

Understanding the impact of clinical and leadership development activities for pediatric cardiac nurses in India

Magdeline Aagard¹, Adriana Dobrzycka², Bistra Zheleva², Veeralakshmi Rajasekhar², Shubhitha Menon², Vaisakh Gopakumar³

¹College of Health Sciences and Public Policy, Walden University, Minneapolis, MN, USA, ²Children's Heartlink, Minneapolis, MN, USA,

³Department of Cardiology, Oxford University Hospital, Oxford, UK

ABSTRACT

The major challenges for pediatric cardiac nursing in India include inadequacies in their levels of education and lack of recognition of their vital role in the health-care system. The aim of this study was to understand the impact of the leadership educational initiatives on pediatric cardiac nursing taken by Children's HeartLink and the Pediatric Cardiac Society of India. Semi-structured interviews were conducted with eight pediatric cardiac nurse leaders from different Indian hospitals. A review of interviews from a previous study and an extensive literature review provided further foundational data on two major themes. The first theme on nursing education focused on nursing curriculum update, continuing education, and leadership development. The second theme focused on improving the value of nursing in public perception, value in hospitals, and their career promotions. The study identified the potential targets for improvement and provided a nursing career development ladder applicable to India.

Keywords: Nursing education, nursing in India, nursing leadership, pediatric cardiac nursing, value of nursing

INTRODUCTION

Compared to high-income countries, the nursing profession in India does not have a good public and professional image and does not enjoy a status of esteem in society, embroiled with the issues of hierarchy and level of authority in the health-care system. Nurses are not recognized as skilled health workers due to low salaries.^[1-4] The reasons include inadequate levels of basic nursing education, lack of avenues for professional advancement, discrimination of the female sex, lack of nurses in leadership roles, and reliance on seniority for promotion.^[1,4-6] Our study aimed at understanding if leadership development and educational initiatives for pediatric cardiac nurses could address some of these challenges.

METHODS

A basic qualitative study was conducted using purposive sampling of pediatric cardiac nurses in India, who designed and participated in the pediatric cardiac care education program with Children's HeartLink (CHL) and the Pediatric Cardiac Society of India (PCSI). E-mails were sent to all pediatric cardiac nurses who completed the program inviting them to participate in a semi-structured interview. Fourteen of the eligible participants responded to the initial and follow-up emails.

Interviews from a previous study on leadership in nursing in India, conducted by CHL, were reviewed

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Aagard M, Dobrzycka A, Zheleva B, Rajasekhar V, Menon S, Gopakumar V. Understanding the impact of clinical and leadership development activities for pediatric cardiac nurses in India. *Ann Pediatr Card* 2023;16:204-7.

Access this article online

Quick Response Code:



Website:

<https://journals.lww.com/aopc>

DOI:

10.4103/apc.apc_83_23

Address for correspondence: Dr. Magdeline Aagard, 3116 W Lake St., #222, Minneapolis 55416, MN, USA.

E-mail: magdeline.aagard@mail.waldenu.edu

Submitted: 06-Jun-2023

Revised: 26-Jun-2023

Accepted: 03-Jul-2023

Published: 08-Sep-2023

and thematically analyzed. These data were used for triangulation and support of the data analysis of this study. Two themes were found in this data analysis: (a) education with subthemes of continuing education, leadership development, and nursing curriculum update and (b) value of nursing with subthemes of value to the public, value to hospitals, and promotions.

RESULTS

Eleven of the 14 eligible respondents followed through with scheduling interviews; however, due to the COVID-19 pandemic impacting work schedules, and family illnesses, only eight nurses completed their interviews. Consent to participate was audio recorded and in accordance with the ethical standards in India and the Helsinki Declaration of 1975, revised in 2013. The interviews were conducted on Zoom between March 15th and April 13th, 2021. The average length of the interviews was 38 min. Merriam and Tisdell^[7] defined saturation as when the data being collected reaches a point of redundancy or when the researcher hears the same participant responses to the interview questions. Saturation was not achieved; however, clear themes emerged, on which recommendations could be made.

The demographics of the participants are shown in Table 1.

Education

The theme of the value of education and the subthemes of continuing education, leadership development, and nursing curriculum update ran through multiple areas of participants' responses to interview questions, demonstrating how these themes touch on the value of nursing, job satisfaction, retention, and promotion.

Continuing education

Despite acquiring initial pediatric cardiac training, there were no mandatory requirements for continuing education. This led to a lack of advances in pediatric cardiac nursing. There was a failure of recognition that continued education would lead to promotional opportunities.

Leadership development

Participants were unaware of the leadership development programs for nurses in India. The hospitals did not provide any such programs. They were not provided access to the library or the Internet to update their leadership abilities. The only guidance that they could get was from their peers and seniors.

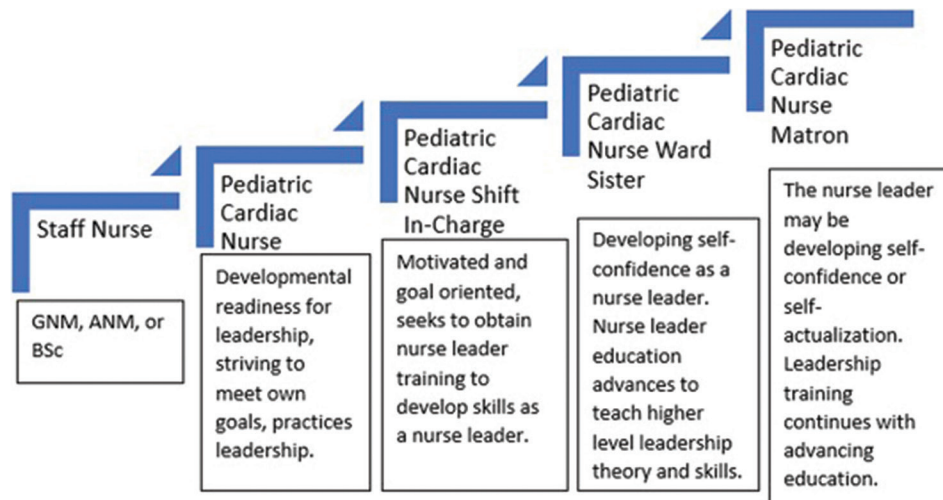


Figure 1: Nursing leadership career ladder for India

Table 1: Demographics of the participants

Age	Education	Current designation/position	Years of experience as a nurse	Years of experience as a pediatric nurse
35	BSc	Nursing officer	14	8.5
47	GNM	In-charge	28	3
23	BSc	Staff nurse	2	2
31	BSc + MSc	Clinical and teaching	10	6.5
47	GNM, post-BSc, MSc	Pediatric nurse educator	26	1
26	BSc	In-charge	4.5	4.5
43	BSc	In-charge	25	16
Unk	BSc, MSc, PhD	Retired nurse educator and program developer	43	21

Due to the small sample size, participant quotes are not identified below. BSc: Bachelor of Science in Nursing, GNM: General Nurse Midwife, MSc: Master of Science in Nursing, PhD: Doctor of Philosophy, Unk: Unknown

Nursing curriculum update

Participants stated that the current nursing curricula for Auxiliary Nurse Midwife, General Nurse Midwife, and Bachelor of Science in Nursing do not prepare students for patient care in the hospital. The inclusion of active patient care cannot be implemented in the nursing curriculum in the short term as it involves major changes at various levels. However, senior nurses, CHL, and PCSI can take the initiative immediately to train them in active patient care.

Value of nursing

Participants felt strongly that nurses and nursing as a profession are not highly valued in Indian society; however, they felt that the COVID-19 pandemic improved the image of nursing.

Value to the public

Participants agreed that nursing as a profession and nurses are not valued in India. Most nurses have low self-esteem due to the lack of recognition by the public. Nurses are treated poorly as it is not considered a high-class white-collar job. However, the COVID pandemic changed the public perception, improved the image of nurses, and established their vital role in health care.

Value to hospitals

There was a disparity among the participant responses regarding whether hospital administration and physicians valued nurses. In the majority of institutions, physicians valued the role of nurses and recognized their contribution to health care; however, a few continued to blame the nurses for lapses and variations in routine day-to-day patient care. Most hospital administrators and health managers began to appreciate the vital role played by nurses after the COVID pandemic. A change in the mindset of the few doctors and nurses who continue to see nurses as subservient and performing menial jobs is vital for improving the value of nurses in hospitals.

Nurses stressed the importance of improving salaries and removal of gross disparities between the salaries for doctors and nurses. Nurses should be provided uniform standards of working hours and benefits in their working environment.

Promotions

Participants spoke about the need to change the system of how nurses are promoted, noting that enhancing promotional opportunities would lead to improved nursing job satisfaction and retention, which is important to hospitals because nurses continue to leave India for better jobs and better pay abroad. Participants felt that promotions should be based on education, competency, additional education and training, specialty training, and other expertise. The nurses remarked that the current system of promotion did not value their continuing education and acquisition of new skill sets.

DISCUSSION

The participants discussed the need for a career ladder for nurses which would provide a framework for addressing these findings. However, the nursing profession lacks a common definition of nursing, a common scope of practice, a common entry level of education, and a common definition of nursing leadership.^[8] Not everyone has a goal of becoming a nurse leader and not everyone should be a nurse leader. Nurse leaders develop over time as they gain knowledge, skills, expertise, and experience.

A career ladder model for nursing leadership [Figure 1] would provide a foundation to build from which would be consistent across hospital systems. It could provide nurses with an incentive to increase their education, knowledge, and skills, resulting in a higher-quality workforce and better patient outcomes. Updating the basic nursing curriculum by adding mandatory hospital rotations and including topics of relevance to pediatric cardiac nursing is recommended. Providing regular structured continuing education to practicing pediatric cardiac nurses and developing nurse educator roles would be beneficial. These recommendations align with the WHO Global Strategic Directions for Nursing and Midwifery (2021–2025) of education, jobs, leadership, and service delivery.^[9] This is an opportunity for the government, the Indian Nursing Council, and nursing colleges to show nurses are valued. Partnerships between CHL, PSCI, and other organizations could also be formed to foster and build the field of pediatric cardiac nursing and nursing leadership across India.

CONCLUSION

Pediatric cardiac nursing education and leadership development have given nurses in India opportunities to advance their knowledge and their career; however, further education needs to be assured for these highly specialized health workers. This could lead to more chances for promotion and nurses in leadership positions. In addition, consideration should be given to advocating for the value of nursing in the eyes of the public and hospitals, which would lead to improved pay and benefits. Nurses deserve respect for the work they do to care for individuals during their time of need.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Johnson SE. Convince your patients and you will convince society: Career decisions and professional identity among nurses in India. *SAGE Open* 2018;8:1.

2. Jose R. Leadership for Nurses in India: A Futuristic Perspective. *Express Healthcare*; 2017. Available from: <https://www.expresshealthcare.in/amp/life-healthcare/leadership-for-nurses-in-india-a-futuristicperspective/389253/>. [Last accessed on 2023 Apr 19].
3. Malik N. Authentic leadership – An antecedent for contextual performance of Indian nurses. *Pers Rev* 2018;47:1244-60.
4. Varghese J, Blankenhorn A, Saligram P, Porter J, Sheikh K. Setting the agenda for nurse leadership in India: What is missing. *Int J Equity Health* 2018;17:98.
5. Indian Nursing Council. Annual Report; 2021-2022. p. 63-7. Available from: <https://indiannursingcouncil.org/annualreports>. [Last accessed on 2023 Apr 19].
6. Bagga R, Jaiswal V, Tiwari R. Role of directorates in promoting nursing and midwifery across the various states of India: Call for leadership for reforms. *Indian J Community Med* 2015;40:90-6.
7. Merriam SB, Tisdell EJ. *Qualitative Research: A Guide to Design and Implementation*. San Francisco, CA: Wiley; 2016.
8. Scott ES, Miles J. Advancing leadership capacity in nursing. *Nurs Adm Q* 2013;37:77-82.
9. World Health Organization. *Global Strategic Directions for Nursing and Midwifery 2021-2025*. Geneva: World Health Organization; 2021.