gained many years ago when the Salvation Army mission centre delivered a high quality service in areas where there was no health care available. However, today there are many new and shiny modern hospitals, clinics and schools being built in the same vicinity as Salvation Army services. Both students and patients are attracted to new and shiny hospitals and clinics.
- 7.4 Nursing education is now a market in India. Many new schools are opening, some without any connection with a base hospital, and they are using modern marketing strategies to attract students. Recruitment agents are also being used. As an example, there were previously 3 schools around Ahmednager, and now there are 8. There is clear evidence that the number of applications for all Salvation Army programmes are reducing significantly, and the degree programme at Nidubrolu has not been able to attract the approved number of entrants in the first two classes.
- 7.5 Existing Salvation Army hospitals do not meet the Indian Nursing Council's specified requirements for a base hospital associated with a school/college of nursing – number of beds, staff:patient ratios, daily occupancy rate, type of patients, range of conditions and treatments. Thus, each school is required to increase the range and number of affiliation agreements it has with other hospitals and health agencies in order to ensure that each student is able to have the amount and range of clinical experience required for registration. These affiliated hospitals and agencies are meant to be no more than 30km from the school. Salvation Army nurse students spend a significant amount of the programme gaining the required clinical experience away from their base hospital. This particularly applies to psychiatric nursing, midwifery, and community health, but also occurs for general and specialist medical/surgical experience, as well as paediatric nursing and aged care.
- 7.6 It is difficult for Salvation Army hospitals to attract and retain qualified and experienced staff because of the national shortage, and because the Salvation Army does not pay a competitive salary to both doctors and nurses. Currently, there is a significant shortfall in the salaries paid to staff in at least one Salvation Army Hospital. Thus, there is a tendency for hospital services to be limited because of a shortage of doctors, especially in specialist areas; and for nursing care to be of variable quality because of a chronic shortage of staff and a high turnover. Indeed, hospitals are reliant on the new registered nurses who are meeting their bond obligations by working at the hospital. However, they tend not to stay past the bond period.
- 7.7 It is difficult for Salvation Army schools to attract and retain qualified and experienced teaching staff because of the shortage of nurse teachers who meet the requirements of the Indian Nursing Council, and because The Salvation Army does not pay a competitive salary. For example, Catherine Booth Hospital School of Nursing is reliant on bonded graduates with limited experience who have short term contracts. There is usually up to a 100% change in teaching staff each year. This has serious consequences for the ongoing quality of the programme, and poses a serious challenge if this school receives permission to offer the degree programme as

well as the diploma programme. At Nidubrolu, there has been great difficulty accessing qualified staff to teach both the nursing and related courses within the degree programme. A plan to hire university staff as part-time lecturers in the sciences has not come to fruition. The Indian Nursing Council's decision to delay full implementation of the requirements for teaching staff because of the current shortage is only a temporary measure.

- 7.8 Nurse students have to pay fees to undertake the programme. This usually involves the family taking out a loan to support the student over the three+ years. However, this is not so easy for the very poor and for a woman alone. Even when a loan is obtained, some students may feel stress as they worry about their parents' ability to pay when each instalment is due. This is made even worse if the student fails an examination and falls back 6 months before being able to sit the exam again. When the 4 year degree programme replaces the diploma programme, this financial concern is likely to become even more of an issue. In at least one hospital, funding pressure has made it impossible to continue to offer loans/scholarships to students.
- 7.9 Nursing students are a source of income for the hospital, both in terms of managing the fees, and receiving payment for providing clinical experience in the hospital. Thus, there is a tendency for pressured hospital administrators to use the income from the school to reduce a budget deficit in the hospital, and to fail to make the investment required to keep the school facilities and resources up to the required standard.
- 7.10 Even though each school is currently approved to offer the GNM programme, nurse leaders are aware that they do not really fully meet the current Indian Nursing Council requirements for facilities, resources and staff. This is an ongoing cause for stress in the school leadership because the Indian Nursing Council has the legal authority to withdraw its recognition of a programme if the resources are not adequate or the required standards have been maintained. Regular visits mean that there is always this possibility if the current informal tolerance level is not maintained.
- 7.11 One area of particular concern shared by all four schools is the failure to meet the current requirements for a library. Nursing school libraries require a specified number per 20 student intake of the latest editions of nursing and related books, together with a reading room, photocopying facility, internet access and a range of national and foreign nursing journals. A significant investment in the purchase of books and journals is necessary to meet the current requirements, and an annual library budget is required that is enough to expand the titles in topical areas, to purchase new editions, and to maintain journal and web-based subscriptions.
- 7.12 A second area of particular concern common to all four schools is the inability to meet the requirements for laboratories, both in terms of the amount and quality of space and the number and quality of teaching/learning resources. The Indian Nursing Council is very specific in its requirements for seven different types of laboratory teaching spaces with associated equipment: Fundamentals of Nursing, Nutrition, Community Health, Anatomy and Physiology, Midwifery, Paediatric, and Computing. This lack is made more important when there is not easy access to the 'real' practice setting for teaching sessions. A significant investment in the development of flexible spaces and essential equipment would be required to bring each school up to the required minimum standard.
- 7.13 While anyone meeting the Nursing Council's criteria for entry may apply for a Salvation Army nursing programme, the student group is primarily poor, including poor Salvationists, and a number are the children of Salvation Army officers. It seems that some poor parents see nursing as a career through which their child can provide financial assistance for the family, especially if they can move overseas after registration. While this group must remain a priority, and it is consistent with the new vision statement, the increasing educational requirements for entry to the diploma and degree programmes may serve to reduce the pool of poor and marginalised and Christian/Salvation Army applicants for the four nursing programmes. It has been common for Christian applicants to miss out on places in other nursing programmes, so it is important for The Salvation Army school to focus on supporting this group and delivering a faith-based learning experience to them. It may be that The Salvation Army may decide to work with its own young people to give them assistance and encouragement while they are at school so they can attain the increasingly specific academic entry standard.
- 7.14 Currently, there is a tendency for registered nurses to plan to go overseas as soon as possible after completion of their programme and meeting their bond requirements. There are financial and social reasons for this - to

assist their family and to pay back loans. However, it does mean that manpower planning between the school and hospital is of limited value because graduates do not tend to stay, and few return because of the comparatively low wages. Thus, while there is a very clear desire to assist the poor and marginalised to gain a nursing qualification, evidence suggests they are not likely to alleviate the current difficulty in attracting and retaining a qualified and experienced hospital workforce.

- 7.15 A number of the current nursing leadership who are Salvationists are past, or approaching retirement. It may not be possible to maintain the current preference for Salvationist or Christian leadership because of the increasing requirement for advanced educational qualifications. This could lead to a dilution of the commitment to a faith-based nursing programme because there are fewer influential leaders to sustain them, especially when it is not a requirement for registration. The same may apply to leadership in the practice setting. There are not enough qualified Salvationist nationals to fill the leadership roles and affirm the mission focus.
- 7.16 Christianity, and The Salvation Army, are not an integral part of the curriculum for registration. However, they are a fundamental attribute of the programme offered within Salvation Army schools. Students are currently involved in a range of faith-based activities throughout the programme, ranging from praying with people to participation in Bible Study, Home League and services. It may be timely, if the Salvation Army schools remain, to give consideration to the international development of a set of guidelines encompassing spiritual formation and Salvation Army mission and ministry for all students, and perhaps all staff.

8.0 Outcome: Recommendations and Principles

8.1 There are four recommendations, concerning nursing education in India, that arise from consideration of the many, complex issues identified in this report:

8.1.1 None of the four schools of nursing in India can continue in their present circumstances

8.1.2 Each school of nursing should be reviewed using an approved International Health Services monitoring process that includes an approved set of international principles

8.1.3 Each school of nursing that is confirmed to remain open must receive the resources required to bring it up to date and sustain it into the future in line with the proposed principles

8.1.4 Each school of nursing that is confirmed to remain open is considered integral part of the Salvation Army's international health ministry

8.2 A set of ten guiding principles are proposed for consideration. These arise from particular consideration of the new IHS vision and health services plan as well as the current circumstances affecting nursing schools in India and Indonesia. It is suggested that these principles could provide a useful component of the monitoring process for all Salvation Army nursing and health worker training programmes and be of considerable assistance to those who are responsible for planning and delivering the programmes.

8.2.1 Every Salvation Army school/college of nursing/health worker training centre should be an integral part of the local expression of The Salvation Army's mission. There is a mission-based reason for the ongoing existence of every nursing education programme, and a recognition that it does not exist in isolation from the local expression of evangelism, discipling, social service and social action. In particular, the school/college should be fully aware of, and part of the planning process for, implementing the new priority of establishing clinics and small hospitals that respond to local health needs, in partnership with the local faith community.

8.2.2 Every Salvation Army school/college of nursing/health worker training programme should be established and maintained with the facilities and resources required to meet the local standards and other requirements. It is likely that most health-related programmes will be required to meet local health and/or education standards or other requirements. As far as possible, each programme should strive to fully meet the local requirements. Indeed, the Salvation Army should be a model for quality, demonstrating its commitment to deliver quality services and programmes. However, it is important to ascertain the exact status of the requirements, including the actual minimum that will ensure ongoing approval of the programme as well as any potential transition arrangements, especially when a significant financial investment is required. However, it is critical that any negotiated minimum standards do not compromise the safety of students and staff and the achievement of required learning outcomes.

8.2.3 Every Salvation Army school/college of nursing/health worker training centre should have local policies and practices that mirror Christ's model for living and serving in community. It would be helpful for International Health Services to develop a set of guidelines to assist with this requirement. Every policy and practice in a training/education programme offered by The Salvation Army should be consistent with the Biblical model of Christ-like living. This would include the climate created throughout each agency for students and staff, including the expectations of, and patterns of reward and punishment for, students living in hostel accommodation during a programme of study.

8.2.4 Every Salvation Army school/college of nursing/health worker training programme should include a specific teaching/learning experience that ensures every student is thoroughly familiar with The Salvation Army's local health ministry vision. It would be helpful for International Health Services to develop a set of guidelines to assist with this requirement. This may be introduced as a

separate component, but would be better fully embedded within each component of the programme e.g. a mission perspective on maternal and child health, or community health, and so on.

- 8.2.5 Every Salvation Army school/college of nursing/health worker training programme should include a specific teaching/learning experience to enhance the holistic health and the spiritual wellbeing and maturity of each student.** It would be helpful for International Health Services to develop a set of guidelines to assist with this requirement. The programme should take a holistic approach to personal development and spiritual maturity, and also cover Salvation Army mission and ministry. It should include a range of learning activities covering: my self, my self and God, my self and my family, my self and my community, my self and The Salvation Army.
- 8.2.6 Every Salvation Army school/college of nursing/health worker training programme should have a major focus on primary health care as close to the family as possible, with a priority for the poor and marginalised, as a vertical thread through every stage of the programme.** Even though there is usually a specific content-focused “syllabus” for each health-related educational programme, such as within a nursing diploma programme, it is possible for each school/centre to imbue every learning experience with a primary health care focus that reflects current health service and Salvation Army priorities. The graduate from each Salvation Army programme should be ready to work within the community in partnership with other community health workers.
- 8.2.7 Every Salvation Army school/college of nursing/health worker training centre should have a specific strategy for attracting and retaining qualified teaching staff, and also assisting current staff to upgrade their qualifications when the school/college/centre is unable to meet the current minimum requirements, or any higher requirements arising from upgrading a programme.** In many programmes there is an issue with staff retention, and with appointing staff who meet the local minimum requirements in terms of qualifications and experience. It is usual for a transition plan to be acceptable, when there is a clear strategy that will move the school/college towards full compliance. However, the school/centre should have a plan to assist staff to upgrade their qualifications, including due recognition of the time and cost required.
- 8.2.8 The Salvation Army International Health Services should develop a process for monitoring the quality of major health-related education/training programmes offered by The Salvation Army throughout the world.** The focus of this monitoring process should be on the overall quality of each programme, including the teaching/learning process and outcomes, its coherence with the vision and priorities of the International Health Services, and its adherence to an agreed set of international principles.
- 8.2.9 The Salvation Army International Health Services should identify a group of qualified health professionals who can advise International Health Services on the development of an international monitoring process, and guide Salvation Army health-related education/training providers on the development of quality, mission-focused programmes.** The first requirement is for International Health Services to facilitate the development and approval of an international monitoring process in consultation with appropriately qualified Salvationist consultants, and others if required. At the local level quality development may be achieved by a peer advisor process using qualified people in similar programmes. Alternatively, it may be achieved by using experienced Salvationist consultants who have an international perspective on mission and ministry in relation to the health services vision and plan, are familiar with current development in health care and education, and are able to merge this with the local mission-based health services plan.
- 8.2.10 The Salvation Army International Health Services should develop a financial management strategy that facilitates the ongoing financial viability of quality, mission-focused, health related, training/education programmes.** It is clear that the financial situation at all nursing schools needs to be reviewed because many are in a precarious financial position that is threatening, or is likely to threaten the continued existence of their programmes. The same is likely to be the case for all health related training/education programmes. There must be separate cost centre for every school/centre

with an annual budgeting and financial management process that is open to audit. It is particularly important that there is auditable tracking of all financial support received. There should also be adequate checks and balances to ensure that the financial situation in nursing and other health programmes is not compromised by unreasonable hospital or THQ expenses. A capital fundraising campaign in western countries should be considered as a matter of urgency to assist The Salvation Army to make the financial investment required to keep affected nursing schools and other training centres open.