

PERCEPTION OF NURSING EDUCATION IN NEPAL: MEETING THE NEEDS OF
NURSING AS A PROFESSION IN A GLOBAL HEALTH CARE COMMUNITY

By

Pamela L. Bellah

A Thesis Presented to

The Faculty of Humboldt State University

In Partial Fulfillment of the Requirements for the Degree

Masters of Arts in Education

Committee Membership

Dr. Stephen Kelish, Committee Chair

Dr. MaryAnne Levine, Committee Member

Dr. Wendy Woodward, Committee Member

Dr. Eric Van Duzer, Graduate Coordinator

December 2019

Abstract

PERCEPTION OF THE NURSING EDUCATION IN NEPAL: MEETING THE NEEDS OF NURSING AS A PROFESSION IN A GLOBAL HEALTH CARE COMMUNITY

Pamela L. Bellah

The goal of this study was to examine 1) the overall perception of the nursing education system in Nepal, 2) identify opinions that examine the degree to which nursing education in Nepal meets the needs of nursing as a profession, and 3) identify opinions that examine if the standards of the nursing education in Nepal meet international standards. The broader goal was to develop and provide a body of information that governmental agencies and administrators could utilize to strategically plan for the future of nursing education in Nepal.

The purpose of this mixed method (quantitative and qualitative) study is to investigate the perception and opinions of healthcare providers in Nepal of the nursing education in Nepal. Through the use of quantitative and qualitative methods data was collected to provide in depth analysis of the perception of the education provided for nursing students in Nepal; if nurses perceive themselves as a profession; if nurses considered themselves to be members of the larger global healthcare community; and how nursing is perceived by nurses and other members of health community and society. Focus groups were conducted of nursing staff at three hospitals located in Kathmandu.

Using phenomenological methods five nurses at each hospital participated in the focus groups. Focus groups helped to verify the accuracy of the focus of this research.

Focus groups provide informational data obtained in an interactive and natural environment where the attitudes, perceptions, experiences and feelings of the participants can be revealed. Focus groups were followed by interviews of three physicians and three nursing supervisors at three different hospitals. Three nursing faculty at three nursing campuses were also interviewed. Finally, surveys that were conducted at three different hospitals and included twenty nurses at each hospital. Surveys took approximately thirty minutes to complete. Quantitative data provided breadth to the research data and was acquired using surveys that were conducted at scheduled staff lunch meetings.

Acknowledgments

The nursing staff and nursing students in all emerging countries:

Hand maidens for their countries

And

My husband

Jack L. Bellah, M.D.

A man who stands by me tirelessly

And

My Mentors

Dr. Wendy Woodward

Dr. Mary Anne Levine

Dr. Eric Van Duzer

For their endless patience and support

And

All my siblings

I wish they all could find what calls to their hearts

And

My Mother

Emma Delilah Laymon

(I use her Maiden name because those she married do not deserve their name in this thesis)

Table of Contents

Abstract	ii
Acknowledgments.....	iv
List of Tables	viii
List of Appendices	ix
Introduction.....	1
Literature Review.....	3
Introduction	3
Evolution from Occupation to Profession.....	5
Development of Nursing as a Profession	7
Barriers That Challenge Nursing as a Profession.....	12
Perceptions of Nursing	15
Globalization of Nursing.....	18
International Standards for Nursing Education.....	22
The Nepalese Setting and Context	25
History of Nursing in Nepal	27
Overview of Nursing in Nepal	29
Structure of Nursing Organizations in Nepal.....	32
Globalization and Nursing in Nepal.....	34
Identify Criteria and Training to Globalize Nursing in Nepal	34
Improving the Education and Profession of Nursing in Nepal	37
Conclusion.....	40
Methodology	43
Introduction	43
Human Subjects Protocol	44
Gaining Access and Approval to Conduct Research in Nepal.....	44
Participant Recruitment and Selection	45
Focus Groups	45

Interview Subjects	46
Survey Subjects	46
Research Questions	46
Focus Groups	46
Interviews	48
Surveys	49
Focus Group Participation.....	50
Implementation of Focus Groups	50
Interview Participation	51
Interview Construct	52
Implementation of Interviews	53
Survey Participation	54
Survey Construct	54
Implementation of Surveys	56
Analytic Framework	58
Data Analysis	58
Method for Quantitative Data	58
Quantitative Data: Validity and Reliability.....	59
Qualitative Data: Rigor and Trustworthiness.....	60
Qualitative Data: Reliability and Quality of Focus Group Data	63
Qualitative Data: Reliability and Quality of Interview Data.....	64
Findings.....	65
Introduction	65
Quantitative Findings	65
Qualitative Findings	67
Nursing Education	68
Perception of Nursing	70
Global Healthcare Community	72
Opinion of Healthcare Providers	74

Convergence and Divergence of Findings	75
Perception of Nursing Education in Nepal	76
Does Nursing Education in Nepal Meet the Needs of Nursing as a Profession?	79
Do the Nursing Education Standards in Nepal Meet International Standards?.....	82
Conclusion	86
Introduction	86
Evolution of the Study.....	86
Significance of the Research	89
Limitations of This Study.....	90
Recommendations for Future Research	91
Summary	93
References.....	95
Appendices.....	103

List of Tables

Table 1: Push/Pull Factors That Result in Nurse Migration Worldwide	20
Table 2: Typology of Mixed Method Legitimation Types	60
Table 3: Scientific and Naturalistic Terms Appropriate to the Four Aspects of Trustworthiness.....	63
Table 4: Quantitative Findings.....	66
Table 5: Core Themes and Categories	68

List of Appendices

Appendix A.....	103
Appendix B.....	104
Appendix C.....	105
Appendix D.....	106
Appendix E.....	107
Appendix F.....	108
Appendix G.....	109
Appendix H.....	110
Appendix I.....	111
Appendix J.....	112
Appendix K.....	113
Appendix L.....	114
Appendix M.....	120
Appendix N.....	127
Appendix O.....	135
Appendix P.....	135
Appendix Q.....	136
Appendix R.....	137
Appendix S.....	151
Appendix T.....	172
Appendix U.....	189
Appendix V.....	204
Appendix W.....	225
Appendix X.....	239
Appendix Y.....	256
Appendix Z.....	275
Appendix AA.....	293

Introduction

Nursing has changed as a result of the globalization of nursing as a profession and it is no longer conscious to view nursing solely from a national perspective.

Globalization is defined as the integration of societies and economies worldwide; with the acceleration in the mobility of capital, technology, services, goods and labor (Government of Canada, 2007; International Monetary Fund, 2008; Smith & Smith, 2002). As developed countries face shortages of nursing professionals it will require the recruitment of foreign-educated nurses (FENs) to alleviate the shortage. There will be potential impacts on the profession of nursing associated with the recruitment of FENs such as cultural and social issues, discrimination and recruitment abuses, and immigration policies (Chandra & Willis, 2005). Overall, the profession of nursing has seen a decline in the amount of investment to the profession, is experiencing deterioration in the image of nursing, has not diligently marketed the profession as a good career choice and is increasingly dependent on FENs to address shortages in developed countries (Chandra & Willis, 2005). This is why due to the changes both within and outside of any given country the mobility of nursing has required that the education of nurses within their own country meet standards that are recognized on an international basis.

This research will examine the perception of nursing education in Nepal by health care providers. The research will also examine the perception of healthcare providers of the degree to which the nursing education in Nepal meet the needs of nursing as a profession. There is limited information and assessments in the literature relevant to the

current level of development of nursing as a profession in Nepal. The research will then examine the perception of healthcare providers and the degree to which the standards of education for nursing in Nepal meet international standards. Standards set by the World Health Organization (WHO) will be utilized in assessing the current standards of nursing education in Nepal.

This research examined the evolution of a profession and the development of nursing as a profession. Barriers to nursing as a profession were identified and perceptions of nursing discussed. This study examined the globalization of nursing and international standards for nursing education. An overview of the Nepalese setting and context was provided. A history and overview of the profession of nursing in Nepal was provided and structures and organizations associated with nursing in Nepal were discussed. The issue of the globalization of nursing in Nepal was examined. Recommendations will be provided at the conclusion of this research in order to provide ideas for professional development of nursing and identify potential criteria for setting international standards for nursing education in Nepal.

Literature Review

Introduction

The literature review examined the current perception of healthcare providers in Nepal of the nursing education system in Nepal. The focus of the literature review was the development of nursing as a profession, the globalization of nursing and an overview of nursing in Nepal.

In the current state of international healthcare nurses remain at the forefront of the healthcare community. Nursing has developed from its original role as a female dominated occupation with minimal autonomy under the direction of physicians into a profession recognized by affiliated healthcare providers and the public. Nursing is an autonomous profession with a diverse knowledge base and broad set of skills.

The role and function of nurses has further changed as a result of the globalization of nursing as a profession and it is no longer reasonable to view nursing solely from a national perspective. Due to the changes both within and outside of any given country the mobility of nursing has required that the education of nurses meet standards that are recognized on an international basis. Globalization has increased the need for countries to assess and develop goals which provide for standards of education and practice and allow for a reliable and continuous supply of nurses worldwide.

This study concentrated on the perception of nursing education in Nepal by healthcare providers. This was done by focusing on two distinct aspects of the system of educating nurses in Nepal. The first was to examine the perceptions of study participants

to see if they believe that the education provided meets the needs for nursing as a profession in Nepal. The second was to look at the perception of the study participants and if they believed that the standards of education for nursing provided in Nepal meet international standards.

The intention of this study was to provide baseline information and data by which administrators and politicians within Nepal could strategically move forward in developing and establishing a nursing education system that graduates professionals in the field of nursing who are able to meet international standards as defined by organizations such as the WHO, as well as to provide for the healthcare needs of the Nepalese. This in turn will enable nurses in Nepal to compete for positions and roles outside and within Nepal as participants in the international community of nursing and healthcare.

The following was a review of literature related to nursing as a profession, the perception of nursing and the globalization of nursing. It first examined the evolution of an occupation to a profession and then moved into the development of nursing as a profession. It then identified barriers that challenge nursing as a profession and progressed into the perception of nursing. The literature review also examined the globalization of nursing and examined international standards for nursing education. A review was conducted and a description was provided of the Nepalese setting and context. A history of nursing in Nepal was provided and an overview of nursing and the structures and organization associated with nursing in Nepal were identified. The globalization of nursing in Nepal was examined; and criteria and training to meet

international standards for educating nurses in Nepal were identified. Finally, the literature review investigated suggestions in previous studies on how to improve the education and practice of nursing in Nepal. It is necessary first to identify how an occupation evolves into a profession.

Evolution from Occupation to Profession

The differences between an occupation and a profession are not easy to clarify. An occupation is defined by the *Collins English Dictionary* as “a person’s regular work or profession; job or principal activity” (2009, p.1145). In contrast, a profession is a calling, vocation, or form of employment that provides a needed service to society and possesses characteristics of expertise, autonomy, long academic preparation, commitment, and responsibility (Huber, 2000). *Collins English Dictionary* defines a profession as “an occupation requiring special training in the liberal arts or sciences, especially one of the three learned professions, law, theology or medicine” (2009, p. 1314). The characteristics of a profession include a specialized body of knowledge and skills, autonomy, ethics, altruism, a professional organization representative of its members, and a certification or licensure procedure (Black, 2014; Carr-Saunders & Wilson, 1933; Flexner, 2001; Hall 1968, 1982).

Professions tend to evolve from occupations through specialized academic pathways, and gain legitimacy through public recognition and status (Black, 2014). Early professions tended to follow a sequential process of development (Black, 2014; Carr-Saunders & Wilson, 1933). Early professions first worked full-time in the discipline of

their choice (Black, 2014; Carr-Saunders & Wilson, 1933). They then established work standards, developed a body of knowledge and established advanced educational programs (Black, 2014; Carr-Saunders & Wilson, 1933). Eventually, associations and a code of ethics were established, and legal protections of specific professions were protected through certification or licensure (Black, 2014; Carr-Saunders & Wilson, 1933).

An occupation differs from a profession in two distinct ways: preparation and commitment (Black, 2014). Preparation for a profession includes education at a college or university level of a specialized body of knowledge and skills specific to the profession (Black, 2014). Professional preparation also includes orientation to the attitudes, beliefs, values, standards of practice and ethics through formal and informal processes of socialization into the profession (Black, 2014). Formal socialization includes classrooms lectures, clinical orientation and laboratory experience with faculty instruction and support as students learn how to complete patient assessments, coordinate patient care plans, practice therapeutic communication, and write papers on subjects such as professional ethics (Black, 2014). Informal socialization is accomplished through lessons that are learned incidentally through observation of others providing care, participation in professional associations and listening to other nurses verbally sharing their observations on patient care (Black, 2014). These informal lessons are considered more notable and influential than formal socialization in their professional development (Black, 2014).

Professionals derive their identity from their commitment to their profession of choice and consider their profession an integral part of their life (Black, 2014). For many it is considered an altruistic calling that transcends monetary rewards (Black, 2014). Their commitment to their profession results in long term employment in the same career; whereas in an occupation a person may change jobs many times over the same time of employment (Black, 2014). All of these qualities are integrated into the professionalization of the nursing. Nurses have not always been recognized as professionals within the healthcare community. The following section will look in general at the evolution of nursing into a profession recognized by the nursing community and other healthcare providers.

Development of Nursing as a Profession

It is necessary to define nursing in order to have a framework to establish the boundaries of the profession of nursing (Black, 2014). Defining nursing will provide guidance for viewing the profession in context and examining the role of the nurse in their own communities (Black, 2014). The American Nurses Association defines nursing as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and the advocacy in the care of individuals, families, communities and populations” (American Nurses Association, 2013, p. 1).

Nurses need attributes, knowledge, clinical, and technical skills in order to be recognized as professionals. The American Association of Colleges of Nursing (AACN) guidelines for the baccalaureate generalist education include:

- A holistic practice approach to care.
- Evidence based practice.
- Promotion of quality, safe patient care.
- Ability to use critical thinking in clinical practice in simple to complex circumstances.
- Accountability for delegated or own patient care.
- Ability to practice in various care settings.
- Providing care for patients across full spectrum of health-illness continuum.
- Providing care for patient throughout lifespan.
- Providing appropriate care for diverse populations.
- Ability to provide self-care in order to provide optimal care for others.
- Participation in ongoing professional development (American Association for Colleges for Nurses, 2008).

The AACN provides guidelines for the baccalaureate education of nurses in the United States (U.S.) which intend to transform the framework and elements of the core curriculum for nursing in the 21st century (American Association of Colleges of Nurses, 2008). The clinical knowledge and skills acquired will focus on educating nurses to

become integral members of the inter-professional health team (American Association of Colleges of Nurses, 2008).

Three major documents exemplify the development of nursing as a profession and direct the practice of nursing in the U.S. The *Code of Ethics for Nurses with Interpretive Statements* guides nurses in providing care with responsible and consistent standards and their professional and ethical obligations (ANA, 2010). *The Nursing: Scope and Standards of Practice*, second edition, defines the professional role and parameters for nurse practice (ANA, 2010). Finally, *Nursing's Social Policy Statement: The Essence of the Profession* describes the elements of the nursing profession and defines the profession's values and accountability to society (ANA, 2010). These major documents guide nurses' in the U.S. understanding about professional and personal behaviors, knowledge, and skills that are expected in order to provide competent and safe patient care (Black, 2014).

Nursing has long-standing ethical traditions which are unique and introspective (ANA, 2010). These traditions are reflected first in the *Code of Ethics for Nurses* which clarify the primary values, obligations and goals for the nursing profession (ANA, 2015). *The Code of Ethics for Nurses* is considered a living document consisting of two components, the provisions and the interpretative statements (ANA, 2015). There are nine provisions: three outline and define the fundamental roles, responsibilities and values of the nurse; three define the boundaries of the loyalty and duty of the nurse; and three delineate the duties of the nurse beyond individual patient encounters (ANA, 2015). Interpretative statements which are provided for each provision are revised more

frequently than the provisions and are considered the living aspect of the *Code of Ethics for Nurses* (ANA, 2015).

It is the responsibility of the professional nursing organization to develop and establish the standards and scope of its members' professional practice. These are defined and described in secondary documents such as the *Nursing: Scope and Standards of Practice*, second edition (ANA, 2015). Standards are dynamic and are reviewed and revised on a formal, periodic basis (ANA, 2015). The scope of practice provides a complete view of the complex and dynamic nature of nursing and its' diverse membership and boundaries (ANA, 2015). An overlying scope of practice envelopes the breadth of nursing practice which is relevant to nurses in general and/or specialty practitioners (ANA, 2015). Individual registered nurses engage in a scope of practice at a breadth and depth which depends on their level of education, role, experience and the population for whom they provide care and services (ANA, 2015).

The third major document that exemplifies the development of nursing as a profession is the Nursing's Social Policy Statement. The essence of the profession, it is an essential conceptual framework for the practice of nursing and to providing guidance for educators, administrators and researchers in the field of nursing (ANA, 2015). It can also provide a resource for other groups or individuals who are involved in healthcare decision-making such as legislators, researchers, other healthcare professional, funding organizations and agencies, and the general public (ANA, 2015). *Professional Licensing*

Licensing of professions such as nursing protects public welfare, health and safety (Black, 2014). Licensing is established and regulated by individual states in the U.S.

(Black, 2014). The professional boundaries of nursing have been defined by each state through the passage and implementation of a statute known as the Nursing Practice Act (Black, 2014). The nurse practice act of each state must meet four objectives which include: defining the practice of nursing as a profession; setting minimum educational criteria and requirements for licensing; identifying legal abbreviations and titles that may be used by nurses; and identifying what events, incidents or behaviors would initiate disciplinary action of licensed nurses with a system of enforcement (Black, 2104). In 1996 the American Nurses Association (ANA) published its Model Practice Act which provides guidance for state nursing associations to revise their nurse practice acts (Black, 2014). In 2011 the National Council of State Boards of Nursing (NCSBN) published its' Model Nursing Practice Act and Model to guide states' in developing and revising their nurse practice acts (Black, 2014). State boards of nursing are the regulatory bodies which administer and enforce the nurse practice acts of individual states; however, its authority is limited to adopting rules that clarify the nurse practice act, but has no authority to expand the law (Black, 2014).

The following section investigated and identified how the process of developing nursing as a profession makes it necessary for members to recognize that there are numerous barriers to overcome. In order to reduce these barriers one of the first steps is to gain knowledge and awareness of potential barriers that challenge the profession of nursing (Black, 2014).

Barriers That Challenge Nursing as a Profession

One significant barrier for the nursing profession is the variability in the level of education of nurses (Black, 2014). Currently there are at least three levels of entry for the practice of nursing including the Diploma in Nursing, which is usually a hospital-based nursing training program, the Associate Nursing Degree in Nursing and the Bachelor of Science Degree in Nursing (Black, 2014).

The diploma of nursing education is the oldest and most traditional program for training nurses and was typically affiliated with a given hospital (Allnurses, 2009). The program is usually two to three years in duration and the curriculum is similar to the Associate Nursing Degree except that there are more hands on and clinical experience (Allnurses, 2009). An Associate Nursing Degree can be completed in 2 years at a community college or vocational school following the completion of general education and prerequisite requirements (APRNGuide, 2013). Those that are trained at this level are able to provide direct, practical care of patients and other nursing duties and this can be a quick way to enter the field of nursing (APRNGuide, 2013). A Bachelor of Science in Nursing typically takes four years to complete (APRNGuide, 2013). Nurses who complete this level of education are able to practice in most healthcare environments and may hold positions in administration, supervisory and research roles (APRNGuide, 2013).

The variation in initial education level for entry into the profession of nursing is at the center of discussion within the profession with a bachelor degree being identified as the minimum level of education for entry into the profession of nursing (Girardet, WHO,

2009). The need to have the Bachelor of Science in Nursing degree as a standardized level of entry into the profession of nursing is essential to the continuation of the professionalization of nursing (Black, 2014).

Another challenge and potential barrier for nursing is gender (Black, 2014). Gender plays a critical role in the perceived value of nursing because it is a female-dominated profession (Black, 2014). For over 160 years stereotypical gender roles have affected society's view of nursing (Black, 2104). A National Sample Survey of Registered Nurses identified that men represented 5.4% of the nursing labor pool in the year 2000, up from 4.9% in 1996 (U.S. Dept. of Health & Human Services, 2000). Recruiting more men into nursing would equalize the workforce in terms of the balancing of genders and enhancing the diversity in communication and worldview in the field of nursing (Hart, 2005). Reasons given for difficulty in recruiting men to the profession include: difficulty in their education experience and their work environment, such as being considered 'muscle' for women in their educational programs and place of work; the perceived feminization of traditions within nursing education and work environments; and the ongoing misperception that nursing is a female profession and men who become nurses are homosexual (Hart, 2005). Though the numbers of males entering the field are increasing, issues for nursing such as an increase in their social status, improving their work environment, and increasing their compensation continue to be challenges that the profession has to face (Black, 2014). Despite the challenges and the barriers the primary reasons given by both men and women for pursuing a nursing career include: diverse

options in career paths, flexibility in work environments, and stability of employment with minimal downsizing and layoffs (Black, 2014; Hart, 2005).

Nursing's historical affiliation with the military and religious groups has been a liability due to the aspects of unquestioning obedience and altruism which are counter to the professional values of self-determination and autonomy and seeking to increase the economic value of nursing (Black, 2014). It is crucial for autonomy of practice that nurses question authority and not stifle their abilities to think creatively and be able to competently problem-solve (Black, 2014). Nurses should resist pressures that undermine their sense of value and make them feel guilty about expecting fair pay for the complex set of skills and knowledge required to provide care for others (Black, 2014). By working together nurses of both genders can address the challenges to the profession and realize their professional potential with recognition from the public for their value, work, and contributions.

The next section looked at studies and polls focused in the U.S. that examined the perception of nursing as a profession both by community members and other health professionals. Nurses' roles in how others perceive their profession were discussed along with how nurses can be enabled to actively contribute to a positive perception of their communities and professional colleagues. Studies conducted in other countries were examined to provide an overview of the perception of nursing on an international basis.

Perceptions of Nursing

The Woodhull Study of Nursing and the Media found that nursing as a profession, is virtually invisible to the public in the coverage of healthcare by the media (Tau, S.T, 1998; Black, 2014). The recommendations of the study were that nursing and media should have an ongoing dialogue which will ensure that nurses be recognized as essential participants in healthcare, provide information by and about the profession of nursing and give credit to nursing educators and researchers when and where appropriate (Tau, S.T. 1998; Black, 2014).

A Gallup report in 2018 rated nurses the highest in ethics and honesty compared to a number of other professions for the period of 1999 to 2018 (Gallup. (2018). The full Gallup report can be accessed at www.gallup.com/poll/245597/nurses-again-outpace-professions-honesty-ethics.aspx (Gallup, 2018). Gallup has measured the public's views of honesty and ethics standards of various professions since 1976 and since 1999 nurses have outpaced all other professions in the minds of the public (Gallup, 2018). Ultimately, improving the public perception of nursing is the responsibility of the nursing profession by reinforcing positive images and speaking out against negative ones.

Despite the historically poor image of nursing that was developed years ago the current perceptions of nursing as a profession have been transformed to recognize the profession as one that is grounded in science and has its' own distinct body of knowledge and skills (Black, 2014). Looking at nurses' own views of their profession can provide an indication in this perceptual shift.

On an international basis there have been various studies related to the perception of nursing education and profession (Al Jarrah, 2013; Coverston, Harmon, Keller & Malner, 2004; Karaoz, 2003; Petro-Nustas, Mikhail & Baker, 2001; Wondwossen, 2011). One such study in Ethiopia looked at nurses' perception of the profession in their public health delivery (Wondwossen, 2011). The majority of nurses that participated in this study who had a favorable view of nursing noted that the primary influences on their perception of the profession were occupational factors such as the level of autonomy, control in professional practice, intra-disciplinary relationships and the scope of their practice. (Wondwossen, 2011).

A study in Turkey disclosed that when a course which addressed nursing as a profession was introduced into the curriculum for nursing education, participant perceptions and understanding of nursing as a profession had increased following completion of the course (Karaoz, 2003). This study also identified that as nurses increased their level of education their perception of nursing as a profession increased (Karaoz, 2003).

Another study comparing Guatemalan and United States (U.S.) nurses' perceptions of nursing identified that the nursing shortage in their countries was the critical issue for nurses in both countries (Coverston, et al, 2004). This was due to not having enough nurses to fill positions, which resulted in working multiple shifts and potentially led to job burnout (Coverston, et al, 2004). Nursing shortages also had an impact on nurse-patient ratios, with nurses being unable to provide optimal care due to having too many patients (Coverston, 2004).

Two studies in Jordan looked at the perception of nursing from the view of baccalaureate educated nurses and the view of Associate of Nursing students (Al Jarrah, 2013; Petro-Nustas, et al., 2001). The study with Associate of Nursing students found that the majority of participants had positive perceptions of nursing as a profession (Al Jarrah, 2013). The relationship of nurses with medical staff had the greatest positive effect (Al Jarrah, 2013). The lowest positive effect were the changes in the image of nursing, and working conditions such as difficult working conditions, exposure to hazards, lack of resources and facilities (Al Jarrah, 2013). Family opinion had the greatest negative effect on perception of nursing as a profession, and the gap between theoretical education and practice in the field had the second negative effect (Al Jarrah, 2013).

A second study in Jordan was the completion of a community survey of baccalaureate educated nurses related to their perceptions and expectations of their education (Petro-Nustas, et al., 2001). Findings of this study were that other health providers and the general public viewed nurses as important members of the healthcare team, but that their primary role was to provide care for the sick as an assistant to physicians with limited autonomy (Petro-Nustas, et al., 2001). Participants identified professional and personal characteristics expected in a nurse who is educated at a baccalaureate level, which include: the ability to apply theoretical knowledge to practice and practitioners who are competent in nursing procedures and has the ability to provide skilled and safe patient care (Petro-Nustas, et al., 2001).

Nurses have gained recognition as professionals and primary health care providers worldwide and as such there is a need to understand the globalization of nursing. Practicing nurses and students are becoming increasingly aware of the global nursing community and how the profession has becoming more interconnected in recent years. It is critical that nurses recognize the impact and profound changes that globalization has had and will continue to have on nursing and healthcare. Globalization is here to stay and will have both positive and negative effects on healthcare worldwide which will be discussed in the following section.

Globalization of Nursing

Globalization can be defined as a global connection through integration and interdependence of economic, technological, ecological, cultural, social and political aspects of the entire world (Tschudin & Davis, 2008).

In relation to nursing in a globalized world two broad attributes of nursing practice have been identified: the ability to sustain the care environment and the profession of nursing; and social justice and equity for patients and nurses with a view of each patient encounter in terms of appropriate care (Grootjans & Newman, 2012). In response to the globalization of nursing it is necessary for nurses to understand what must now be considered in a broader context and reflect on the concept that local actions have a global impact (Grootjans & Newman, 2012). Globalization creates a diverse set of issues that impact healthcare and the practice of nursing worldwide ethically, practically and technologically (Tschudin & Davis, 2008). One of the biggest issues related to

globalization of nursing is referred to as brain drain, which is the taking of skilled migrant workers from their home countries to developed countries Chandra & Willis, 2005). Other issues include creating shortages in skilled workforce in source countries where migrant workers are recruited from, increased workloads for those who remain in home country, permanent relocation of skilled workers and remittances sent or not sent to source countries (Chandra & Willis, 2005).

Pull and push factors contribute to the increased global migration of nurses. Pull factors are factors that draw a nurse to another country and include safety for themselves and their families, better compensation, better living conditions, improved working conditions and enhanced opportunities for career advancement (Black, 2014; Kingma, 2001; Buchan, 2001). Push factors drive nurses away from their own country to another and include salary deficits, poor working environment, lack of opportunity or options for career advancement, and political instability (Black, 2014; Kingma, 2001; Buchan, 2001). The following table identifies push/pull factors that result in nurse migration worldwide.

Table 1: Push/Pull Factors That Result in Nurse Migration Worldwide

Push Factors	Pull Factors
Low salary	Higher salaries
Limited career opportunities	Career opportunities
Lack of professional respect/autonomy	Professional autonomy
Violence in the workplace	Better way of life
Poor retirement benefits and practices	Families already in the receiving country
Poor working conditions	Better working conditions
Tradition of migration	Adequate supplies and staffing
Rise of HIV/AIDS in the workplace	Better resourced health system
	Provision of post-basic education
	Political stability
	Improved standard of living

Table from: Nichols, B.L., Davis C.R. & Richardson, D.R. (2011). Global nurse migration. In D.J. Mason, S.L. Isaacs, & D.C. Colby (Eds). The health profession: Development, challenges, and opportunities, 1st edition (pp. 287-298), San Francisco: Josey-Bass. Copyright © 2011 Robert Wood Johnson Foundation. All rights reserved.

Development of nurses who are sensitive to cultural differences is a fundamental component of a progressive nursing education program due to the globalization of healthcare worldwide (Black, 2014). How and where nurses are educated, work, and whom they work with can no longer be viewed in a localized manner (Tschudin & Davis, 2008). Preparation for practice and how to cope in a globalized profession are crucial aspects of a nursing education today (Tschudin & Davis, 2008). Nurses educated outside of the U.S. may have different views of culture, age, gender, power and authority (Black, 2014). Cultural competency should provide nurses with the knowledge and skills to know and understand what health and illness mean to patients in terms of their particular cultural heritage (Johnson, 2005). In another example, there may be a tendency by foreign trained nurses to have absolute respect for individuals in positions of authority

which may create a barrier between themselves and teachers and managers due to their hierarchical view of themselves as professionals (Black, 2014).

Though there are distinct differences in international nursing education and practice there are numerous systems which allow nurses to migrate worldwide (Baumann & Blythe, 2008). In some countries such as the Philippines, United Kingdom and Australia there are deliberate policies and mechanisms for exporting nurses, where companies have established programs to prepare nurses to take the National Council Licensure Examination for Registered Nurses, making it possible for them to practice in the U.S. (Black, 2014; Baumann & Blythe, 2008).

In recipient countries that will be recruiting nurses from other countries there is various systems that have been introduced to ease the difficulties in the transition of nurses who are migrating such as; bridge programs with the aim of guaranteeing that nurses are both eligible and competent to register for examinations and initiatives to assess prior learning in conjunction with courses to validate knowledge and competencies prior to registering for examinations (Baumann & Blythe, 2008). In order for nurses in developing countries such as Nepal to participate in a global community of healthcare they will need to be educated and trained to meet international standards set by recognized international organizations such as the WHO. With the expansion of nursing education associated with the rise in the globalization of nursing comes the challenge of maintaining standards of education and meeting the needs of experienced nursing faculty worldwide (Baumann & Blythe, 2008).

International Standards for Nursing Education

Some countries have developed and established stringent educational and regulatory policies and procedures in an effort to meet and maintain international standards (Baumann & Blythe, 2008). A nurse's success in migrating and integrating into a workforce when migrating from country to country depends on the formative education that is provided in their home country that prepares them for practice on an international basis (Baumann & Blythe, 2008).

The need for international standards has risen due to an increase in the complexity in the provision of healthcare, an increase in the numbers of healthcare professionals at different levels, and the need for more equitable access to healthcare worldwide (Girardet, 2009). The International Council of Nurses (ICN), established in 1899 looked forward to the formation of an international federation of national nursing organizations which would develop, establish and regulate international standards of education and nursing practice worldwide (International Council of Nursing, n.d.; Baumann & Blythe, 2008). The ICN provides guidance in the role and education of nurses through consultation in the formation of policy, delivery of services and funding (Olgivie, 1993).

WHO is an international organization which is influential in the development, planning and implementation of health systems in developing countries (Olgivie, 1993). The WHO has defined and established five key education and skill related areas identified for international standards which include program graduates, program development and revision, program curriculum, academic faculty and staff, and program admission. (Girardet, 2009). These five key areas are the recommended components of

educational systems for nurses that will meet international competency standards and will be developed and implemented by individual countries based on their relevant needs and circumstances (Girardet, 2009). It is the responsibility of administrators, politicians and educators in each country to determine timelines for the implementation of international standards for nursing education and practice (Girardet, 2009).

There has been an international movement to require that the entry level of education for professional nurses be raised to the equivalent of a Bachelor of Science in Nursing in the United States (Girardet, 2009). International standards of education for entry into the practice of nursing will facilitate progress to increase the level of education for a given country or region; assist in the appropriate and equitable placement of nurses; and simplify and expedite recruitment practices worldwide (Girardet, 2009). Country specific strategies will need to be developed and established in order to meet the goal of working towards a university level education requirement for entry into the profession of nursing (Girardet, 2009). From the view of recipient countries, it is optimal that nurses who are migrating to be tested for their level of competency prior to leaving their country of origin to assure that they are knowledgeable and competent to practice immediately upon entering the recipient country (Baumann & Blythe, 2008).

Numerous countries have established examinations centers in collaboration with regulatory agencies, nursing associations and educational systems to test nurses who are migrating for competencies prior to their leaving their country of origin rather than after arriving in their recipient country (Baumann & Blythe, 2008). A critical issue that persists is the absence of an international organization with the authority to monitor

worldwide international standards that would reconcile the cultural diversity of its membership in the worldwide healthcare community (Baumann & Blythe, 2008). It is also difficult to compare different systems of education among countries due to the lack of an international body with the authority to evaluate and enforce sanctions when the nursing education system in a given country does not meet international standards (Baumann & Blythe, 2008). There is also a need for an international body with the authority to review and approve which countries should be recognized as having a nursing education system that meet international standards and are eligible for accreditation showing that they maintain suitable standards (Baumann & Blythe, 2008).

With the increase in the globalization of nursing and healthcare many issues have emerged. It is necessary for nursing to be viewed in a broader context and a recognition that local actions can result in global impacts. With globalization has come an increase in the migration of nurses worldwide. With the increase in migration there is a need to provide training in cultural competency in order for nurses to provide patient care in various cultural settings. However, the two most significant issues that need to be addressed as a result of globalization include: 1) entry level education for licensing and 2) international standards for nursing education systems. In order to address these two issues, it is necessary for an international organization to be selected or established that would have the authority to review and approve the standards for any given country, such as Nepal, and would be able to evaluate and enforce sanctions when standards are not met.

I have selected Nepal as my study site in order to provide a body of information for administrators, governmental and non-governmental organizations within Nepal to strategically plan and develop a nursing education system which provides for a nursing workforce that will be recognized as healthcare professionals trained at international standards. An overview of the setting and context of Nepal will be discussed in the following section to provide a clear understanding of the location where research will be conducted and the cultural and historical context for the individuals that participated in this project.

The Nepalese Setting and Context

Nepal is a landlocked country located between India and the Tibetan Autonomous Region of China. It is approximately 52,819 square miles in size, with the area known as the Terai, bordering India to the south, lying as low as below sea level and reaching to the top of Mt Everest which is 29,035 feet high (Ogilvie, 1993; & Infoplease.com, 2013). The population is approximately 29,000,000, and has a growth rate of 1.4% (Infoplease.com, 2013). The government of Nepal has had a chaotic history, and for brevity, this literature review will cover from approximately 1990 to the present.

In 1990 there was a nonviolent uprising referred to as Jana Andolan I (a popular movement) which King Birendra eventually responded to by announcing that he would accept the role of a constitutional monarchy and would allow for democratic elections (Thapa & Sharma, 2009). In 1990 the Nepali political system was transformed from a partyless panchayat system to a multiparty system which fundamentally changed the

political system resulting in a transfer of sovereignty of power from the monarchy to the people; the introduction of a parliamentary form of governance and democratic and human rights for the citizens of Nepal (Thapa & Sharma, 2009).

To date there has not been an extended period of governmental stability in Nepal. In the spring of 1996, the Maoists (Communist Party of Nepal) launched the janayudhha (people's war) which was an insurrection against the government (Thapa & Sharma, 2009). In June of 2001, the Crown Prince Dipendra took the lives of almost all of the royal family including King Birendra and Queen Aishwarya and the younger brother of King Birendra, Gyanendra, was crowned the King of Nepal (Thapa & Sharma, 2009). Following the Jana Andolan II (people's movement) in 2006 the Maoist negotiated the removal of King Gyanendra as constitutional monarch as the price for peace and parliamentary democracy was restored and elections ensued (Thapa & Sharma, 2009). Currently, there is a President, Ram Baran Yadav, who came into power in 2008 and an interim Prime Minister, Khil Raj Regmi (Infoplease.com, 2013). The political situation in Nepal remains unstable and chaotic (Infoplease.com, 2013). Two challenging issues continue to threaten the stability of the young democratic government in Nepal (Thapa & Sharma, 2009). The first is the maintenance of law and order throughout the nation; and the second is the management of the rebel army and security forces which will require reorganization to reflect the authority of democratic order and transformation (Thapa & Sharma, 2009).

It is within this topographical and political milieu that the profession of nursing is developing in Nepal. Due to the inability for the government to stabilize itself it is a

difficult environment to establish clear and concise strategies, policies and plans for the education of nurses at a level that meet international standards and the professionalization of nurses in Nepal.

Understanding the current state of nursing in Nepal will provide the knowledge to make decisions related to the direction nurses roles as primary care providers. This knowledge may initiate a discussion and collaboration by administrators, educators, governmental and non-governmental organization and agencies as to the best strategies and allocation of resources for education and training of nurses in Nepal into the future.

A further understanding of nursing as a profession in Nepal should be defined by the skills, knowledge base and standard of education for practitioners. It is necessary to review the history of nursing in Nepal in order to gain a clear view of the current state of nursing in Nepal in terms of its' development as a profession.

History of Nursing in Nepal

Professional nursing in Nepal was initiated in the early 1950's when two Nepali women were sent to India to be educated and trained (Ogilvie, 1993). In 1956 the two women returned to Nepal when the doors of the first nursing school in Kathmandu were opened. A second mission run school in Patan was opened in 1959 (Ogilvie, 1993). Graduates of nursing schools at that time were trained to work primarily in hospitals and clinics. No additional nursing schools were opened until the 1980's (Ogilvie, 1993).

Between the first graduating class of 1960 and 1972, 147 nurses graduated from the certificate level programs at the government school and 71 nurses graduated from the

similar program at the mission run school between 1963 to 1972 (Ogilvie, 1993). In 1972 the Institute of Medicine at Tribhuvan University under the Ministry of Medicine took over the responsibility for nursing education from the Ministry of Education (Ogilvie, 1993).

In the 1970's the first post-baccalaureate nursing program was developed and initiated and the first class was admitted in 1976. In the 1980's expansion of post-baccalaureate nursing programs occurred at campuses in Maharajgunj and Lalitpur. Additional campuses opened in Biratnagar, Pokhara, Birganj, Nepalgunj and at the Bir Hospital in Kathmandu. The Bir Hospital nursing campus remained under the direction of the Ministry of Education due to a rapid increase in expansion delineated in development plans (Ogilvie, 1993).

At the same period of time in the 1980's when the expansion of nursing campuses occurred there was also a shift in the development of nursing education. The concept of primary healthcare was introduced into nursing curriculum in 1987 with the intention that nurses should care for people throughout Nepal (Ogilvie, 1993; Das, 1986). Problems emerged with the transition that focused nursing education on primary healthcare (Bentley, 1995). Students voiced concerns about the need for more and improved supervision with the focus of training in both clinical practice and field experience (Bentley, 1995). Eventually, student attitudes changed and there were positive outcomes in the training of traditional birth attendants, community health leaders and school teachers by trained primary healthcare nurses (Bentley, 1995).

Overview of Nursing in Nepal

The degree to which nursing as a profession is developing within societies worldwide is diverse, and varies within different geographic areas and given society (Black, 2014; Maglascas, 1988, 1989). The result is the undermining of credibility and power of nursing staff within and between societies (Black, 2014; Maglacas, 1988; 1989). Nursing educators in Nepal are challenged both philosophically and practically. Philosophically there is an ongoing attempt to define nursing in Nepal and there is much frustration with nurses related to the dependent nature of their practice and the lack of autonomy in practice (Ogilvie, 1998). Many practitioners perceive that nurses are under-utilized due to dominant physicians constraining their practice (Ogilvie, 1998).

The perception that nursing as a female-dominated profession has been an ongoing challenge of the professional development of nurses due to the patriarchal nature of the medical system and Nepali society (Niemczura, 2013). Nepali society is influenced by a strong patriarchal force entrenched in Hindi religious ideology (Sharma, 2000). The development and growth of both males and females are defined by patriarchal traditions (Sharma, 2000). Sons are preferred because they are considered insurance against economic struggles for the aged (Sharma, 2000). Whereas, daughters are given away in marriage to care for her husband's parents and home; to invest in the education of daughters is not considered a good investment (Sharma, 2000).

The Hindu caste system is deeply ingrained at all levels of society with distinct hierarchies that dictate power, status and prestige of each individual for life (Jamal & Dangal, 2009). The caste system influences the dynamics of class relations and results in

preconditions that reinforce discrimination and oppression (Ogilvie, 1993; Bista, 1991; Sedon, 1990). In a complex patriarchal society where the caste system is entrenched there are myriad power structures at societal and institutional levels that impact and influence decision and options related to healthcare resources (Ogilvie, 1993). Women continue to be constrained by roles dictated by the framework of Nepal's traditionally patriarchal society (UNICEF, 1996). However, an increase in male participation in nursing is perceived as one way that the status of women and the profession of nursing can be elevated (Ogilvie, 1998).

Insufficient numbers of nurses are willing to work in remote areas, with many nurses holding positions in outlying district hospitals while working on what is referred to as deputation at a hospital in Nepal (Ogilvie, 1993). Deputation is when a nurse is assigned in a remote locale but is also employed full-time at a Kathmandu hospital (Ogilvie, 1993). Deputation leaves the remote position designated as filled in the remote area making the position unavailable to hire another nurse for that remote position (Ogilvie, 1993). Other inappropriate scheduling patterns include the staffing of all senior nurses on day shift, allocating days off based on personal rather than facility needs (Ogilvie, 1993).

There is a lack of knowledgeable and skilled supervision and a tendency for sporadic and unreliable evaluation of nurses due to a shortage in the numbers of available nurse educators and leaders (Ogilvie, 1993). Opportunities for work force promotion are insufficient and are difficult to attain (Ogilvie, 1993). This can be because in Nepali society there is a system of *afno manche*, which means one's own people; which results

in access or discrimination based on caste, social relationships and familial kinship (Jamal & Dangal, 2009).

Other concerns that have been identified include, sub-standard working environment, incompetent supervisors, and low-morale (Ogilvie, 1993). Specific work environment problems include, insufficient salary, inadequate staffing which results in long work hours, lack of staff lounges for changing or taking breaks, lack of secured space to leave personal valuables during work hours, deficit transportation systems for staff that live far from their work location, no accommodations for staff when there is a need for them to stay over during time-off, and a lack of cafeteria facilities to get meals (Ogilvie, 1993).

The growth of professional nursing in Nepal has been slow (Ogilvie, 1993). With the expansion of nursing campuses and student intakes the numbers of nurses graduated is increasing (Olgivie, 1993). There is limited information and assessments relevant to the current level of development of nursing as a profession in Nepal (Olgivie, 1993).

Since 1990 the proliferation of private nursing schools has resulted in numerous challenges for the developing profession of nursing in Nepal. Private business owners tend to not have expertise to manage nursing education programs (Subedi, 2014). With the commercialization of nursing education has come the issue of maintaining the quality and integrity of the education (Subedi, 2014). There has been growing concern that adequate practical training is not available due to too many schools and not enough sites available for increased numbers of students. A demand supply analysis of nursing professionals is needed to determine the number of nurses that are needed for the Nepal

healthcare system (Subedi, 2014). Because practical training is not considered experience many new grads are unable to find employment and either sit idle at home or take partially paid or unpaid volunteer jobs where they are exploited and work long hours (Subedi, 2014). Finally, the number of nurses migrating to other countries such as the US, the UK, Australia and Canada is increasing. Overwhelming number of student nurses noted that “they want to go abroad” and that is they chose to be a nurse (Subedi, 2014). Rapid privatization of nursing education has resulted in problems that include a decrease in the quality of education, lack of employment opportunities, unskilled manpower, globalization, low pay, abuse in work environment, migration and brain drain (Prakash, Yadav and Yadav, 2018).

There is limited information evaluating the current level of the development of nursing as a profession in Nepal (Ogilvie, 1993). Though the history of nursing in Nepal is rich, the literature on current challenges and issues related to the profession of nursing is very limited (Subedi, 2014). There is support by international organizations such as the WHO, which provides nursing advisors for both schools and organizations such as the Nursing Association of Nepal (NAN) (Ogilvie, 1993). As the profession progresses so does the development and establishment of organizations within Nepal that represent the profession of nursing.

Structure of Nursing Organizations in Nepal

The Nursing Association of Nepal (NAN) was revitalized in early 1990's with the technical and financial support of the Canadian Nurses Association and the Norwegian

Nurses Association (Ogilvie, 1993). The NAN was established in 1962 and became a member of the ICN in 1969. The website of the NAN states that the mission of the organization is to “provide quality nursing service to the people in order to protect and promote the professional rights and interests of all nurses in the kingdom of Nepal” (nursingassoc.org.np, para. 2).

The Nepal Nursing Council (NNC) was established in 1996 (Nepal Nursing Council, 2013). The NNC administers the National Licensure Examination for Nurses three times a year (Nepal Nursing Council, 2013). Nurses that have graduated from either a Proficiency Certificate Level or Bachelor of Science in Nursing are eligible to take the National Licensure Exam which is the entry qualification to be a nursing professional. As of October of 2013, there were 23,022 registered nurses in Nepal and 6,528 nurses had applied to renew their licenses (Nepal Nursing Council, 2013). Power, Functions and Duties of the NNC include:

- Develop and establish policy to guarantee stable practice of nursing as a profession,
- Provide accreditation for teaching institution,
- The evaluates and reviews proposed curriculum, criteria and conditions for registration, examination and licensing; and
- Providing a body of members with a Board of Directors responsible for carrying out all powers, functions and duties of the organization (Padma, 2011).

Globalization and Nursing in Nepal

With the increased number of nurses in Nepal many challenges for professional development have emerged such as the privatization of nursing schools with inadequate numbers of trained faculty and the globalization of nursing with mobility and out-migration of nurses to other countries (Shrestha, Bhandari, Singh, 2010). Due to the globalization of innovations and technology in the provision of health services, the delivery of health services has become an integrated service sector (WHO, 2003).

Adopting the World Health Organizations' international standards for initial education of professional nurses will facilitate raising the standard of entry level for nursing to a Baccalaureate level (Girardet, WHO, 2009). The outcome of this practice will be the professional advancement of nursing practice in Nepal which will be consistent with worldwide trends (Girardet, WHO, 2009).

Identify Criteria and Training to Globalize Nursing in Nepal

The influence of international communities through aid and trade policies impact national decisions related to healthcare resources in Nepal (Ogilvie, 1993). The WHO plays a critical role in the planning of the healthcare systems in Nepal (Ogilvie, 1993).

Five key areas for competency-based education programs have been identified by WHO global standards:

- Program graduates,
- Program development and revision,

- Program curriculum,
- Academic faculty and staff,
- Program admission (Girardet, WHO, 2009).

The principles that underpin all of the standards include:

- Establish competencies that provide sound basis on which to build curricula for initial education to meet health population needs.
- The interaction between nursing and client is the primary focus of quality education and care.
- An inter-professional approach to education and practice is critical (Girardet, WHO, 2009).

International standards should be piloted, reviewed frequently, assessed, and revised based on user feedback (Girardet, WHO, 2009). The intention of establishing international standards for the nursing education system in Nepal will produce competency-based outcomes in a time when the globalization of nursing is increasing in Nepal (Ogilvie, 1993). It is not clear in the literature what the standards of training and education currently are in Nepal.

The ICN influences educational standards and preparation of the members of their organization and influence the definition of their roles in healthcare (Ogilvie, 1993).

The goals of the ICN include:

- To bring nursing together worldwide.

- To advance nurses and nursing worldwide.
- To influence worldwide health policy (International Council of Nurses, 2013).

The core values of the ICN which guide their vision and goals include visionary leadership, inclusiveness, innovativeness, partnership, and transparency (International Council of Nurses, 2013).

Five phases of international nursing practice define the relationship between nurses of more developed countries and those in less developed countries (Ogilvie, 1993). Phases include: doing phase, training phase, supporting phase, consulting phase, and collaborating phase (Ogilvie, 1993). The first three phases focus on leadership training, education, and patient care (Ogilvie, 1993). Nurses from international organizations stay in the country for extended periods of time in order to gain knowledge to provide appropriate recommendations and assistance (Ogilvie, 1993). International nursing involvement over time has focused more on consultation and collaboration (Ogilvie, 1993). Consultation in Nepal has been done through providing seminars, program development assistance, and conducting evaluation and feasibility studies (Ogilvie, 1993). It has become the direction of most international organizations to focus on collaboration such as the sharing of services, expertise and information (Ogilvie, 1993). The changing nature of the relationship in international nursing relations will require an understanding of the cultural context of the recipient country (Ogilvie, 1993). It will also require a recognition of the differences and similarities that nurses will encounter in various settings in order to provide appropriate assistance and to minimize the

ethnocentric domination by nurses from other countries that might be more affluent (Ogilvie, 1993).

In order for nurses in Nepal to acquire educational training that meets international standards that have been defined by an organization such as the WHO and established it is necessary to gain knowledge of the current status of nursing education in Nepal. Understanding the current status of nursing in Nepal will enable the government, administrators and educators to identify where and how changes can contribute to constructive and appropriate changes in the education of nurses. It is crucial that decision makers have the attitudes, knowledge and skills necessary to guide the process of change (Ogilvie, 1993).

Improving the Education and Profession of Nursing in Nepal

There is a need to consider national and/or regional factors such as cultural norms and beliefs, prior educational progression and experience and different entry points for education when considering strategies to improve the education and practice of nursing in Nepal (Ogilvie, 1993). There is an opportunity to renegotiate the status of nursing as a profession in Nepal going forward (Ogilvie, 1993).

The development of nursing in Nepal as a profession tends to be reconciled by the formulation of four distinct forces which include individual, professional, societal and international (Ogilvie, 1993). Individual forces that are crucial include commitment, confidence, competence, consciousness, and challenge (Ogilvie, 1993). Commitment involves the willingness to make sacrifices and put forth the energy to achieve necessary

clinical goals which entail the provision of optimal nursing care and services (Ogilvie, 1993). Confidence relates to the provision of work environments that support the nurse's ability to achieve competence and feel successful (Ogilvie, 1993). Competence is affected by the standard of training and education provided and systems of evaluation and supervision which guarantee that standards are being achieved (Ogilvie, 1993).

Consciousness is the ability for practitioners to recognize the need for the expansion in the roles of nurses and the responsibilities and accountability they face as healthcare providers (Ogilvie, 1993).

At a professional level the forces that influence nursing development in Nepal include voice, credibility, collegiality and cohesion (Ogilvie, 1993). Voice is the ability to articulate a position clearly and to identify and the access the opportunities necessary to be heard (Ogilvie, 1993). Credibility relates to the inclusion in the development of the planning, setting of policies and the opportunities to show that nurses have much to offer at community and clinical levels (Ogilvie, 1993). Collegiality deals with the mutual respect for all healthcare providers and the ability to collaborate with others in the provision of healthcare and services (Ogilvie, 1993). Cohesion is the ability to act as a member of a healthcare team and to speak collaboratively (Ogilvie, 1993).

Societal forces that mediate the development of nursing in Nepal include infrastructure improvement, political motivation, respect and economic feasibility (Ogilvie, 1993). Infrastructure improvement includes facilities, available personnel, and recognition of nursing as a profession that has a role in social justice and equity (Ogilvie, 1993). Political motivation is related to the allocation of resources and those who have a

voice and are recognized at the level of decision-making (Ogilvie, 1993). Economic feasibility addresses what is achievable with given resources and potential financial limitations (Ogilvie, 1993). Finally, respect which is considered a reciprocal process which recognizes the value of the profession of nursing and the recognition from their community and families (Ogilvie, 1993).

International factors that have influence on the development of nursing in Nepal are financial and technological support, solidarity, and opportunity (Ogilvie, 1993). Financial and technological support relates to resources and funding which is primarily provided by international organizations, such as the WHO, which provides nursing advisors for Nepal (Ogilvie, 1993). Solidarity is the accrued affinity between healthcare providers through social interactions in various social contexts such as with expatriate nurses at conferences and the sharing of point of views and knowledge through personal communications and publications (Ogilvie, 1993). Finally, opportunity is provided through higher education, participation in international conferences and opportunities to work with nongovernmental organizations which expands nurses' abilities to demonstrate their competencies in other nursing settings and roles (Ogilvie, 1993).

Utilizing international standards of entry level of education for nursing identified by the WHO will enable nurses in Nepal to be recognized as competent professionals who are able to provide quality care while promoting optimal health outcomes in Nepal (Girardet, WHO, 2009). Fives themes are essential to the professional development of nurses in Nepal which include:

- Nursing leadership.

- Recognition and respect.
- Professional networking.
- Supportive management.
- Continuing professional development (Bhandari, Shrestha, & Singh, 2010).

Nursing in Nepal face constraints that obstruct the ability for the profession to actualize its' full potential as participants in the international health care community (Ogilvie, 1993). There is philosophical tension between nursing faculty who view nursing education as a vehicle for social change and those who reinforce the status quo (Ogilvie, 1998). Issues such as the selection of students, student attitudes, gender, social class, standards of education, faculty qualification, and employment issues continue to add the challenges and tension for the profession of nursing in Nepal (Ogilvie, 1998).

Ongoing issues such as commitment by nurses, a profession dominated by females, and a lack of autonomy are perceived to be barriers to professional development of nurses in Nepal (Shrestha, Bhandari, & Singh, 2010). Given the level of financial support provided for healthcare in Nepal by donor nations it is inevitable that there will be an international influence on healthcare planning in Nepal (Ogilvie, 1993).

Conclusion

The development of nursing in Nepal has been a difficult and tortuous journey. From the onset of the first women sent to India to be educated as nurses in the early 1950's, to currently offering graduate studies in nursing has been a lengthy process.

Nurses have had to overcome many challenges and constraints such as the patriarchal nature of their society that for a long period of time left them to a hand-maiden status as members of the healthcare community. Nurses in Nepal have also been limited in their development as a profession by the economic constraints of their nation which has allocated most funding toward male dominated professions such as medicine. Another societal challenge is the caste system which viewed work such as nursing as lower status until the daughter of a Prime Minister became a nurse. Nurses in Nepal are moving forward in gaining recognition as a profession through the development of professional associations, expanding levels of education to include graduate level studies and affiliating and collaborating with international organizations.

Due to the changing environment and nature of nursing and healthcare worldwide the nursing education in Nepal is at a point where there is an opportunity to improve the standards of education for nurses and to enhance each nurse's ability to compete for roles and positions both within and outside of Nepal. With the information and recommendations provided it is hopeful that Nepal can strategically move forward in developing and establishing a nursing educational system that establishes their graduates as professionals in the field of nursing who are able to meet international standards. Two questions emerge when exploring the perceptions of the nursing education in Nepal by affiliated healthcare workers. Does the nursing education provided in Nepal meet the needs for nurses to be recognized as professionals? Do the standards of nursing education provided in Nepal meet international standards?

The next chapter will describe and explore the methodology used to work with affiliated healthcare workers in Nepal in determining the adequacy of the nursing educational system to prepare graduates to be recognized as professionals in Nepal with skills and knowledge to meet international standards.

Methodology

Introduction

This chapter will provide a detailed description of the methodology used to investigate the current perception of the nursing education system in Nepal by healthcare providers such as staff nurses, physicians, nursing supervisors, and nursing faculty. This study examined the opinions of healthcare providers such as staff nurses, physicians, nursing supervisors, and nursing faculty and whether or not the standards of the nursing education system in Nepal meet the needs of nursing as a profession. The study also examined the opinions of healthcare providers such as staff nurses, physicians, nursing supervisors and nursing faculty on whether the nursing education system meets international standards set by organizations such as the WHO.

The intention of this study was to provide baseline information and data by which administrators and politicians within Nepal can strategically move forward in developing and establishing a nursing educational system that educates and trains graduates as professionals in the field of nursing who are able to meet international standards. This in turn will enable nurses educated in Nepal to compete for positions and roles both outside and within Nepal as participants in the international healthcare community.

The study utilized a mixed method research design utilizing both quantitative and qualitative methods. The quantitative method that was used was a survey that addressed the three questions that are the focus of this study. The qualitative methods used focus groups and interviews using open-ended questions. The mixed method design resulted in

findings and inferences that provided for the breadth and depth necessary to adequately answer the research questions.

Questions for this study evolved and emerged during a review of the relevant literature. A review of the literature helped in identifying components that are essential to the perception of nursing as a profession and nursing education standards at both a local and international level.

Human Subjects Protocol

The study was reviewed and approved by the Humboldt State University Institutional Review Board. To guarantee anonymity of the surveys the researcher instructed participants to not write any identifying information on their survey documents. The researcher requested that all survey participants not share any information included on the surveys or the identities of other participants with any other individuals. A letter of invitation to participate in this study was provided for each participant describing the study and procedures (Appendix A-C). The informed consent provided contact information for the researcher, research advisor, and the chairperson for the Humboldt State University Institutional Review Board. See (Appendix D) for a copy of the Humboldt State University Institutional Review Board Approval Letter and (Appendix E-G) for copies of the informed consent forms.

Gaining Access and Approval to Conduct Research in Nepal

Initially, I traveled to Nepal with the intention of meeting with all parties necessary to gain access and approval to complete project. I met with the administrators

at all facilities and provided them with a letter requesting permission to conduct research (Appendix H) and gained permission to access sites immediately from all except for one. Additional application for review and approval to gain access to the Stupa Hospital and Nursing Campus was required to be submitted to the Institutional Review Committee (IRC) of the Public Health Concern Trust, Nepal (phect-Nepal). I was able to submit my application and gain approval in a timely manner (Appendix I). However, I then had to submit an application to the Nepal Health Research Council (NHRC). When I submitted my application, I was informed that the Board was in transition and my application review and approval would have to wait until new Board was in place. So, by the time I was to leave Nepal I had not gained approval from the NHRC. That required that I return to U.S. to wait approval which occurred approximately one month after returning home (Appendix J). I then made plans to return to Nepal for another period of eight weeks to complete my data collection. I returned to Nepal in March of 2015 to complete the data collection for my project. An overview of my data collection process will follow.

Participant Recruitment and Selection

Focus Groups

Subjects for the focus groups were purposefully selected from staff nurses. Initially my intention was to have fifteen nurses from three different hospitals participate in the focus groups. Due to the fact that there were limited number of staff nurses to participate the focus groups wound up being five nurses from three different hospitals. Five nurses who had been in practice for a minimum of two years since completing

nursing education from five different (i.e. Med-Surg, OB-GYN, ICU, ED, and OR) at three hospitals located in Kathmandu were selected to participate in the focus groups. A total of fifteen individuals participated in three focus groups.

Interview Subjects

Interview subjects were purposefully selected from three hospitals and three nursing campuses located in Kathmandu. Three physicians and three nursing supervisors from each hospital were interviewed. Three nursing faculty from three nursing campuses were also interviewed. A total of twenty-seven individuals participated in interviews.

Survey Subjects

The survey participants included four staff nurses who were non-randomly selected from five different departments (i.e. Med-Surg, OB-GYN, ICU, ED, and OR) at three different hospitals located in Kathmandu. A total of sixty individuals participated in the surveys.

Research Questions

Focus Groups

1. To what extent is nursing in Nepal considered a profession by other affiliated health care providers such as physicians, nursing supervisors, and nursing faculty? Why you think nursing is or is not?
2. In what way do you feel that you are treated/not treated as a professional member of the healthcare community in Nepal? Why you do or do not?

3. To what extent is the nursing education in Nepal consistent throughout all programs? Are there some you would recommend over others? Why?
4. Are there adequate standards for the current nursing education system in Nepal? What do you think is an “adequate” level of education?
5. When you completed your nursing education in Nepal in what ways did you feel prepared/unprepared to provide patient care? Why do you feel that you were or were not prepared?
6. In what ways do you think that the nursing education system standards in Nepal meet/do not meet international standards set by organizations such as the World Health Organization? Why it does or does not?
7. In what ways do you think nurses who complete their nursing education in Nepal meet/do not meet knowledge standards set by organizations such as the World Health Organization? Why you think they do or do not?
8. In what way do you think that nurses that complete their nursing education in Nepal meet/do not meet nursing skills standards set by the World Health Organization? Why you think they do or do not?
9. In what ways do you feel that you are/or are not a member of the global healthcare community? Could you see yourself working internationally?
10. How do you feel that the current nursing education system in Nepal can be improved?

Interviews

1. How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurses?
2. To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are there some that you would recommend over others? Why you would or would not?
3. Do you think there are adequate standards for the nursing education system in Nepal? What do you think is an “adequate” level of education?
4. In what ways are you confident/not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school? Why you are or are not?
5. To what extent and in what duties are nurses in Nepal given/not given autonomy when providing patient care in Nepal?
6. In what ways do you think nurses in Nepal are/are not recognized as members of the global healthcare community?
7. In what ways do you think (physicians, nursing supervisors and nursing faculty) can/cannot provide direction and support for nursing as a profession in Nepal? What are the barriers?
8. In what ways do you think that the profession of nursing can be improved?
9. In what ways do you think the nursing education in Nepal can be improved?
10. In what ways can nurses collaborate with (physicians, nursing supervisors and nursing faculty) to improve healthcare in Nepal? How?

Surveys

1. I think that nurses in Nepal are considered professional members of the healthcare community in Nepal.
2. In my opinion nursing in Nepal is recognized as a profession by other affiliated healthcare providers (physicians, nursing supervisors, and nursing faculty) in Nepal.
3. The Nursing education in Nepal is consistent throughout all programs.
4. Standards for nursing education are currently present in Nepal.
5. On completing my nursing education in Nepal, I felt that I was prepared to provide patient care.
6. In my opinion the current nursing education system in Nepal meets international standards set by organizations such as the World Health Organization.
7. I think that nurses who complete their nursing education in Nepal meet knowledge standards set by organizations such as the World Health Organization.
8. I think that nurses who complete their nursing education meet nursing skills standards set by the World Health Organization.
9. As a nurse in Nepal I feel that I can seek international Employment and participate as a member of the global healthcare community.
10. In my opinion nurses in Nepal are recognized as members of the global health care community.

Focus Group Participation

Focus group participants consisted of five staff nurses who were employed at three different hospitals located in Kathmandu. A purposeful sample of one staff nurse from five different departments from each of the three hospitals was selected to participate in the focus groups for a total of fifteen participants. Responses to the open-ended questions determined the level of understanding of the concepts and vocabulary of the study that the participants had. Any individuals affiliated with the facilities that I am familiar with were excluded from the focus group in order to reduce potential researcher bias. However, some of these individuals assisted in testing instruments, informing the development of this study and gaining access to research sites.

Implementation of Focus Groups

The five staff nurses from each hospital met in a conference room located at their facility. Focus group participated in a maximum of one-hour focus group that was facilitated by the researcher. The researcher asked ten open-ended questions (Appendix K) to guide the discussion. Participants of the focus groups were informed not to share the content of the survey or the names of participants with other individuals in order to protect anonymity and confidentiality. The focus group discussion was audio-taped and transcribed later for analysis by the researcher. Transcriptions of the audio tapes are provided in (Appendix L-N).

Interview Participation

The interviews were a follow-up to the focus groups and surveys and were designed to obtain a broader understanding from selected individuals within specific groups about their opinions of the nursing education system in Nepal. Three physicians from each of the three different hospitals were interviewed to acquire a deeper understanding of their perception of the current nursing education system. They were then asked their opinion on whether they think the nursing education meets the needs of nursing as a profession. Then they were asked if they think that the standards of the nursing education system in Nepal meet international standards set by organizations such as the WHO. Another question was what they thought could be done to improve nursing as a profession and the nursing educational system in Nepal. Finally, they were asked if a collaboration of physicians and nurses could improve healthcare in Nepal. Three nursing supervisors from different departments at three different hospitals were interviewed to obtain their opinions related to their perception of the current nursing education system. They were asked if the nursing education meets the needs of nursing as a profession in Nepal. Another question inquired if they think that the standards of the nursing education system in Nepal meet international standards set by organizations such as the WHO. They were then asked what could be done to improve the profession of nursing and the nursing educational system in Nepal. Finally, they were asked if a collaboration of nurses and nursing supervisors could improve healthcare in Nepal. Three nursing faculty from three different nursing campuses were interviewed to elicit their opinions of the current nursing education system in Nepal, if the nursing education meets the needs of

nursing as a profession in Nepal, whether they think that the standards of the nursing education system in Nepal meet international standards set by organizations such as the WHO, what could be done to improve the profession of nursing and the nursing educational system in Nepal, and if a collaboration of nurses and nursing faculty could improve healthcare in Nepal.

Interviews were conducted with a purposeful sample of three individuals from three groups which will include physicians, nursing supervisors from three different hospitals and nursing faculty from three different nursing campuses in Kathmandu. The participants will be selected because they are members of the community healthcare team who work closely with the nurses. As members of the community healthcare team the participants were able to provide informed and insightful responses to the open-ended interview questions.

Interview Construct

The interview protocol consisted of ten questions (Appendix O) was not adjusted after a preliminary analysis of the focus group which validated the construct. The content focused on addressing the research questions as planned.

The first question of the interview asked participants of each group if they considered nurses in Nepal as professional members of the community healthcare team which was done to acquire a deeper understanding of their perception nursing as a profession in Nepal. Question two and three inquired about the participants' perception of the current state of the nursing education in Nepal. Question four elicited the level of

confidence that the participants have of nurses who are educated in Nepal and provide patient care. This question identified the perceived pros and cons of how prepared nurses are to provide patient care. Question five captures the level of autonomy that nurses have to provide patient care. This provided insight into the recognition of nurses as professionals and the confidence that participants have in nurses being prepared to make appropriate decisions when providing patient care in Nepal. Question six provided an overview of the perceptions of the participants towards nurses in Nepal as members of the broader global healthcare community. Question seven inquired if participants were willing and able to provide direction and support for nursing as a profession in Nepal. This provided information of the commitment that members of participant groups have to ensure the strengthening of nursing as a profession in Nepal. Question eight provided for the acquisition of information of how the profession of nursing can be improved in Nepal. Question nine allowed for obtaining information on how the nursing education in Nepal can be improved. Question ten asked if participants believe that a collaborative effort between them and nurses could improve healthcare in Nepal.

Implementation of Interviews

The researcher arranged to meet individually with three physicians and nursing supervisors at three different hospitals in Kathmandu in a private room at each site in order to conduct the interview consisting of ten open-ended questions which took less than one hour to complete depending on the depth of the interviewee's responses. The researcher also arranged to individually meet with three nursing faculty at three different

nursing campuses in Kathmandu in a private room at each campus to conduct the interview which consists of ten open-ended questions and which took less than one hour to complete depending of the depth of the participants responses.

Before initiating the interview, the researcher obtained signed informed consent and permission to record the interview each participant. The researcher took notes throughout the interview, minimized to key points in order to not influence or distract the responses of the interviewees. On return to the U.S. the tapes were completely transcribed and data was coded and prepared for analysis (Appendix O-Z).

Survey Participation

A purposeful sample of twenty staff nurses, from three different hospitals, located in Kathmandu were selected to participate in the survey. A site was selected and a lunch meeting of the individuals selected to participate in the survey was scheduled in order to gain a comprehensive assessment of the staff nurses' opinions. Adequate time to interact with and gain rapport with participants was provided. Participants were encouraged to be frank in their responses and their confidentiality was reinforced.

Survey Construct

The survey consisted of ten questions which were developed in order to clarify and gain an insight into the opinions and perceptions of nurses and other healthcare providers in Nepal related to the current standards of the nursing education system. The survey focused on three questions including what are the current standards for the nursing education system, if nursing is considered a profession by other healthcare providers, and

if the standards of the nursing education system meet international standards set by organizations such as the WHO. Questions one and two provided the context of the perception of nursing as a profession in Nepal. The purpose of these questions was to assess and determine if nurses felt that they are considered professional members of the healthcare community and if they are recognized as a profession by other healthcare providers such as physicians, nursing supervisors, and nursing faculty. Questions three and four address the issue of consistency and the current standards for nursing education in Nepal. These questions identify if nurses feel that the quality nursing education is consistent throughout all programs and if there are current standards for the nursing education system. Question five assesses the level of confidence of nursing graduates being prepared to provide patient care. This question gauges the confidence that staff nurses have that new graduates from nursing programs are prepared to provide patient care. Questions six through eight provide insight into if the nursing education system in Nepal meets international standards set by organization such as the WHO. These questions identified if staff nurses know if the standards of nursing education in Nepal meet international standards. Questions nine and ten examined if nurses perceive and are recognized as members of the global healthcare community. These final questions identified if staff nurses perceive nurses in Nepal are members of and are recognized as members of a broader global healthcare community.

The instrument utilized for this survey was a five-point Likert scale (Appendix AA) which asked staff nurses to respond to a series of statements with one of the following responses: strongly disagree, disagree, neither agree nor disagree, agree,

strongly agree. The Likert scale identified certain opinions held by staff nurses as well as the intensity of those opinions. Similar questions were asked in different ways in order to increase the reliability of the survey results.

Implementation of Surveys

Paper versions of the survey consisting of ten questions were handed out to participants at three different time periods due to three different site locations by the researcher. The participants at each site were asked to read and sign an informed consent and they were asked to complete the survey and submit it to the researcher who placed the consents and surveys into two different locked and secured collection receptacles at the end of scheduled lunch meetings. A self-administered survey was given to participants to complete and was utilized in order for participants to feel free to express their truthful opinions, minimize the influence of the researcher on the participant responses, obtain responses for questions that can be efficiently answered using a scale and to obtain the largest number of responses to surveys that is feasible than would be obtained using other methods such as interviews.

A total of sixty surveys; twenty from each of three sites were completed. The survey took each participant less than thirty minutes to complete. The format for the survey was a paper version consisting of ten questions, due to the unknown availability of internet services. Groups of staff nurses were asked participate in the study by reading and signing the informed consent and completing the survey when they attended scheduled lunch meetings. Having surveys available at group lunch meetings allowed for

the researcher to gain rapport with participants and resulted in an increase in the overall response rate as well as increasing the likelihood that those with negative or neutral perceptions of participating in research were willing to complete the survey. The signed informed consents and surveys were collected at the end of the scheduled meeting and placed in two different locked and secured collection receptacles immediately by the researcher.

The timeline for gathering my data was that focus groups were initially conducted with five staff nurses at three different hospitals. Then I followed focus groups with interviews of three physicians and nursing supervisors at three different hospitals. Interviews were also conducted of three nursing faculty at three different nursing campuses. Finally, surveys were conducted of twenty staff nurses at three different hospitals.

Analytic Framework

Data Analysis

Confidentiality for participants was ensured for participants of the focus groups and interviews by requesting that participants not share content of their participation or the identity of other participants with other individuals. Anonymity of survey participants was ensured by informing participants not to write any identifying information on survey documents or share the identity of other participants with other individuals. Qualitative data and quantitative data were analyzed separately and then integrated. The focus groups sought to clarify concepts and language for the study and to initiate an overview of the opinions of staff nurses in terms of the state of nursing education and the perception of nursing as a profession in Nepal. The individual interviews provided the perspectives of specific groups that included physicians, nursing supervisors and nursing faculty which increased the depth of the information available to address and answer the research questions. The survey expanded the information elicited from staff nurses in order to gain breadth to the overall study. A discussion of the congruence or incongruence of the quantitative and qualitative findings and inferences will be further discussed in the analysis and results sections of this study.

Method for Quantitative Data

For quantitative analysis the following methods were applied. The null hypothesis was that all means are equal. The alternative hypothesis was that not all

means are equal. Significance was set at $\alpha = 0.05$. Descriptive statistics and one-way ANOVA was used to analyze the data.

Quantitative Data: Validity and Reliability

New terms for validity have been developed for mixed method research which are referred to as validity legitimization (Onwuegbuzie and Johnson, 2006). There are nine forms of validity legitimization such as sampling designs, the sequence of phases in the design, the blending of paradigmatic assumptions and the quality of inferences (Tashakkori and Teddlie, 2010). The consideration of these forms of validity legitimization were evaluated and reinforced that what was being studied is what was measured in this project.

The validity legitimization that I utilized for this study included sample integration, weakness minimization and multiple validities. Table 2 provides the legitimization type and description as provided by Onwuegbuzie and Johnson (2006).

Table 2: Typology of Mixed Method Legitimation Types

Legitimation Type	Description
Sample Integration	The extent to which the relationship between the quantitative and qualitative sampling designs yields quality meta-inferences.
Weakness Minimization	The extent to which the weakness from one approach is compensated by the strengths from the other approach.
Multiple Validities	The extent to which addressing legitimation of the quantitative and qualitative components of the study result from the use of quantitative, qualitative, and mixed validity types, yielding high quality meta-inferences.

Reliability, was reinforced by systematicity and standardized research processes (Tashakkori and Teddlie, 2010). Standardization of instruments and methods utilized to gather data were considered throughout this study. As I was developing the questions to be utilized to gather data from the focus group interviews and surveys, I made sure that all questions were consistent throughout. That the questions being asked focused on the three primary research topics of 1) the overall perception of the nursing education system in Nepal, 2) identify opinions that examine the degree to which nursing education in Nepal meets the needs of nursing as a profession, and 3) identify opinions that examine if the standards of the nursing education in Nepal meet international standards.

Qualitative Data: Rigor and Trustworthiness

According to Guba (1981) rigor refers to the trustworthiness that readers can place on findings of study based on specific criteria or indicators. Guba (1981)

identified four components of trustworthiness that include credibility, transferability, dependability and confirmability. Each of these factors is described below.

Credibility includes the following:

- utilization of well-established research methods;
- familiarity with culture of participating organizations;
- random sampling;
- triangulation;
- tactics to ensure informant honesty;
- iterative questioning;
- negative case analysis;
- frequent debriefing sessions;
- peer scrutiny of research project;
- researchers “reflective commentary”;
- background, qualifications and experience of investigator;
- member checks;
- detailed description of phenomenon being scrutinized; and
- examination of previous research findings (Shenton, 2004).

The components of credibility that I utilized for this research included the utilization of well-established research methods, familiarity with culture of participating organizations, triangulation, tactics to ensure informant honesty and detailed description of phenomenon being scrutinized (Shenton, 2004).

Transferability is reinforced by boundaries of the study being conveyed to readers and information on the following issues should be included:

- number of organizations participating and their locations;
- restriction of the type of individuals who contribute data using criteria for selection;
- number of participants in fieldwork;
- data collection methods used;
- number and length of data collection sessions; and
- time period over which data was collected (Cole and Gardner, 1979), (Marchionini and Teague, 1987) and (Pitts, 1994).

Dependability addresses the consistency or reliability of the study. To have thorough understanding of the methods the following should be included:

- research design and implementation;
- operational detail of data gathering through addressing minutiae of field work; and
- reflective appraisal of project by evaluating effectiveness of process of inquiry (Shenton, 2004).

Confirmability is where steps are taken to ensure as much as possible that the findings are results of ideas and experiences of participants and not the characteristics and preferences of the researcher (Shenton, 2014). Use of triangulation, where multiple methods of data collection are utilized may reduce the incidence and effect of

investigator bias (Shenton, 2004). Triangulation was utilized in this mixed method research through the use of quantitative and qualitative methods of data collection.

Table 3 below will compare the scientific and naturalistic terms used when referring to the four aspects of trustworthiness.

Table 3: Scientific and Naturalistic Terms Appropriate to the Four Aspects of Trustworthiness

ASPECT	SCIENTIFIC TERM	NATURALISTIC TERM
Truth Value	Internal Validity	Credibility
Applicability	External Validity Generalizability	Transferability
Consistency	Reliability	Dependability
Neutrality	Objectivity	Confirmability

Table from: Guba, E.G. (1981). Criteria for assessing the trustworthiness of naturalistic Inquiries. ERIC/ECTJ Annual Review paper. Educational Communication and Technology Journal, 29(2), 75-91. All rights reserved.

Qualitative Data: Reliability and Quality of Focus Group Data

The reliability and quality of the qualitative data was determined in terms of ensuring the trustworthiness or rigor during the course of the study and not just at completion of the study. Qualitative data from the nursing staff focus groups were used to clarify, validate and expand on the data analysis of the survey results. The focus group responses were examined in order to gain a deeper understanding of their responses related to the three research questions. The responses were then coded by the four

categories that were identified during the course of the study. The qualitative data generated was compared to the quantitative data from the surveys to see if there was information that could be integrated in order to develop findings or inferences that may be transformative. Findings were that the information from the qualitative data reinforced and corroborated the quantitative data and provided depth and breadth to the investigation.

Qualitative Data: Reliability and Quality of Interview Data

As in the focus group data the reliability and quality of the interview data were determined in terms of ensuring the trustworthiness or rigor during the course of the study and not just at completion of the study. Interview data from the physicians, nursing supervisors and nursing faculty were used to clarify, validate and expand on the data analysis of the survey results. The interview responses were examined in order to gain a deeper understanding of how they related to the research questions. The responses were then coded utilizing the four categories that were identified during the course of the study.

Findings

Introduction

This chapter addresses the findings of the study. The findings will consist of quantitative and qualitative findings. Surveys using the Likert Scale were conducted with sixty staff nurses. The surveys provided data for quantitative analysis. Focus groups consisting of fifteen staff nurses, five from three different hospitals, were conducted to provide qualitative depth to the study. In depth interviews were conducted on twenty-seven participants that included staff nurses, nursing supervisors, nursing faculty and physicians. The purpose of the interviews was to answer the research questions and provide qualitative data in order to clarify and deepen my understanding of the perception of nursing education in Nepal.

Quantitative Findings

Quantitative findings were generated using Minitab 19. Mean and standard deviations were generated for each question on survey versus subject groups consisting of survey groups from B& B Hospital (BNS), Model Hospital (MNS) and Stupa Hospital (SNS). Analysis of variance between groups was conducted using one-way ANOVA for each question on the survey. Finally, Tukey Pairwise Comparisons were done for each question versus subject groups to identify similarities and differences between groups and the significance of those differences. These findings will be discussed in the combined discussion of this study. Quantitative findings will be displayed in Table 4 below.

Table 4: Quantitative Findings

Question	F-Value	P-Value	Tukey	Significance of Difference
1 Professional Member	F (2.633, 1.3167) = 4.59	p = 0.140	BNS (M = 4.40) MNS (M = 3.90) SNS (M = 4.25)	Significant difference
2 Recognition as Profession	F (5.433, 2.7167) = 4.95	p = 0.010	BNS (M = 4.65) MNS (M = 3.95) SNS (M = 4.10)	Significant difference
3 Consistent Ed Programs	F (0.6500, 0.5886) = 1.10	p = 0.338	BNS (M = 3.75) MNS (M = 3.50) SNS (M = 3.40)	No significant difference
4 Current Nurse Ed Standards	F (4.1167, 0.6965) = 5.91	p = 0.005	BNS (M = 4.05) MNS (M = 3.15) SNS (M = 3.70)	Significant difference
5 Prepared to Provide Pt Care	F (3.350, 0.1781) = 18.81	p = 0.00	BNS (M = 4.90) MNS (M = 4.10) SNS (M = 4.35)	Significant difference
6 Meet Intl Standards (WHO)	F (10.300, 5.150) = 6.31	p = 0.003	BNS (M = 3.50) MNS (M = 2.50) SNS (M = 2.85)	Significant difference
7 Knowledge Meet Intl Standard	F (9.033, 4.517) = 4.50	p = 0.015	BNS (M = 3.60) MNS (M = 2.65) SNS (M = 3.10)	Significant difference
8 Skills Meet Intl Standard	F (0.9333, 0.4667) = 0.35	p = 0.706	BNS (M = 3.35) MNS (M = 3.05) SNS	No significant difference

Question	F-Value	P-Value	Tukey	Significance of Difference
			(M = 3.15)	
9 Participate as Intl Employ	F (15.600, 7.800) = 7.94	p = 0.001	BNS (M = 3.90) MNS (M = 3.00) SNS (M = 2.70)	Significant difference
10 Recognized as Intl Member	F (4.800, 2.400) = 2.32	p = 0.107	BNS (M = 3.75) MNS (M = 3.15) SNS (M = 3.15)	No significant difference

Qualitative Findings

The content analysis completed through coding of data from the focus groups and interviews transcripts resulted in the identification of four distinct categories with coinciding themes as identified in Table 2 below.

Table 5: Core Themes and Categories

THEMES	CATEGORIES
Practical Training Educational Standards Challenges for Nursing Education Consistency of Nursing Education Current State of Nursing Education Barriers for Nursing Education Improve Nursing Education Commercialization and privatization of Nursing Education Quality of Nursing Education Opportunities for Advanced Studies	Nursing Education
Self-Perception Confidence in New Graduates Professional Improvement Perception by Others (i.e. Doctors, Society, etc.) Gender Issues Autonomy Challenges for Nursing Exploitation of Nurses Employment Opportunities Work Environment Safety	Perception of Nursing
Recognition as Global Members Global Standards Political Influence Outmigration Linkage with International Organizations	Global Healthcare Community
Improve Status of Healthcare Competency of Patient Care Direct and Support Nursing as Profession Emerging Profession	Opinions of Healthcare Providers

Nursing Education

“Nursing education” is the first category that emerged from the data analysis.

Nursing education is the professional training in theory and skills to prepare nurses to

provide optimal patient care to individuals of all ages and at all developmental stages of life, health and illness in variety of locations.

Issues that were discussed were numerous starting with a need to update and revise current curriculum. There were also concerns with recent increases in number of nursing campuses that the quality of courses may be impacted. It was noted that there is an inadequate number and quality of practical training sites. It was also reported that there are too many levels of education for nursing. Subjects informed me that there was a need for curriculum to be updated and revised. They also conveyed that students are provided an inadequate teaching of science and communication skills, there is an inconsistency in programs and that faculty is unqualified. It was also noted that there is a lack of advanced degree opportunities. Significant opinions from the focus groups and interviews included:

... “they should have enough demonstration area so they can build their confidence before going to the real situation”...

“nowadays the number of institution is very high and the quality of nursing education there is the challenge of the quality education”...

...“if they don’t get enough you know opportunity to practice then we cannot expect the quality nurses here”...

...“everywhere nursing colleges and they did not giving the quality education follow standards”...

...“standards for nursing education do not meet, cause the governing body, the supervisory body is not effective”...

...“those wants to acquire more knowledge or masters degree they do not have sufficient school over here”...

...“teachers should have the experience of the clinical side before they before they enroll in the teaching profession”...

In summary, with an increase in the number of nursing schools, specifically private schools, the quality of nursing education may be being impacted. There is an inadequate number of practical sites available to meet the needs of the number of schools. The enforcement of standards of nursing schools is not being provided by Ministry of Education or Nepal Nursing Council. There are insufficient number of nursing schools that offer advanced degrees such as Master or Doctorate in Nursing. Faculty are not adequately educated or experienced to be providing appropriate learning experience for nursing students. Need faculty that are educated and have obtained clinical experience in patient care.

Perception of Nursing

A second category that developed from the data analysis I titled “Perception of Nursing”. Perception is defined as how individuals regard, interpret and understand something; a conceptual awareness. In terms of nursing the participants in this study addressed “Self-Perception”, Confidence in New Graduates”, “Professional Improvement”, “Perception by Others”, and “Autonomy”.

General perception by participants was that they need to take active part in policy, curricular and administrative processes in order to gain recognition as a profession. New graduates need to be able to have both knowledge and nursing skills competencies.

Nurses are responsible for informing and educating others about their role in the healthcare community. Nurses need to work with administrators and others to identify work environment risks and ways to insure work place safety. Challenges for nursing need to be identified and addressed by nurses and key decisionmakers, such as ways to increase autonomy. Statements that exemplify the perception of nursing were as follows:

...“after one or two years they every also all BSc nurses they go abroad and work there and study there”...

...“the Nursing Council and Nursing Association should monitor and supervise while giving the accreditation to the college”...

...“should be awareness regarding what the nurse does, what the nurse studies, what the nurse thinks and the importance of of importance of nurse in the society”...

...“I can see the patient, I can diagnose the patient, but you can’t heal the patient, not unless there is good nursing care”...

...“sometimes all the things doctor doesn’t know, and if nurses, they are the ones who stay all the time with the patient, and they know all the things happening around with the patient”...

...“we have to plan his diet and we have to also give the psychological support, counseling, everything. And, we have to give the physical care and all things. Sometimes the poor patients from poor family we have to manage the economical conditions, economical needs they are the safe they should be the safe”...

The overall perception of nursing is that it is an emerging profession. There is a need for the Nursing Council and Nursing Association to monitor and supervise the standards of nursing schools when providing accreditation to ensure the quality of education provided for nursing students. Both opportunities for employment and advanced studies should be enhanced and developed. There should be a conscientious effort to educate the public about nurses being members of the health care community and the importance of nursing as a profession.

Global Healthcare Community

A third category that arose from the data analysis was “Global Healthcare Community”. Global community means to participate in a community where individual voices are brought together to empower and effect change. “Global Healthcare Community” is the community of healthcare providers worldwide who work together with the intention of providing care and affecting positive change as a member of the world healthcare community. Comments that addressed the opinions on the participation of nurses in Nepal in the global healthcare community were:

...”in theory, we used to read according to the international standard, but during practical we don’t meet”...

...“education in Nepal is not equal value to any other country”...

...“I think if we if we go abroad then we are not considered as adequate”...

...“overall they are not recognized”...

...“I haven’t heard about this”...

...“we never get chance to be the member of the global health community”...

...“slowly like Nepali nurses are also being like globalized”...

...“migrate to the foreign country because they are not getting chance to get employed, get the job in our country”...

Overall the nursing community in Nepal tends to have a limited understanding of their participation in the global healthcare community. Their impression is that they are supposed to be meeting international standards, but that especially in their practical training the standards are not being met. That the nursing education is not at the level of other countries. They feel that if they go abroad to work that they would not be considered adequately educated or trained. Their opinion is that overall, they are not recognized as members of the global healthcare community. There is a feeling that they have not been given the opportunity to become members of the global healthcare community. However, they noted that they are becoming “globalized.”

Opinion of Healthcare Providers

The final category that was identified from the data analysis was “Opinion of Healthcare Providers”. This perspective refers to the certain mindset or way of regarding something; a viewpoint. The healthcare providers perspective is related to, the provision of healthcare, the perception by others competency of healthcare providers and the direction and support by other affiliate professionals such as physicians, supervisors or faculty for healthcare providers. Input by other healthcare providers provided significant information and included comments such as:

...“theory whatever they have gained they are not getting the chance for the practical because of it, the private hospital, because they don’t get the hospital for practical exposure”...

...nursing person might be top rank the PCL nursing or the BSc nursing, but if her attitude is not good then I can’t trust her“...

...“there have to be communication between nursing, nurses and physicians regarding care, and regarding other things that the physician might want or the nurses might want if there is communication obviously one can help other”...

...“should like have more communication give knowledge time to each other so we can discuss the cases and discuss the topics and do the things and taught teach them the things and learn things from them. I mean nurses”...

...“we should participate all the nurses in the decision making and we should know that their area of interest and their level of education and, what they want and their job satisfaction”...

...“nurses should be you know equally they should be they should be outspoken they should speak in the round as well as we should you know encourage them to speak in the rounds”...

...“when we work together we are a better part of the healthcare society”...

...”I think that the political even instability is there so the same thing is in every institution. Every institution body there is the influence of the politics”

The opinions of healthcare providers varied. That though nurses acquire theoretical knowledge, they are not able to apply knowledge in practical setting due to inadequate practical training sites. That there needs to be good communication between nurses with other healthcare providers so that they can learn from each other in order to provide better patient care. It was noted that the attitude of nurses can affect trust between them and other care providers. The importance of collaboration between nurses and other healthcare providers was also identified.

Convergence and Divergence of Findings

The combining of information from different sources that is an integral part of mixed method research provides for both a convergence as well as a divergence of results

(e.g. Erzberger & Kelle, 2003; Green, 2007; Johnson & Onwuegbuzie, 2004; Tashakkori & Teddlie, 2008). Emphasis on divergent results may provide for a greater understanding into aspects of the subject, which can lead to a more in-depth investigation of previously unexplored aspects of the specific subject (Tashakkori & Teddlie, 2010).

The following summary of findings combined both quantitative and qualitative features of the study. Triangulation of the data gathered provided for a breadth and depth in the understanding of the subject of nursing in Nepal and the subsequent issues that emerged during this investigation. In the following discussion I will address the three areas that I concentrated on in this study that include 1) the overall perception of the nursing education system in Nepal, 2) identify opinions that examine the degree to which nursing education in Nepal meet the needs of nursing as a profession, and 3) identify opinions that examine whether the standards of nursing education in Nepal meet international standards.

Perception of Nursing Education in Nepal

The nursing profession has evolved from the 1950's when the first Nepalese nursing students were sent to India to be educated. Perceptions of the nursing educational system have evolved over time. The current state of the perception of the education was examined and findings will be discussed in the following section.

The quantitative data indicated that in general there is a significant difference, $F(4.1167, 0.6965) = 5.91, p = 0.005$, in the views of the focus groups related to the current standards for the nursing education in Nepal. Tukey pairwise comparison found that BNS ($M = 4.05$) has a significantly higher opinion about the current education provided

than MNS ($M = 3.15$). A focus group (FG) participant noted that “I think what should be improved in nursing education qualified teachers, good teachers and is really good clinical exposure.” A nursing faculty (NF) subject offered that “the curriculum is revised over time, but there is lack of qualified teacher in some institutions....there is lack of practical area.” Another NF noted “...its’ nursing education for generalist...it is not advanced specially, in specific area.” NF also provided that “they should be trained, they should be experienced, they should be well qualified and they should be dedicated to our profession, our services.” NF voiced that “the Nursing Council and Nursing Association should monitor and supervise while giving the accreditation to the college.” A NF noted that “the political even instability is there so same thing is in every institution...every institution body there is the influence of the politics.” Another NF remarked that “adequate standards it is okay paper...but, in implementation phase we are weak.” Finally, a NS offered that “I think the standard is good according to the need of the country.”

It was also found there was no significant difference, $F(0.6500, 0.5886) = 1.10$, $p = 0.338$, between the groups in relation to their perception of the consistency between the education programs offered. All groups have a similar view about the consistency of the education programs in Nepal. A physician (P) interviewed noted that “not exactly the same, but similar to each other.” NF voiced “I think Nepal nursing education is not consistent...some colleges used to run without their own hospital...they have to pay lots of money for doing even doing the practical.” A nursing supervisor (NS) reported that “curriculum wise they follow the same...the practice is different.” Another NS was

concerned that “curriculum it is I think most more the same...but the practical, the main problem is in the practical area.”

The quantitative data variance analysis also indicated that there is a significant difference in all groups, $F(3.350, 0.1781) = 18.81$, $p = 0.00$, in their opinion of the ability for new graduates to provide patient care. Tukey pairwise comparisons that BNS ($M = 4.90$) had a significant opinion difference from both SNS ($M = 4.35$) and MNS ($M = 4.10$) related to new graduates providing patient care. A NS voiced concerns that” for one sister is sometimes twenty in ratio...so for the like maintain nursing standard...” (P) stated that” talking about the nursing care that they provide after graduating it really depends on the individuals themselves...there is sometimes some students who are good in theoretical, but they lack I practical knowledge.” Another (P) reported that” if the nursing personnel with good attitude and good aptitude, if they come to my department I really feel comfortable to teach them...”

Issues that stood out for me in this study related to the current nursing education system in Nepal included:

- The privatization and commercialization of nursing education;
- The increased number of schools has potentially impacted the quality of education;
- There is a lack of practical training sites;
- The level of entry is different for each different nursing program (changes in degrees offered);

- The consistency of curriculum; such as alignment of format and content across lessons, subjects and grade levels, organization and design to facilitate learning, repetitiveness, and teaching and assessment alignment and periodical revision and updating.
- There is a lack of the development of advanced degree programs (MS and PhD) in nursing;
- Consideration of training nurses as primary care givers (FNP) and training required;
- Cost of programs for nursing education;
- There is a lack of employment opportunities;
- There is potential exploitation of new graduates (volunteer, minimal or no salary).
- There is a lack of specialty training (Emergency Room, Maternity, ICU);
- Political instability impacts planning for nursing education;
- There is a need for continuing medical education (CME).

Does Nursing Education in Nepal Meet the Needs of Nursing as a Profession?

The overall perception of nursing in Nepal is that it is an emerging profession.

Many challenges have been introduced since the privatization of the nursing educational system in 1990. The impact on quality of education has been an ongoing issue that undermines the consistency of the graduates from the various schools in knowledge and skills levels. This inconsistency has resulted in the degradation in the perception of nursing as a profession.

Quantitative data results indicated that there was a significant difference between all focus groups, $F(1.3167, 0.2868) = 4.59, p = 0.014$, in the opinion of all three group's related to whether nurses are considered professional members of their healthcare community. Tukey pairwise comparisons indicated that BNS ($M = 4.40$) had a significantly different opinion than MNS ($M = 3.90$) regarding being professional members of the healthcare community. A (P) reported that "people usually don't take it as a serious career in our country." Another (P) shared his thoughts that "the perception of the people should be changed...to change perception about nursing is obviously the nurses, they themselves provide good care." A (P) said that "if we don't have interaction between the doctors and the nurses and the seniors, senior nurses and the junior nurses, then they will not learn so many things and cannot be professionals."

Results have also indicated that there is significant difference between the focus groups, $F(2.7167, 0.5491) = 4.95, p = 0.010$, related to the issue of if nurses think they are recognized as professional members of the healthcare community. Tukey pairwise comparisons indicate the BNS ($M = 4.65$) differs significantly in their opinion than MNS ($M = 3.95$) regarding if they think they are recognized as professionals. A NF offered that "nursing profession is care provider...not like profession, only an occupation." A NS stated that "nursing profession is good profession...we have to provide standard here..." Another NS discussed that "public doesn't know about the importance of the nursing...they have no idea about the what is nursing profession...and, job of the nursing profession." A NS further noted that "the main barrier is like that there is no any recognition...nursing always comes under someone." (P) offered that "there should be a

system of nurse practitioner in Nepal as well.” Another (P) said that” there should be separate course...nurse practice...who take basic history, do basic physical exam, prescribe, you know do the primary care needed.” Finally, a (P) stated that” they themselves they more focused serious about their own profession right...should have more like good relations with people and more publicity.” Finally, a NS indicated that”in our government also there is not nursing involved, so if it will happen then it will be the best to improve the nursing profession.”

On considering what the nursing education offered versus the needs of an emerging profession the following issues arose:

- Nurses in Nepal recognize that they are an emerging profession;
- There is need for nurses to participate in nursing organizations such as NNC and NAN.
- Nurses need to participate in political and administrative processes;
- There should be consideration for the establishment of a separate Nursing Ministry;
- NNC and NAN should monitor and enforce all rules, policies, curricular and regulations of nursing education;
- The societal and cultural setting need to be considered when developing profession;
- There is a need for an increase in physician encouragement and support by of nurses so they can develop as professionals;

- New graduates are viewed as individuals when providing patient care;
- There needs to be the development of advanced degree programs (MS and PhD) in Nepal;
- Nurses need to be active in the ongoing development of their profession;
- Nurses should participate in research to increase the body of knowledge uniquely related to their profession;
- Nurses should take all opportunities to increase their autonomy;
- The supply and demand of nursing numbers should be regularly calculated and determined by the Ministry of Health in collaboration with NNC and NAN;
- Affiliated professionals need to provide support and mentorship.

Do the Nursing Education Standards in Nepal Meet International Standards?

The changing environment in Nepal has had numerous impacts on the developing profession of nursing in that country. Specifically, there is an effort to make sure that the educational system meets international standards set by organizations such as the WHO. Also, there is an increase in the numbers of nurses migrating to others countries due to the push-pull factors discussed earlier in this study. The following findings identify significant aspects of this change and the issues that emerged.

Quantitative findings indicated the there is a significant difference, $F(5.1500, 0.8167) = 6.31, p = 0.003$, between groups when asked about their perception related to if the nursing education standards in Nepal meet international standards. Tukey

pairwise comparisons found that there was a significant difference between BNS ($M = 3.50$) and MNS ($M = 2.50$) related to their opinions about if the education standards in the country meet international standards. NF noted that “if you compare with international level it is not standard.” A NS stated that “in our country nursing education not so high level in comparison to other countries...still it is not so standardized in comparison to other developed countries.”

The statistical findings also indicated that there is a significant difference, $F(4.517, 1.003) = 4.50$, $p = 0.015$, between the groups on their opinion of the knowledge level taught in education programs meeting international standards. Tukey pairwise comparison noted that there was a significant difference between BNS ($M = 3.60$) and MNS ($M = 2.65$) in relation to the knowledge level taught in schools meeting international standards.

Qualitative findings provided depth to the study and there were many academic concerns that emerged. An FG subject shared that “we do not have the complete subject compared to the international level...and we do not get the complete information and knowledge according to the curriculum is definitely different from the international level.” NF stated that “international education curriculum we must be.”

Additional findings indicated that there was no significant difference, $F(0.4667, 1.3342)$, $p = 0.706$, between the groups on the skill level taught in Nepal and whether they meet international standards. Tukey pairwise comparisons reported that there is no significant difference between the groups (BNS $M = 3.35$, SNS $M = 3.15$ and MNS $M =$

3.05), and that all have a similar perspective on the level of skills taught and if they meet international standards.

Findings indicated that there was a significant difference in opinions between the groups, $F(7.800, 0.9825) = 7.94$, $p = 0.001$, when looking at if they thought they could seek employment on an international basis. Tukey pairwise comparisons reinforced that finding of significant difference with BNS ($M = 3.90$) opinion differing from both SNS ($M = 3.00$ and MNS $M = 2.70$) when inquiring if they thought they could seek international employment. NS reported that “they have to migrate to the foreign country because they are not getting chance to get employed, to get job in our country.”

The statistical findings noted that there was no significant difference between the groups, $F(2.400, 1.032) = 2.32$, $p = 0.107$, in their thoughts about being members of the global health care community. Tukey pairwise comparisons reported that there was no significant difference between groups (BNS $M = 3.75$, SNS $M = 3.15$ and MNS $M = 3.15$) in their thoughts about being members of the global healthcare community. NS concisely stated that “I don’t know, I have no idea.” A (P) remarked that “the whole community has to feel to be a part of the global healthcare community.” NS stated that “for the global healthcare community nurses is the most important factor because they will go to the community field.” Another (P) remarked that “obviously recognized as members of the global healthcare community.”

The findings of this study provided a better insight into the level of understanding that nurses in Nepal have of the what, where, how and when of their membership in the global healthcare community. Matters that materialized included:

- Many nurses have limited knowledge as to what the global healthcare community consists of;
- Nursing education system standards within Nepal should be aligned with international standards;
- A linkage between international and local organizations need to be established or strengthened;
- Nurses should seek individual knowledge related to the global healthcare community;
- There is a need to develop programs to assist in the seamless migration to other countries;
- Nurses who have migrated should be encouraged to develop support groups for each other.

Conclusion

Introduction

This chapter concludes with a synopsis of this study. The purpose of this study is to provide practitioners, researchers, policy makers and myself with a thorough understanding of the current state of nursing education in Nepal. My goal is to increase the understanding of the role of nurses in Nepal as professionals, and to enhance the perception of those nurse's participation as members of the global healthcare community.

In this chapter I will discuss the evolution of this study and how it emerged from both my long-term relationship with Nepal and my profession as a nurse. I will also identify the limitations that challenged my work and became obvious during the process of this study. Finally, and most significantly, I will provide recommendations for future research. My intention is that the final product of this study will provide a foundation to research further issues and ideas related to the education of nurses in Nepal. This can contribute to the development of nursing in Nepal as a profession and encourage an increased role and participation of those nurses in the broader global healthcare community.

Evolution of the Study

My relationship with Nepal began in March of 1991. I was a senior in the Humboldt State University Natural Resources and Interpretation program and I applied to participate in a Wildlands Research Program with San Francisco State University in Nepal. The project was to gather baseline management data for the Makalu-Barun area

in Nepal which was being considered for a National Park and Conservation Area. The project consisted of an approximately five-week program where our group gathered baseline vegetation data and other information to be utilized for future management of the area. The Makalu-Barun National Park and Conservation Area was established not long after our project was completed.

During my time in Nepal I noted there were many social needs that were unmet due to the lack of resources and manpower. I have always been active in communities that I have lived in and decided I should select Nepal as another location for my efforts. I returned in the Fall of 1991 to conduct a cursory needs assessment of what I might be able to do to assist the people of Nepal. There were many projects being conducted in Nepal so I wanted to do something that could hopefully make a difference. As I made my observations and met with many other individuals working there, I noted that there was a gap in young adults having to leave the education system due to financial and familial pressures. It was then that I decided to return home and develop and establish my own non-profit organization. I established the Top of the World Literacy and Job Training Project in the fall of 1992. The mission of the project was to provide academic and job training opportunities for young adults in Nepal. I went on to raise the funds to purchase land and construct a facility in Kathmandu that would provide academic and vocational training for a maximum of forty young adults at full capacity. I worked with a group of Nepalese friends in Nepal to establish the Mulpani Educational and Social Organization (MESO) to administer the in-country operation of the facility. We opened the doors of MESO in the spring of 2000.

In the spring of 1996, I embarked on a journey in Nepal to heighten my awareness of the cultural and ethnic differences that exist there. I felt this was necessary in order to best serve the people of Nepal. I walked across the country from the western border to the eastern border over a period of approximately one-hundred and ten days. I was not aware, but I would be caught up in a revolution that had emerged in western Nepal and would continue for about ten years. Due to the fact that I had no outside contact I was unaware of the extent of this conflict. I wound up at one point having to relocate to avoid dangers for the porters who were working for me. It was then that I became aware that there was a rebellion in progress.

By the spring of 2004 we had brought a variety of students into our facility from numerous locations. Most of our students completed their School Leaving Certificate (SLC) at first or second levels. Our students have gone on to train in many vocations which included: hotel management, tailor, auto mechanic, computers, and community health aid to name a few. I have remained in contact with a number of my students to this day.

It was in the fall of 1996 that I decided to return to school to complete a Bachelor of Science in Nursing. While seeking care for students and porters who worked for me in Nepal, I had met numerous individuals providing healthcare and I decided that becoming a nurse would provide me with a profession that would be mobile and useful at some point in Nepal. In 1999 I participated in a Transcultural Nursing course while at HSU and worked with my Professor, Mary Anne Levine, to organize a program in Nepal.

In the spring of 2004, a decision was made to close our school due to ongoing pressures related to the unstable government of Nepal. It was decided that the facility should be sold to another non-profit and the funds generated be placed in a long-term scholarship fund. Another office was purchased closer to the center of Kathmandu and MESO has been there since.

Many years passed as I practiced nursing in the U.S. and lived life. In the fall of 2012, I decided to return to school to obtain a Master's in Education Degree with the focus of my research to be on nursing education in Nepal. That explains how I have come to this juncture.

Significance of the Research

The significance of this project is that there is limited academic or professional literature available on the nursing education and nursing as a profession in Nepal. My hope is that the information provided in my thesis will offer inspiration for nurses in Nepal seeking advanced degrees and generate additional research on which to build their own body of professional literature. I also would like to provide information for administrators and policy makers to improve the education and profession of nursing in Nepal.

Due to ongoing governmental instabilities in Nepal it is unlikely that the processes will be immediate. It will take a committed strategy on the part of nurses in Nepal to bring about the changes needed to improve their professional status and to establish themselves as active members of the larger global healthcare community.

It is necessary for nurses in Nepal to gain confidence and professional credibility in order for them to become change agents in their work settings, communities and their country as a whole. They need to be active in changing perceptions of nursing as a profession by engaging all members of their society at all levels such as family, community and work environment. With encouragement to participate in advanced studies and research the profession of nursing in Nepal can acquire a voice in the decisions made for their profession. No longer will they be viewed by others as handmaidens, but will be perceived as professionals who play a significant role in the provision of healthcare in Nepal and as members of the global healthcare community.

Limitations of This Study

The most obvious limitation is that for all participants in this study their primary language is Nepalese. All have been educated at some level using English, so most have significant fluency in English. I made a conscious effort to make sure that questions in the surveys, focus groups and interviews were as concise and clear as possible. I met with Nepalese friends who were not participants and reviewed all questions prior to starting the data gathering.

An additional limitation to this study was that when I went to hospitals to select staff nurses to participate in the focus groups. I found that there were a limited number available to participate. I wound up having to change the number of participants in each focus group to five. I finally selected five staff nurses from three different hospitals for a total of fifteen.

Another limitation is social and cultural norms. Nepal is a primarily Hindu society that is based on a caste system. The social setting of Nepal is also patriarchal in nature. I had to be aware of the nuances that were introduced into my project environment while conducting my research. I made sure to establish rapport with all participants and to make sure that they were comfortable and felt that their participation was meaningful.

I was further impacted in my project by the unstable state of the Nepalese government. As noted in the study it became quite grueling and tested my patience when I went through the process to gain approval to conduct my research in Nepal.

A significant limitation for my study was my own limited knowledge on what it entailed to develop and complete a project of this magnitude. This is my first in depth research project, but I was committed to acquiring the knowledge and skills required to see it to its culmination. I feel that I am fortunate to have the support of my husband and mentors to guarantee that I will be able to complete a body of work that will be useful to others.

Recommendations for Future Research

There were endless issues and ideas that emerged as this study progressed that will require further research. One important issue is what are the current nursing education standards? What agency or organization oversees, reviews, updates and enforces the current standards? Do current standards meet those set by organizations

such as the World Health Organization? What needs to be done to improve the nursing standards in Nepal?

A second significant challenge for nurses in Nepal is the increasing privatization and commercialization of nursing education and the subsequent impacts on the profession. Another issue that should be researched further is the linkage of the increase in private nursing schools and the decrease in the quality of education. An additional issue is the increase in the risk for exploitation of nurses due to an increase in the number of graduates compared to the number of available jobs.

A third significant question to be studied is the professional organizations that represent nurses in Nepal. What agencies or organizations currently represent nurses in Nepal? What are the structures of these agencies or organizations? What roles or services do they provide for nurses? Do nurses in Nepal participate in significant numbers with these agencies or organizations? Why or why not? Do these agencies or organizations advance nursing in Nepal as a profession?

Additionally, the linkage of nurses in Nepal to the global healthcare community requires further study. What organization or agencies provide venues for nurses in Nepal to interact with practitioners from other nations? Do nurses in Nepal have membership in the ICN or with an organization associated with the ICN? Why or why not?

Finally, it is critical to identify how nurses in Nepal can influence the political environment of their country. What role can nurses in Nepal play in the development and establishment of legislation and policies related to health care and the profession of nursing? Research into how and what can be done to increase nurses' participation in the

political processes of Nepal can improve their place in society and their position as professionals in the healthcare community.

Summary

Nursing in Nepal is at a turning point. Currently nurses in Nepal find themselves emerging from a place that nurses in the U.S. found themselves to be forty or fifty years ago. At that time nurses in the west were considered handmaidens with little autonomy or recognition as primary caregivers. The nurses in Nepal are realizing that they are developing as a profession. They are becoming aware of the endless possibilities and opportunities that lie ahead for them as professionals. Administrators, policymakers and nurses need to work collaboratively to identify ways to improve both the education and the opportunities for nursing as a profession in Nepal.

Relatively inexpensive strategies that would require minimal resources have been looked at such as the revision and updating of curriculum, trying new teaching methods, and interprofessional education (IPE). The curriculum in Nepal has evolved since 1987 from subject-centered focus to a primary health care focus with an attempt to improve the use of nursing research and to develop leadership skills of nurses (Ogilvie, 1998; Thakur, 1999). Teaching methods lack appropriate teaching-learning methodologies and there is a need for the development of student-centered participation and learning with a focus on problem-solving approaches (Regmi, et al, 2009). IPE is a cost-effective collaborative learning environment where professionals from two or more professions provide a learning opportunity for each other. Studies have concluded that the benefits include

improved communication skills between colleagues and with patients, a collaborative approach to patient care, and sensitivity to each person's position on educational and clinical situations (Regmi & Regmi, 2010).

As I have previously stated the purpose of this study is to provide baseline information and data for administrators and politicians within Nepal to strategically move forward in developing and establishing a nursing education system that graduates professionals in the field of nursing. Professional nurses who are able to meet international standards as defined by organizations such as the WHO, as well as providing for the healthcare needs of the Nepalese. This in turn will enable nurses in Nepal to compete for positions and roles outside and within Nepal as participants in the international community of nursing and healthcare.

References

- Al Jarrah, I.A.T. (2013). Associate nursing students' perceptions toward nursing profession in Jordan. *European Scientific Journal*, 9(6), 147-166. Retrieved from: www.eujournal.org/index.php/esj/download/822/884
- AllNurses (2009, September 7). Entry into practice: Diploma programs for registered nursing. Retrieved from: www.allnurses.com/nursing-educators-faculty/entry-into-practice-422071.html
- American Association of Colleges of Nursing. (2008). The essentials of Baccalaureate education for professional nursing practice, 1-63. Retrieved from: www.aacn.nche.edu
- American Nurses Association (ANA): Code of ethics for nurse with interpretive statements. Silver Spring, Maryland, 2015, American Nurses Association. URL: www.nursingworld.org
- American Nurses Association (ANA): Nursing scope and standards of practice, 2nd Ed. Silver Spring, Maryland, 2015, American Nurses Association. URL: www.nursingworld.org
- American Nurses Association (ANA): Nursing social policy statement: The essence of the profession. Silver Spring, Maryland, 2015, American Nurses Association. URL: www.nursingworld.org.
- American Nurses Association. (2013). What is nursing? URL: www.nursingworld.org
- APRNGuide (2013, March, 19). Difference between ASN and BSN

nursing degree [Web log post]. Retrieved from:

www.aprnguide.com/blog/difference-between-asn-bsn-nursing-degrees/

- Baumann, A. & Blythe, J. (2008). Globalization of higher education in nursing. *The Online Journal of Issues in Nursing*, 13(2). doi: 10.3912/OJIN.Vol13No02Man04
- Bentley, H. (1995). The organization of health care in Nepal. *International Journal of Nursing Studies*, 32(3), 260-270. doi: 0020-7489(94)00044-1
- Bista, D.B. (1991). *Fatalism and development: Nepal's struggle for modernization*. Hyderabad: Orient Longman Ltd.
- Black, B. (2014). *Professional Nursing: Concepts and Challenges*. St. Louis, MO: Elsevier.
- Black, D. et. al. (Eds.). (2009). *Collins English Dictionary – Complete & Unabridged 10th Edition*. Glasgow: Harper Collins Publishers.
- Baumann, A. & Blythe, J. (2008). Globalization of higher education in nursing. *The Online Journal of Issues in Nursing*, 13(2). (page numbers or paragraph numbers) doi:10.3912/OJIN.Vol13No2Man04
- Buchan, J. (2001). Nurse migration and international recruitment. *Nursing Inquiry*, 8(4), 203-204. Retrieved from: www.ehost/pdfviewer/pdfviewer?sid=ac46945d-1cdd-4f81-9dc2-fb4104a5c197%40sessionmgr115&vid2&hid=118
- Carr-Saunders, A., & Wilson, P. (1933). *The Professions*, Oxford: Clarendon Press.
- Chandra, A., & Willis, W.K. (2005). Importing nurses: Combating the nursing shortage in America. *Hospital Topics*, 83(2), 33-37. Retrieved from:

web.ebshost.com.ezproxy.humboldt.edu/ehost/pdfviewer/pdfviewer?sid=bdd39de6-c750-43cf-9e65-4718bb3923df%40sessionmgr198&vid=2&hid=117

Coverston, R., Harmon, K.R., Keller, E.R & Malner, A.A. (2004). A comparison of Guatemalan and USA nurses' attitudes towards nursing. *International Nursing Review*, 51, 91-103. doi: 10.1111/j.1466-7657.2003.00199.x

Das, U.D. (1986). Basic steps in the review of Nepal's nursing curriculum. *International Nursing Review*, 33(3), 87-89. Retrieved from:
[//search.ebscohost.com.ezproxy.humboldt.edu/login.aspx?direct=true&db=rzh&AN=1986055160&site=ehost-live](http://search.ebscohost.com.ezproxy.humboldt.edu/login.aspx?direct=true&db=rzh&AN=1986055160&site=ehost-live)

Flexner, A. (2001). Is social work a profession? *Research on Social Work Practice*, 11(2), 152-165. Retrieved from: www.rsw.sagepub.com

Gallup. (2018). Nurses again outpace other professions for honesty, ethics. Retrieved from: <https://news.gallup.com/poll/245597/nurses-again-outpace-professions-honesty-ethics.aspx>

Girardet, E. (Ed.). (2009). *Nursing & midwifery human resources for life: Global standards for the initial education of professional nurses and midwives*. Department of Human Resources for Health, World Health Organization. Geneva, Switzerland. Retrieved from: www.who.int/hrh/nursing-midwifery/hrh-global-standards-education.pdf

Government of Canada. (2007). *Economic concepts: Globalization: Definition*. Retrieved September 28, 2007, from www.canadianeconomy.gc.ca/english/economyglobalization.html

- Grootjans, J. & Newman, S. (2012). The relevance of globalization to nursing: A concept analysis. *International Nursing Review*, 60, 78-85. doi:10.1111/j.1466-1466-7657-2002-01022.x
- Guba, E.G. (1981). ERIC/ECTJ Annual Review Paper: Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal (ECTJ)*, 29(2), 75-91. Retrieved: pdfs.semanticscholar.org/8d32/23ed3c76cc4066ec89465aca51c4f402867e.pdf
- Hall, R.H. (1968). Professionalization and bureaucratization. *American Sociological Review*, 33, 92-104. Retrieved from: www.asr.sagepub.com
- Hall, R.H. (1982). *Professionalism and the Empowerment of Nursing*. Kansas City, MO: American Nurses Association. Retrieved from: www.nursingworld.org
- Hart, K.A. (2005). Breakthrough to Nursing Study: Who are the men in nursing? National Student Nurses Association Imprint. Retrieved from: www.nsna.org/Portals/0/Skins/NSNA/pdf/Imprint_NovDec05_beakthrough_pdf
- Huber, D. (2000). *Leadership and Nursing Care Management*. Philadelphia, PA: Saunders.
- International Council of Nurses. (n.d.) History: International Council of Nurses and regulation. Retrieved from: www.icn.ch/reghistory.htm
- International Monetary Fund. (2008). Globalization. Retrieved April 2, 2008, from www.imf.org/external/np/exr/key/global.htm

- Jamal, I. & Dangal, R. (2009). The state of bureaucratic representativeness and administrative culture in Nepal. *Contemporary South Asia*, (17)2, 193-211. doi: 10.1080/09584930802346497
- Johnson, L.D. (2005). The role of cultural competency in eliminating health disparities. *Minority Nurse*, (volume, issue) 52-55. URL: minoritynurse.com
- Jones, J.M. (2010). Nurses top honesty and ethics for 11th year. Washington, D.C.: Gallup. Retrieved from: www.Gallup.com/poll/145043/nurses-top-honesty-ethics-list-11-year.aspx?version=print
- Karaoz, S. (2003). Change in nursing students' perceptions of nursing during their education. 28. Retrieved from: www.elsevierhealth.com/journals
- Kingma, M. (2001). Nursing migration: Global treasure hunt or disaster in the making? *Nursing Inquiry*, 8(4), 205. doi:10.1046/j.1440-1800.2001.0016.x
- Maglacas, A.M. (1988). Health for all: Nursing's role. *Nursing Outlook*, 36(2), 66-71. URL: www.ncbi.nlm.nih.gov
- Maglacas, A. M. (1989). Close encounters in international nursing: Impact on health policy and research. *Journal of Professional Nursing*, 5(6), 304-314. doi: 10.1016/S8755-7223(89)80069-9
- Marchionini, G. & J. Teague (1987). Elementary students' use of electronic information services. *Journal of Research on Computing in Education*, 20(2), 139-155. doi: 10.1080/08886504.1987.10781830
- Nepal Nursing Council. (2013). URL: www.nnc.org.np/education.php
- Nepal Nursing Association. (2013). URL: www.nursingassoc.org.np/introduction.php

- Niemczura, J. (2013, April 23). Nursing education system in Nepal as of April 2013. Retrieved from: <http://Joeniemczura.wordpress.com/2013/04/23/nursing-education-system-in-nepal-as-of-april-2013/>
- Ogilvie, L. (1993). *Nurses and primary health care in Nepal* (Doctoral dissertation). University of Alberta, Edmonton, Alberta.
- Ogilvie, L. (1998). Issues in nursing education in Nepal. *Nurse Education Today*, 18, 72-78. doi:10.1016/S0260-6917(98)80037-3
- Padma (2011, January 23). Nepal Nursing Council. Retrieved from: <http://nursing-padma.blogspot.com/2011/01/Nepal-nursing-council.html>
- Petro-Nustas, W., Mikhail, B.I. & Baker, O.G. (2001). Perceptions and expectations of Baccalaureate-prepared nurse in Jordan: Community survey. *International Journal of Nursing Practice*, 7, 349-358. doi:10.1046/j.1440-172X.2001.00320.x
- Pitts, J.M. (1994) edited by: J.H. McGregor & B.K. Stripling. *Mental Models of Information: The 1993-94 AASL/Highsmith research Award Study*. *SLMR*, 23(3). Retrieved: ala.org/aasl/sites/ala.org.aasl/files/content/aaslpubsandjournals/slr/edchoice/SLMQMetalModelsofInformation_InfoPower.pdf
- Prakash, S., Yadav, P., & Yadav, K, (2018). Perspectives of developing nursing education in Nepal. *Nursing & Care Open Access Journal*, 5(4). Retrieved: medcraveonline.com/NCOA/NCOAJ-05-00150.pdf
- Regmi, K., Regmi, S., & Shahi, M. (2009). Tribhuvan University certificate nursing curriculum. *Journal of Institute of Medicine*, 31(3), 46-55. URL: www.jiom.com.np

- Regmi, K.R., & Regmi, S. (2010). Medical and nursing attitudes towards interprofessional education in Nepal. *Journal of Interprofessional care*, 24(2), 150-167. doi:10.3109/13561820903362254
- Seddon, D. (1990). *Nepal: A state of poverty*. (5th ed.). New Delhi: Vikas Publishing House.
- Sharma, A. (2000). *Female participation in technical education in Nepal* (Doctoral dissertation). Southern Illinois University, Carbondale, Illinois.
- Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information* 22, 63-75. IOS Press. Retrieved from: pdfs.semanticscholar.org/cbe6/70d35e449ceed731466cd273032b28ca.pdf
- Shrestha, G.K., Bhandari, N., & Singh, B. (2010). Nurses' views on need for professional development in Nepal. *Journal of Nepal Medical Association*, 49(3), 209-215. URL: www.jnma.com.np
- Smith, M.K., & Smith, M. (2002). Globalization. The encyclopedia of informal education. (updated December 28, 2007). Retrieved April 2, 2008, from www.infed.org/biblio/globalization.htm
- Subedi, D.R. (2014). Growth of nursing education sector and its effects on professionalization of nurses in Nepal. *Journal of Nursing and Health Science*, 3(4), 34-39. Retrieved: pdfs.semanticscholar.org/dc26/af4774b0cc539f276f9fb4bea78adcd0d2e.pdf
- Tashakkori, A. & Teddlie, C. (2010). *Sage Handbook of Mixed Methods in Social & Behavioral Research*, (2nd ed.). Thousand Oaks, CA: Sage Publications.

- Tau, S.T. (1998). *The Woodhull Study on Nursing and the Media: Health Care's Invisible Partner*, Indianapolis, IN: Sigma Theta Tau.
- Thapa, G.B. & Sharma, J. (2009). From insurgency to democracy: The challenges of peace and democracy-building in Nepal. *International Political Science Review*, 30(2), 205-219. URL: www.jstor.org/stable/25652899
- Tschudin, V.; & Davis, A.J. (Eds.). (2008). *The Globalisation of Nursing*. Oxon, United Kingdom: Radcliffe Publishing, Ltd.
- UNICEF. (1996). *Children and women of Nepal: A situation analysis*. Kathmandu, Nepal. UNICEF. URL: www.UNICEF.com
- U.S. Department of Health and Human Services. (2000). *National Sample Survey of Registered Nurses, Health Resources and Service Administration, Bureau of Health Professions, Division of Nursing*. URL: www.hhs.gov
- Wondwossen, L. (2011). *Assessment of nurses' perception towards nursing profession in public health hospitals under Addis Ababa Health Bureau, Ethiopia* (Masters thesis). Retrieved from: www.etd.aau.edu.et/bitstream/123456789/2446/1/139
- World Health Organisation (WHO). (2003). *The World Health Report 2003*. Geneva: World Health Organisation.
- Wraa, C. (2013). Nepal nursing project. *Journal of Emergency Nursing*, 39(2), 170-172. URL: www.jeonline.org

Appendices

Appendix A

Pamela L. Bellah

Humboldt State University
Department of Education
1 Harpst Street
Arcata, California 95521

Dear Focus Group Participant;

Fifteen individuals at three different hospitals have been selected to participate in focus groups for research to examine the perception of the nursing education in Nepal. Questions during the focus group will be utilized to secure:

1. Your opinions concerning your perception of nursing education in Nepal.
2. Your opinions on whether the nursing education in Nepal meets the needs of nursing as a profession.
3. Your opinions on the nursing education and the degree to which it meets international standards.

The focus groups will be conducted during a scheduled staff meeting in a private meeting room at your facility and should take less than one hour to complete. Questions will be open-ended and allow for participants to respond candidly. The researcher will take notes and audio-tape the focus group meeting in order to gather as much information as possible. Since we are collecting opinions, there are no correct or incorrect answers. All that we ask is that you give your frank opinion. Your response will be confidential and no individual or hospital location will be named in any report of the research. The researcher will answer any questions you have about this study. Your participation is voluntary and you may stop at any time. All notes and audio-tapes from this study will be destroyed by shredding and erasing when this thesis has been determined to be complete and is accepted by the research committee. Only individuals over the age of 18 can participate in this research.

Your cooperation in participating in these focus groups is essential to the success of this research. Thank you for your participation.

Sincerely,

Pamela L. Bellah
Principle Researcher

Appendix B

Pamela L. Bellah

Humboldt State University
Department of Education
1 Harpst Street
Arcata, California 95521

Dear Interview Participant;

Twenty-seven individuals at three different hospitals and nursing campuses have been selected to participate in interviews for my research to examine the perception of the nursing education in Nepal. Questions during the interviews will be utilized to secure:

1. Your opinions concerning your perception of nursing education in Nepal.
2. Your opinions on whether the nursing education in Nepal meets the needs of nursing as a profession.
3. Your opinions on the nursing education in Nepal and the degree to which it meets international standards.

The interviews will be conducted in a private meeting room at your facility and should take less than one hour to complete. Questions will be open-ended and allow for participants to respond candidly. The researcher will take notes and audio-tape the interview in order to gather as much information as possible. Since we are collecting opinions, there are no correct or incorrect answers. All that we ask is that you give your frank opinion. The researcher will answer any questions you have about this study. Your participation is voluntary and you may stop at any time. All notes and audio-tapes from this study will be destroyed by shredding and erasing when this thesis has been determined to be complete and is accepted by the research committee. Your response will be confidential and no individual or hospital location will be named in any report of the research. Only individuals over the age of 18 can participate in this research.

Your cooperation in participating in these interviews is essential to the success of this research. Thank you for your participation.

Sincerely,

Pamela L. Bellah
Principle Researcher

Appendix C

Pamela L. Bellah

Humboldt State University
Department of Education
1 Harpst Street
Arcata, California 95521

Dear Survey Participant;

Sixty individuals at three different hospitals have been selected to participate in surveys for my research to examine the perception of the nursing education in Nepal. Questions during the surveys will be utilized to secure:

1. Your opinions concerning your perception of nursing education in Nepal.
2. Your opinions on whether the nursing education in Nepal meets the needs of nursing as a profession.
3. Your opinions on the nursing education and the degree to which it meets international standards.

The surveys will be conducted in a private meeting room at your facility and should take less than 30 minutes to complete. Since we are collecting opinions, there are no correct or incorrect answers. All that we ask is that you give your frank opinion. The researcher will answer any questions you have about this study. Your participation is voluntary and you may stop at any time. All documents from this study will be destroyed by shredding when this thesis has been determined to be complete and is accepted by the research committee. Your response will be anonymous and no individual or hospital location will be named in any report of the research. Only individuals over the age of 18 can participate in this research.

Sincerely,

Pamela L. Bellah
Principle Researcher

Appendix D



HUMBOLDT STATE UNIVERSITY

Institutional Review Board for the Protection of Human Subjects

707-826-3966 | irb@humboldt.edu | www.humboldt.edu/human_subjects

MEMORANDUM

Date: 8/22/2014

To: Eric Van Duzer
Pamela Bellah

From: Ann Warner Nagy
Institutional Review Board for the Protection of Human Subjects

IRB #: IRB 13-197

Title: Perception of nursing education in Nepal: Meeting the needs of nursing as profession in a global health care community

Thank you for submitting your application to the Committee for the Protection of Human Subjects in Research. I am able to provide expedited review of your proposal because your research:

will involve research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The Expedited approval of your research will expire **08/21/2015**. By Federal Regulations, all research related to this protocol must stop on the expiration date and the IRB cannot extend a protocol that is past the expiration date. In order to prevent any interruption in your research, please submit a renewal application in time for the IRB to process, review, and extend the Expedited designation (at least one month).

Important Notes:

- Any alterations to your research plan must be reviewed and approved by the IRB prior to implementation.
 - Change to survey questions
 - Number of subjects
 - Location of data collection,
 - Any other pertinent information
- If Expedited approval is not extended prior to the expiration date, investigators must stop all research related to this proposal.
- Any adverse events or unanticipated problems involving risks to subjects or others must be reported immediately to the IRB (irb@humboldt.edu).

cc: Faculty Adviser (if applicable)
Department or Unit Chair
Institutional Review Board for the Protection of Human Subjects

The California State University

Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles • Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

Appendix E

Informed Consent for Focus Group Subject

Project Title: Perception of the nursing education in Nepal: Meeting the needs of nursing as a profession in a global health care community.

Researcher: Pamela Bellah, R.N, BSN
Masters Student
Department of Education
Humboldt State University
Arcata, California, USA

The purpose of this research is to examine the perceptions and opinions of health care providers of nursing education in Nepal. Focus will be on opinions on the nursing education meeting needs of nursing as a profession and opinions on the nursing education meeting international standards. If you agree to participate in this study you will be asked to answer some questions. The focus group will take less than one hour. The researcher will not share your answers with anyone else in Nepal. The information that you provide will be confidential and will be secured in a locked box at all times and will be accessible only to the researcher. The focus group will be audio-taped.

This is to certify that I, _____
(print name)

hereby agree to take part in the above named project. I give permission to be asked some questions during a focus group that will be audio-taped. I understand that at the completion of the study the tapes will be erased. I understand that no one will be able to identify my answers in any published report or presentation of the findings. I also understand that I may choose not to be part of this study at any time without penalty. Questions about the research have been encouraged and my questions have been answered to my satisfaction.

If you have any concerns with this study, contact the chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545.

If you have any questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Dr. Rhea Williamson, at Rhea. Williamson@humboldt.edu or (707) 826-5169.

Signature

Witness

Date

Appendix F

Informed Consent for Interview Subject

Project Title: Perception of the nursing education in Nepal: Meeting the needs of nursing as a profession in a global health care community.

Researcher: Pamela Bellah, R.N, BSN
Masters Student
Department of Education
Humboldt State University
Arcata, California, USA

The purpose of this research is to examine the perceptions and opinions of health care providers of nursing education in Nepal. The discussion will be on opinions on the nursing education meeting needs of nursing as a profession and opinions on the standards nursing education in Nepal meeting international standards. If you agree to participate in this study you will be asked to participate in an interview where you will be asked to answer some questions. The interview will take less than one hour. The researcher will not share your answers with anyone else. The information that you provide will be confidential and will be secured in a locked box at all times and will be accessible only to the researcher. The interview will be audio-taped.

This is to certify that I, _____
(print name)

hereby agree to take part in the above named project. I give permission to be asked some questions during a focus group that will be audio-taped. I understand that at the completion of the study the tapes will be erased. I understand that no one will be able to identify my answers in any published report or presentation of the findings. I also understand that I may choose not to be part of this study at any time without penalty. Questions about the research have been encouraged and my questions have been answered to my satisfaction.

If you have any concerns with this study, contact the chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545.

If you have any questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Dr. Rhea Williamson, at Rhea. Williamson@humboldt.edu or (707) 826-5169.

Signature

Witness

Date

Appendix G

Informed Consent for Interview Subject

Project Title: Perception of the nursing education in Nepal: Meeting the needs of nursing as a profession in a global health care community.

Researcher: Pamela Bellah, R.N, BSN
Masters Student
Department of Education
Humboldt State University
Arcata, California, USA

The purpose of this research is to examine the perceptions and opinions of health care providers of nursing education in Nepal. The discussion will be on opinions on the nursing education meeting needs of nursing as a profession and opinions on the standards nursing education in Nepal meeting international standards. If you agree to participate in this study you will be asked to complete a survey where you will be asked to answer some questions. The survey will take less than one hour. You will be asked to make your own identification code from personal information that the researcher will not have access to. The researcher will not share your answers with anyone else in Nepal. The information that you provide will be confidential and will be secured in a locked box at all times and will be accessible only to the researcher.

This is to certify that I, _____
(print name)

hereby agree to take part in the above named project. I give permission to be asked some questions during a focus group that will be audio-taped. I understand that at the completion of the study the tapes will be erased. I understand that no one will be able to identify my answers in any published report or presentation of the findings. I also understand that I may choose not to be part of this study at any time without penalty. Questions about the research have been encouraged and my questions have been answered to my satisfaction.

If you have any concerns with this study, contact the chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at eg51@humboldt.edu or (707) 826-4545.

If you have any questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Dr. Rhea Williamson, at Rhea. Williamson@humboldt.edu or (707) 826-5169.

Signature

Witness

Date

Appendix H

Pamela L. Bellah
Humboldt State University
Department of Education
1 Harpst Street
Arcata, California 95521

Dear Administrator;

I am submitting this letter requesting to conduct research at your facility with your nursing and medical staff. All efforts will be taken to not inconvenience your staff or interfere with the care of your patients.

Fifteen staff nurses at three different hospitals will be selected to participate in focus groups for research to examine the perception of the nursing education in Nepal. Twenty staff nurses at three different hospitals will be selected to participate in a survey to examine the perception of nursing education in Nepal. Three physicians and three nursing supervisors at three different hospitals will be selected to participate in interviews that will examine the perception of nursing education in Nepal. Three nursing faculty from three different nursing campuses will also be selected to participate in interviews for this research.

Questions during the research will be utilized to secure:

1. Opinions concerning the perception of nursing education in Nepal.
2. Opinions on whether the nursing education in Nepal meets the needs of nursing as a profession.
3. Opinions on the nursing education and the degree to which it meets international standards.

Only individuals over the age of 18 can participate in this research.

Access to your facility and the cooperation of your staff is essential to the success of this research. Thank you for your consideration in this request.

Sincerely,

Pamela L. Bellah
Principle Researcher

Appendix I



Institutional Review Committee
irc@pfectnepal.org

Unanticipated or adverse events: The IRC must receive a written report of any unanticipated and/or adverse events encountered during the course of the research within 14 days of the event occurring. After such an event, the research must be halted until the report is reviewed by the IRC and written approval to resume is granted. Failure to do so may lead to the suspension or termination of the project.

Monitoring and auditing: All projects may be subject to monitoring and/or auditing at any time by the IRC or a designated third party.

Progress report(s): Researchers must submit to the IRC a progress report on completion of data collection and also an annual report if the project was approved for more than one year. Failure to submit a progress/annual report may lead to the suspension or termination of the project.

Final report: Researchers must submit a final report to the IRC upon completion of the research project.

If you have any queries, please contact the IRC. Please use the reference number quoted above for all future correspondence regarding this research project.

On behalf of the Institutional Review Committee, I wish you well in your research.

A handwritten signature in cursive script, reading 'Ganesh Dhangal'.

Dr. Ganesh Dhangal
Chairperson
Institutional Review Committee (IRC)
Public Health Concern Trust (pfect-NEPAL)

GPO Box 6064
Pradarshani Marg, Kathmandu, Nepal
Tel. (+977)-1-4222364, Email: irc@pfectnepal.org

Appendix J



Nepal Health Research Council

Estd. 1991

Ref. No.: 550

11 November 2014

Ms. Pamela Louise Bellah
Principal Investigator
Humboldt State University, USA

Ref: **Approval of Research Proposal entitled Perception of nursing education in Nepal: Meeting the needs of nursing as a profession in a global health care community**

Dear Ms. Bellah,

It is my pleasure to inform you that the above-mentioned proposal submitted on 09 September 2014 (Reg. no. 180/2014 please use this Reg. No. during further correspondence) has been approved by NHRC Ethical Review Board on 09 November 2014 (2071- 7-23).

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

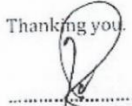
If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their research proposal and submit progress report and full or summary report upon completion.

As per your research proposal, the total research amount is **US\$ 7,500.00** and accordingly the processing fee amounts to **NRS- 9,620.00**. It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the research section of NHRC.

Thanking you.


.....
Dr. Khem Bahadur Karki
Member-Secretary

Appendix K

Focus Group Protocol

Focus Group Questions for Nursing Staff (have completed their education within two A four-year period).

1. To what extent is nursing in Nepal considered a profession by other affiliate healthcare providers such as physicians, nursing supervisors and nursing faculty?
Why do you think nursing is or is not?
2. In what ways do you feel that you are treated/not treated as a professional member of the healthcare community in Nepal? Why you do or do not?
3. To what extent is the nursing education in Nepal consistent throughout all programs? Are there some that you would recommend over other? Why?
4. Are there adequate standards for the current nursing education system in Nepal?
What do you think is an “adequate” level of education?
5. When you completed your nursing education in Nepal in what ways did you feel prepared/unprepared to provide patient care? Why do you feel you were or not prepared?
6. In what ways do you think that the nursing education system standards in Nepal meet/do not meet international standards set by organizations such as the World Health Orgaization? Why do you think they do or do not?
7. In what ways do you think nurses who complete their nursing education in Nepal meet/do not meet knowledge standards set by organizations such as the World Health Organization? Why you think they do or do not?

8. In what way do you think that nurses that complete their education in Nepal meet/do not meet nursing skills standards set by the World Health Organization?
Why do you think they do or do not?
9. In what ways do you feel that you are/or are not a member of the global healthcare community? Could you see yourself working internationally?
10. How do you feel that the current nursing education system in Nepal can be improved?

Appendix L

(BFG) Focus Group Transcripts

PR: Q1- To what extent is nursing in Nepal considered a profession by other health care providers such as physicians, nursing supervisors and nursing faculty?

PR: Why, how is it considered a profession by other health providers like doctors, nurses, paramedics, like that?

4: Things uh have already changed. The perception uhh by doctors, nurses, and patients. The patterns have changed. In past years we think nurses have just taken care of their patients only. These days I think the perception has changed. I think doctors believe that nurses provide the patient care ?????

PR: So, do you feel like other health providers like doctors are considering nurses as professionals?

4: Yeah.

PR: And how is that?

1: Could you repeat the question please?

PR: To what extent is nursing in Nepal considered a profession by other affiliated care providers such as doctors, nursing supervisors, nursing faculty.

4: We think within nursing they feel always they feel positive about their field and they know much about nurses, but uh in my opinion nurses think that doctors don't uh think, believe that uh nurses have much more knowledge about disease problems and anatomy, because we don't think that...we don't read much more about that and I don't think they think much respect in that way also I believe that nurses know much more about ???

1: One thing doctors know that nurse can only for care provide only...

PR: One at a time.

1: They didn't think that nurses can do their work as they...only for care provider and follow their orders only. Only they know that much thing.

PR: Anyone else?

PR: Q2- In what ways do you feel that you are treated as a professional member of the health care community in Nepal?

PR: Are you treated? How are you treated by other by other professionals? With respect? With....

4: ? our colleagues....?

PR: How are you treated as professional members?

1: Professional members treat us treat them treat us as uh only certain.....not as much as doctors and other professional only yeah okay nurses are uhhhh...

PR: Tike...

PR: Okay. So. One more time. In what ways do you feel that you are treated or not treated as a professional member of the health care community in Nepal?

PR: And you said...that you earned their respect.

3: They do respect us.

1: Nurses respect us but, other professions I don't know. ?????

3: ????? don't know as much as doctors...

PR: Q3- To what extent is the nursing education in Nepal consistent throughout all schools? Are all the school programs the same?

3: ????? In Nepal TU Tribuvhan University the curricula is quite different and uhh ?????

PR: Okay.

PR: Q4: Are there adequate standards for the, for nursing education in Nepal? Do you think there's adequate standards for the current nursing education?

4: No. I don't believe so. There is not. Because uh ????? I think that ???? So. Recently has been changed?????

PR: Do you feel like the standards are adequate?

PR: Can you speak?

1: (Chuckle) Standards are not adequate standards but, we have been told that abroad and in our country the level of education?????

5: ?????

PR: Same question. What do you consider an adequate level of education? What would you consider an adequate level?

1: Teachers. More educated teachers but, also qualified teachers and???? the curriculum should be good enough????

PR: Did you want to add?

PR: Okay.

PR: Q5- When you completed nursing education in Nepal, did, in what ways did you feel prepared or not prepared to provide patient care? Did you feel prepared when you finished education to provide patient care?

4: When I uh completed certificate level I did PCL level with two years' work. Uh. My theory I thought like okay I know something about anatomy and physiology but uh feeling that the exposure was not that usual. Depends on the college and how much we are going to be given our student ????? Yeah it was uh quite good but not that much you know exposure ?????

5: I passed PCL level???? We were not exposed more in practical area. That, as students we cannot work or anything uh we were just uh taken for observation. And when I was uh and being on staff now I have some confidence about me that and uh I have gained more knowledge than ?????

3: After working. After working the confidence level will increase. After working.

PR: You gained your confidence?

PR: Q6- In what ways do you think the nursing education system and standards in Nepal meet or do not meet international standards set by organizations such as the World Health Organization? Do you think it meets international standards?

4: ???? Many nurses go abroad from Nepal to abroad ????? Many nurses from Nepal go abroad?????

5: Uhh ??? If we want to go abroad to India if we like apply to India. They uhh say it is not probable to abroad because in Nepal we have two years ??? and only three if some years uhh before some years there was only two years and uhh our elders will have done two years bachelors then that's more than any ????? and uhh they also have to uhh study some more courses ?????

1: It is not equal value to... Education in Nepal is not equal value to any other country. I think so.

PR: Q7: In what ways do you think nurses who complete their nursing education in Nepal meet or do not meet the knowledge standards set by organizations such as the World Health Organization? The knowledge...

4: ?????? even if nurse are well equipped and skills, I think the IV's are good ????? They have much more knowledge than they can fight with the policies or nurses. So I think they do have the knowledge ????

1: More exposure in clinical area. We can handle any cases. ??? or intubating the patient ???

PR: Q8: In what ways do you think that nurses that complete their nursing education in Nepal meet or do not meet nursing skill standards for the international community such as World Health Organization? The nursing skills...

PR: Nursing skills such as IV starting IV's, NG tube...

3: NG tube, even they, they do intubation also

4: Handling the code...handling the patient...

3: ??????

PR: Q9: In what ways do you feel that you are or are not members of the global health care community? In what ways do you feel that you are or are not members of the world health care community?

4: We are the member I think that thing. We have been the nurse ?????we should be ???service provider. And now being the nurse we have we have the knowledge ??? care also. So we are the member of...

1: ??????

PR: Q10: How do you feel that the current nursing education system can be improved? How do you feel it can be improved?

1: We train teachers to be provided uhh. Clinical area must be ???

4: Academic ??? should be extended. ????

2: Well qualified teachers.

5: ????? well qualified teachers.

1: Need...???? machines should be trained to all in a group so that they can gain more new knowledge about it .

4: Many changes uhh all the changes which are going in the community or in the they should gain knowledge. But, in nursing field less knowledge about that we don't.... We only focus on the old thing in the curriculum only that much. But we cannot get new new things as you showed that change what about...

3: I think what should be improved in nursing education qualified teachers, good education ??? teacher, qualified teachers, really good clinical exposure ????. And similarly there are many changes ????. They should be informed and should be oriented each and every student and uhh. Beside that only nursing care, try to provide the all the new changes, new technologies that uhh that need to be. That need be ????

4: Poor students should be encouraged...

PR: So the students that are slower for learning not not poor poverty, poor like slow learning.

4: Slow learners should be encouraged ???? so that encouragement will be....

Appendix M

(MFG) Focus Group Transcription

PR: Q1- To what extent is nursing in Nepal considered a profession by other people in health care such as physicians, nurses, nursing supervisors, nursing faculty? Anybody want to answer?

PR: Do you need me to repeat?

Unknown: Yeah.

PR: To what extent is nursing in Nepal considered a profession by other health care providers?

PR: Okay. Go ahead. Speak loudly.

5: Nursing uh nursing considered a profession by others also. By physicians also consider. Because nurses are um bigger a bigger part, an important part in hospital. That is why not only in hospital but in community also nurses are important part, important ????? role in health care system. That's why uh we have now umm confident nursing, nurses ????? sufficient focus. They are considered profession by physicians and supervisors. They uh promote uh nursing practice and uh they are confident nurses???? health education, prevention also and because they are, they????? Even uh home setting, even I mean, outsiders who are not in the medical field also consider nursing as a profession.

PR: Anybody else?

PR: So does anybody have any other input about question number one?

PR: Q2- In what ways do you feel you are treated as professional members of the health care community in Nepal?

PR: Why you do or you may not?

PR: So either way. So do you feel like...

Unknown: Could you repeat the question?

PR: In what ways do you feel that you are treated as a professional member of the health care community in Nepal?

5: In Nepal?

PR: Yes.

5: We have our nursing, nurses organization in Nepal which is uh which is for nurses, nursing profession. Nurses and uh we have uh our nursing organization nurses organization. We feel we are a part of uh health??profession with health care uh system. And nurses are also involved in administration uh in our administration. We have making??? to take administrative role, uh an administrative roles uh for new nurses uh she is part of she is part of administration????most important to administration. Similarly, uh ?????medical conferences uh nurses are taking part and they are doctors are also involved????in their conferences and partaking and involving researching researching that uh we are considered as a professional and uh.

PR: Go ahead.

1: Every year we are taking part participate in the Nursing Nursing Day ??? Day it is called ??? Day or Nursing Day. So that means that we are taking a part as nurses we are taking an important role we have in ??? Day or Nursing role Nurses Day. We have a separate institution like nursing institution in Nepal in Lazimpat we have.

PR: And what way do you feel that you're treated as a professional and if you do not feel like you are not treated as a professional, why?

3: We are not treated like a professional?

PR: No, are you, do you feel like you are treated like a professional?

3: Yes, of course we treated like professional cause uh we have been uh we been working here for many years and I think uh in my view I have been treated as a professional. Is like for example I have I have experience in many wards and now we are promoted as in second line after working for few after working for years.

PR: Good.

2: It is one thing for for promotion. Promotion as well. In the beginning the nursing was not considered as a profession but nowadays they are promoting and we are participating in ??? like uh education, uh care cancering.

PR: Go ahead. Speak loudly please.

4: Uh, we got the certificate also from Council and card are given to professional nurse so through that also we are seen as a profession and these days we are involving in different programs also.

3: After passing the nursing education uh we got the license with uh with uh interviews as a nurse we have we have the registered nurse Nepal and we have got the license of that. Uh from that we uh got there are different roles for nursing nurses in Nepal not only as staff nurse. We have lot of roles here and uh let me just provide here they treat us like uh helpers ???.

3: And some of the authority we have taken from the hospital????

PR: Q3- To what extent is the nursing education in Nepal consistent across all the different programs like from Model, to Stupa, to other? So how are they the same across all and if they are not, why?

5: In my opinion that uh it is consistent because all of they are taught same curriculum. Same curriculum is taught. All of they are taught same curriculum. That is why in practical ???? in theoretical we are all taught same. In some of the colleges we have been heard that they do have???? practical setting for students. We heard that we don't haven't seen that. But, we have just heard it. That that may that may confirm that issue?????. The curriculum all the same?????.

1: It also I also think it depends what type of organization they are taking their students. Either that hospital they are taking their students is enough patients or not. For example, in this organization if the student they came for practical they can gain a lot of quan... a lot of experience doing practical but if the students are taken in one of the hospitals where there are no patients, where this is no facilities then they I think they couldn't. But the curriculum is the same. The way of teaching and the curriculum and the exams are the same. The way I am feeling. It depends, I think it also depends ?? of the students. The can learn from ???.

3: ????all the same curriculum but the organization is different if it is like from TU, from PU, CTVT, KU????? its organized education is also different depending upon their organization like she already told that its uh depending on the organization of the hospital if they do not have the patient, how many patients?????. And also it depends upon the teacher, your guide. Likewise, ??? education is not enough. ?????to the practical.

4: Like all of them said. It depends upon the exp....exposure. How they are exposed. And how they are treated by?????. It depends upon that also. ??????. Depends upon how the guide how the guide?????.

PR: Q4- Are there are adequate for the current nursing education system in Nepal?

PR: Do you feel that there is current standards in the system?

PR: Do you want me to repeat?

PR: Are there adequate standards? Do you think there's set criteria for the education system for Nepal?

1: I think. We are all???? our bachelors in nursing so I think uh if we if we go for abroad then we are not considered as adequate?????. But now the bachelors of nursing is bachelors of nursing is running for three years. We have just now we have just now completed bachelors of nursing. When we were??? it was just for two years. But now but now ???? changed the curriculum for three years. And I think the standards is meeting the standards is going to meet...

PR: Closer to.....

1: Closer to international standards.

PR: So when did the curriculum change?

Unknown: Before two years.

1: Before two years.

PR: Q5- When you completed your nursing education in Nepal in what ways did you feel prepared or not prepared to provide patient care?

PR: Did you feel prepared or did you not feel competent in providing nursing care?

1: Being as a student we feel a little bit a little bit uh inexperienced or something like that. We are afraid to to provide care to uncomfortable patient. To provide care to have any procedure with the patient. But being as a staff that that experience uh automatically came into us and I think that experience also takes an important role. That we have done???? uh student life and practical. We have taken we are taken to between hospitals uh like Model Hospital during our school life. And as a staff that automatically?????.

5: During our education period uh we were uh brought in different hospitals uh for the practical. We work together we work together with the staff with the nursing staff of the hospital. Also ??? with our teachers. We learn lots of thing now in our school in our learning period in nursing in PCL during PCL that help us gain ?. After ??? Since then education is along with practical education also we feel that the we gain confidence and that we can work umm in the hospital after completion of the education also.

So we experience we gain a lot of experience uhh before as a student we did not get much responsibility, but as a staff we get more we get more responsibility towards our work towards our work. And with the time past we gain we gain confidence to uhh care our care the patient and documentation.

In the student life and as a staff....

PR: Q6: In what ways do you think the nursing education system standards in Nepal meet or do not meet international standards? Such as those set by...

PR: Anybody else say something?

PR: Q7: In what ways do you think nurses who complete their nursing education in Nepal meet or do not meet knowledge standards you know like information standards of the international community?

PR: Do you think what you learn as far as your knowledge meets what is expected for international standards?

Since since you have already said uhh uhh ??? because we started with uhh uhh we do not have uhh the complete subject uhh compared to the international level and we do not get the complete information and knowledge uhh according to the curriculum is definitely different from the international level. So, knowledge is not so uhh

In case of international level the knowledge I think is not sufficient. But in case of Nepal I think it is sufficient (laughter).

Maybe the curriculum needs to be revised with uhh by involving some international???. There also should be involved uhh who are who can help. I think also must be in nursing ???. Changing curriculum ???.

(Overtalking)

PR: Do you want to go ahead?

I think our curriculum ????. We need to change our curriculum. If uhh need to change every one or two year ??.

Because the time has changed and we are no experience with different disease. And but, uhh still our curriculum we need to change the old one.

PR: Q8: In what ways do you think that nurses that complete their nursing education in Nepal meet or do not meet nursing skills, practical skills standards set by the international community?

As we said before as before I think we are we are capable for different skills I think so. And and now view uhh to me that definitely more capable because we you know got chances for different procedures, different disease and new technique I think.

?? Nepali ?? we don't have lots of technology. We don't have we don't have ??? other countries. We have umm some technology. We have heard of some we are not used to it. Even we are working in this hospital we don't know umm in other part just for example ??? we don't know how to use that. That's why uhh uhh I think we have to work there in that setting to learn about it. For Nepal just like to date we are we think that we can cover but ?? CTVT there's lot of direction in technology you know. And even disease process is different in uhh country then in Nepal ???. That's what I think.

PR: Q9: In what ways do you feel that you are or are not members of the global health care community? Do you see yourself working internationally? In what ways do you feel that you are member of the global health care community? The world health community. Do you feel you are a member of the world health community? Okay. In what ways do you feel that you are a part of the bigger world health care community with other nurses and providers or how you don't feel like maybe you are not a member?

Sometimes umm ??? for example ?? World Health Day uhh for example Nurses Day or anything like uhh if they are here we get involved with that. When all the work persons people are attending ???. On that day we feel we are member of the global health care community. And sometimes we getting chance to uhh we haven't got chance but uhh many of the nurses have been given part in international training also and we also have got training from international person international ??. ??? we feel we are global health uhh community. But uhh I don't think being here in Nepal we haven't done maybe we haven't done ?? yet.

We are limited.

We are limited here in Nepal.

We just have to say in Nepal we are limited in our work.

PR: And why is that?

Still we do that. Because volunteers ??? still have plans uhh promote health and community ?? community uh

??? about the sanitation about waste management uhh Nurses are responsible for that also and we are promoting it and uhh

All we can say that Nepal is a part of global ?? (laughter) We are part of global ???. We are doing for Nepal then ??? (laughter).

PR: Q10: How do you feel about the current nursing education? How do you feel that the current nursing education system in Nepal can be improved?

First ??? all student should be made stronger so they can work properly or so they can face the different problems.

They are introducing new techniques introducing the new techniques and taking the student to different hospital where there is proper working. Exposing them properly where there are a lot of patients, lot of technique.

PR: How can you improve the nursing education in Nepal?

Sometimes ??? college ?? nursing students. They giving the application. They don't meet the standards. But those college students meet the standards. ??? That also uhh indirectly affecting the nursing education as a whole because ??.

The system should be changed.

PR: How would you change it?

Firstly we have to change the curriculum, they have to exposing hospital safety. There should be limited uhh college nursing product, there is more nursing product now. There should be limited so they can get out expose the training and after competence they need the job also.

The other thing is uhh because nurses are not getting proper ?? in Nepal they are planning abroad. And, if uhh that most of them that feelings people think have ??? most of the year they go and work. This is a great loss for Nepal. That thing we can do much more for those who are going to learn nursing and who are working in Nepal. Because they don't get those opportunity in Nepal. So, proper uhh proper opportunities must be given to nurses and ???.

Appendix N

(SFG) Focus Group Transcript

PR: Q1- To what extent is nursing in Nepal considered a profession (sorry) by other health care providers like doctors, nursing supervisors?

PR: What do you, how do you think they look at you guys professions?

4: How they look at us?

PR: Yeah. Yeah.

PR: How do they view?

4: Their view.

PR: Their view of you as the professional nurse.

4: We can't say that all the people appreciate us. But, uh it's not that uh all doesn't appreciate. Here in our hospital doctor appreciate us, but we can't satisfy all the people. Not sure.

PR: How do you feel like they feel about you as equal profession?

PR: Equal professional person.

2: ??????

PR: Yeah. Yeah.

PR: How do they look at you as a professional nurse?

PR: How do they view you as a professional nurse?

2: They do respect us.

PR: Yeah. Yeah.

2: They respect us. Now that nursing profession is developing, now that nursing profession is developing and their concept of about nurses ????? to compare, to compare to the previous, previous. Nowadays, now, now most of the people think that the nurses and the nursing profession.

PR: Okay. You finished. Okay.

4: It has been better than before.

PR: Q2- In what ways do you feel that you are treated or not treated as a professional member of the health care community in Nepal?

PR: How are you not treated or are treated as professional member of the health community in Nepal:

Unknown: Can you repeat?

PR: In what ways do you feel that you are treated as a professional member of the health care community?

2: By the health personnelly staff or other people?

PR: Yeah, yeah, other health care providers, doctors, nursing supervisors, administration, like that.

2: Nowadays, nowadays sometimes we organize, we organize the health camp ???? in the community. And, most of these health camps and????? like uh????? college students who are involved?????. We can, we can learn through them ???? needs of community and the, and the government of the community.

PR: So, how does that affect how you are treated as a professional member?

4: I think most of the.... They should ????. They should say that if we are a nurse then "oh, they know what they are doing," they have knowledge. After the doctor, sisters are the one who take care of the ward, like that.

2: ?????to come. ????, uh. I think they follow ???? as a nurse our advice.

PR: Okay.

3: But, we should provide them medicine, medicine, uh, that uh. If we provide clean medicine then?????. ????.

PR: So, how will they treat you as a professional member of this community?

5: Investigation, investigation 25% discount, all investigation. 25% discount.

PR: Okay.

PR: Q3- To what extent is the nursing education in Nepal the same throughout all schools?

PR: Is it the same at TU, is it the same at PU, is it the same at KU, is it the same at private hospitals schools?

PR: Is it all the same program?

4: No. No. (other background no, no) According to the universities???? only few, only few. Not so vast. Only few.

PR: Are they the same between the....

4: Education is level almost there, almost same, practical is almost same. But, we need some curriculum ???.

2: But some curriculum are the same, and poor countries are the different uh in different categories. And uh practical area uh are different.

PR: And what id different about the practical area?

2: Most of they, most of they did, did TU, Tribhuvan University, the student uh, the student participated or did government hospital.

4: Government hospital. They used probably government hospital.

4: They probably used government hospital.

2: ????? PU, Prabachan University, private, plus government, like that.

PR: And so, would you recommend one program over the other?

PR: Would you recommend TU, over KU, over PU?

PR: Which is considered the best?

4: In de...in detail we don't know.

PR: No.

3: We don't know about the universities.

3: According to the economic costs???? Prefer the TU (laughter). Because it's cheap. Cheaper than private.

PR: Okay.

PR: Q4- Are there adequate standards for the current nursing education system in Nepal?

PR: Are there adequate standards?

4: I think. No. ????

2: According to the ??? it's good.

PR: Okay.

2: But, according to the practical it's not so modernized like western countries.

3: Practical area is not competent for the all students. Theory is good.

1: Theory is good, but practical ??????

3: Compared to the western countries, they have, we have adequate knowledge, but there is no any practice, uh practice resources available. ???we can practice. In western countries they uh, they used to learn by doing practices, all the equipments are available, all the services. And, everything is in systematic manner. But, here it's not like that.

4: That's the problem (laughter).

PR: Q5- When you completed you nursing education in Nepal in what ways did you feel prepared or not prepared to provide patient care?

PR: What ways did you feel prepared or nor prepared?

1: When we have finished nursing ??? not completely , we are not prepared. ??????. Oh, how do we can provide ???????. After being a staff I think only ??????.

4: After the few months experience, experience, then, we are, we are really confidence at that time.

3: ??????.

PR: And, what ways do you feel more prepared versus not prepared ??????

(Overtalking)

1: ??? we have lot of knowledge, but we are not practicing to the fashion ?????.

PR: ?????.

2: We don't have complete right also. We have to ask doctor "can we do," like that.

(Overtalking).

1: Senior staff also we have to ask that, “can we do sister, like this,”

4: That’s why we have knowledge, but then we have to ask.

PR: ??????.

1: Permission is needed for us. (Laughter).

3: Even, even ??????. ?????? we have to ask to the doctor,”hello, Dr. can we give the medicine to the patient and...

4: We have, we have knowledge, but we also have to ask the provider.

1: The provider.

3: ?????.

PR: Okay.

PR: Q6- In what ways do you think the nursing education system standards in Nimal, in Nepal meet or do not meet international standards such as those set by the World Health Organization?

PR: Do you think that the standards of the nursing education meet international standards?

PR: Go ahead.

4: I don’t think so (laugh).

PR: And why do you think that?

5: We can here in the emergency room, in the emergency ward, in western countries if there is an emergency case then every staff, means uh one emergency doctor, one surgeon, one uh sur...surgical nurse. Everytime ???? only one medical doctor, or two , three ?? medical doctors or general registered nurse sister. They’re not specialized sister. So, ?????? (PR: Regardless of...) regardless of patient request.

1: There isn’t any specialty course for the nursing staff. For the emergency nurse they, they should be take uh specialty course. For the OT nurses that really specialty. The specialty courses have not been given to nurses.

4: We don’t have rights. Like uh, in other country is there special nurse cannulization. Special nurse for OT, special nurse for ??????.

2: Here, we'll be mobilized.

3: I think nurse specialization is not making in Nepal. We have to provide the, provide the ????????

5: ??????, one uh, one, one patient equals to, to uh two nurse, I think so. But, in our uh hospital uh one nurse equals to 20%, I think (laughter). At least not yet.

(Overtalking).

PR: Q7- In what ways do you think that nurses who complete their education, nursing education in Nepal meet or do not meet the knowledge standards , the information standards, for organizations such as World Health Organization?

PR: Do they meet the international standards for the knowledge required to be a nurse?

1: I don't think so.

PR: Why?

4: ????. When we do our prac..practical learn, when we ???.

PR: In what ways do you think nurses who complete their nursing education in Nepal meet or do not meet knowledge standards set by organizations such as the World Health?

PR: That's international standards.

PR: Do they meet their international standards for knowledge?

2: In theory, we used to read according to the international standard. But, during practical we don't meet.

4: Because our practical area are the different. According to the uh research study international book American book, India book, Nepali book, we used to every book that while you are in practical, according to your system, according to the hospital system, ???.

2: ??????.

1: ??????.

PR: Q8- In what ways do you think that nurses that complete their nursing education in Nepal meet or do not meet nursing skills of international standards?

4: Due to the lack of equipment, due to the lack of equipment we are not meeting all the practical???? according to the....

3: In theory we did all the, all the contents, but in practical ???? (laughter).

4: Due to the uh equipment, economic standards.

PR: Okay.

5: ??????.

PR: Q9- In what ways do you feel you are or are not a member of the global health care community.

PR: Do you feel you are members of the global health care community?

1: ??????.

PR: You don't feel like you are members of the bigger global health care?

4: We never get chance to be. We never get chance to be (laugh) the member of the global health community.

1: ??????.

PR: Can you see yourself working internationally?

4: If we get chance then we can (laugh).

1: We struggle, yeah.

4: Everything is depends on uh struggle.

PR: Q10- How do you feel that the current, current nursing education system in Nepal can be improved?

PR: How can we improve the current education system?

2: Firstly we have to improve, improve the uh practical exam.

4: All of the equipment should be provided by the government and strict rules should be there in the hospital that all the equipment should be available. The system of, of taking care of the patients should be changes.

2: ??????.

1: There's lots of uh??? nursing colleges are open, but they have, they have not meet the criteria. So, the government should make the strict rules that they meet or not the criteria and....

3: Limited colleges should be open.

(Overtalking).

4: And, if they can provide good clinical practice, then only they should be

2: They have to meet the criteria.

1: And, they, they produce a lot of nurses, but they cannot provide a job. That's why....

4: It's a mistake of the government also, because our country is (laugh) poor.

1: Lack of job, opportunity. Lack of job. Lack of economic.....

4: ????.

Appendix O

Interview Protocol

Interview Questions for Nursing Faculty

1. How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurses?
2. To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are there some that you would recommend over others? Why you would or would not?
3. Do you think there are adequate standards for the nursing education system in Nepal? What do you think is an “adequate” level of education?
4. In what ways are you confident/not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school? Why you are or are not?
5. To what extent and in what duties are nurses in Nepal given/not given autonomy when providing patient care in Nepal?
6. In what ways do you think nurses in Nepal are/are not recognized as members of the global health care community?
7. In what ways do you think that nursing faculty can/cannot provide direction and support for nursing as a profession in Nepal? What are the barriers?
8. How?
9. In what ways do you think the nursing education system in Nepal can be improved? How?
10. In what ways can nurses collaborate with nursing faculty to improve health care in Nepal? How?

Appendix P

Interview Protocol

Interview Questions for Nursing Supervisors

1. How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurses?
2. To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are there some that you would recommend over others? Why you would or would not?
3. Do you think there are adequate standards for the nursing education system in Nepal? What do you think is an “adequate” level of education?
4. In what ways are you confident/not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school? Why you are or are not?
5. To what extent and in what duties are nurses in Nepal given/not given autonomy when providing patient care in Nepal?
6. In what ways do you think nurses in Nepal are/are not recognized as members of the global health care community?
7. In what ways do you think that nursing supervisors can/cannot provide direction and support for nursing as a profession in Nepal? What are the barriers?
8. In what ways do you think that the profession of nursing in Nepal can be improved? How?
9. In what ways do you think the nursing education system in Nepal can be improved? How?
10. In what ways can nurses collaborate with nursing supervisors to improve health care in Nepal? How?

Appendix Q

Interview Protocol

Interview Questions for Physicians

1. How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurses?
2. To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are there some that you would recommend over others? Why you would or would not?
3. Do you think there are adequate standards for the nursing education system in Nepal? What do you think is an “adequate” level of education?
4. In what ways are you confident/not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school? Why you are or are not?
5. To what extent do you feel nurses in Nepal are given/not given autonomy when providing patient care in Nepal?
6. In what ways do you think nurses in Nepal are/are not recognized as members of the global health care community?
7. In what ways do you think that physicians can/cannot provide direction and support for nursing as a profession in Nepal?
8. In what ways do you think that the profession of nursing in Nepal can be improved? How?
9. In what ways do you think the nursing education system in Nepal can be improved? How?
10. In what ways can nurses collaborate with physicians to improve health care in Nepal? How?

Appendix R

(BNF) Nursing Faculty 1 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? And, what are the biggest challenges for educating nurses?

BNF1: Q1: The current uhh nursing education system in Nepal uhh I think in my opinion is satisfac... satisfactory level. Uhh in compared to past history now in Nepal there are so many nursing colleges uhh under Tribhuvan University, ??? University, and Prabanchal University. And, also certificate uhh levels nursing education uhh is running under the CTVT. Also, yeah. Uhh there is uhh certificate level nursing, bachelors, uhh and four years BS nursing and also masters in nursing and uhh now there is PhD in nursing. So, level is upgraded but uhh there are so many uhh limitations. Like the curriculum is uhh revised time to time but there are uhh lack of uhh qualified teacher in some institutions. Uhh there is uhh lack of practical area. Some colleges there are not so many uhh exposure patients for the practical probably. So, I think uhh there is uhh some lack and there is some uhh limitations.

PR: Q1: And, that's what you consider the challenges?

BNF1: Q1: Uhh yes. Uhh challenges uhh are society changes. Uhh and there are so technology uhh we are, in the developing countries we cannot uhh ??? advance technology, because of uhh so many ??? in our situation. If we go abroad for uhh ??? study or for a job opportunity uhh we cannot uhh manage it because lack of ???. I think we should try to meet the challenge and like go... I've seen uhh uhh ??? possible from institution side or university side or ??? side. They must uhh do do for the development or for the advancement or the nursing.

PR: Q2: To what to what extent do you think the nursing education is consistent throughout all programs? The consistency throughout the Nepali programs? And, then I will ask you the second part next.

BNF1: Q2: Other uhh program ????? you explain it.

PR: Q2: Uhh what is the consistency what is the same throughout?

BNF1: Q2: In nursing?

PR: Q2: Yeah.

BNF1: Q2: Uhh there is uhh consistency in education system like uhh little discussion only uhh and now exposure in uhh new advanced area. Umm in our in our country there are different colleges outside the valley, outside the Kathmandu Valley. And, there are no uhh advanced hospitals like Model Hospital and other special... speciality hospital. And, students uhh when they went to look practicing in specialty area they cannot see specific cases. Uhh like uhh mental disease cases and other uhh neurological problem cases, etc. So, uhh same institution is there our seniors who were in the umm post ????. They also do like that and now new generation also uhh go to the village area and no uhh plenty of cases, no many cases are there and they reading theory but uhh don't get opportunity to practice. And, other ??? our learning materials is uhh uhh available but uhh sometimes they are uhh not available to students.

PR: Q2: Okay. So, what what is the same throughout the Nepali nursing education?

BNF1: Q2: Uhh ???? ??? but there are so many changes uhh in the past uhh there were no opportunity for research. In management there were so few nurses in management there were. But, nowadays uhh there is the practice of nursing research also, basically it started here.

PR: Q2: Are there some consistencies that you would recommend over others?

BNF1: Q2: Uhh we should uhh do so... research. We can do so many research in nursing uhh relative to... And, other thing we uhh should try to uhh problem based research. And, uhh problem based research also. And, and other thing I we should uhh give opportunity for new generation too. And, we should uhh ask what is the problem in your working situation? How can we solve this this uhh uhh situation should bring from other work shop organize and ????. Try to manage to solve this. I want to give certificate for uhh management level.

PR: Q3: Do you think that the standards in the nursing education in Nepal are adequate? Are they satisfactory the standards of education?

BNF1: Q3: Uhh I think uhh it is going to improve then past. But, uhh it could done more. We should uhh uhh not uhh really satisfied but uhh it is improving it is improving better than past.

PR: Q3: What do you what do you consider adequate? What do you think is adequate?

BNF1: Q3: That is uhh we should not go uhh in other countries for ???? education for to develop also. It is satis... I am satisfied for that. But, uhh is not especially the education we we have the uhh it's it's nursing education for generalist. It's not advanced specially

in specific area. We need uhh only generalist yeah so I think uhh uhh if the if here is also uhh specially specifically in nursing like uhh developed country uhh for example emergency nursing, OT nursing, ICU nursing and other. I think it's also should uhh uhh manage in our country ???.

PR: Q4: In what ways are you confident or not confident in the nurses education in Nepal providing for patient care on graduating? Do you feel that the nurses in Nepal that finish nursing education are able to provide good patient care?

BNF1: Q4: Uhh it's difference uhh from from which university they completed their studies. And some graduates uhh and some institution uhh there is uhh so many facilities and so many exposures for the students uhh and I say I think they can provide confidently care. But uhh in some institutions uh there is lack of practice. There is not uhh uhh good exposure for practice care. If they completed their higher education they also lack from that services they cannot provide care for the lack of uhh exposure in specialty area.

PR: Q5: To what extent and in what duties are nurses in Nepal given autonomy when providing... when are they the independence when providing care for patients? Autonomy?

BNF1: Q5: Uhh in Nepal uhh there are not given true authority to nurses. Uhh they are under control of others. Specially uhh the nurses are thinks like us uhh keeper of the ????. We are uhh nurses nursing is uhh totally uhh autonomous service in the developed countries but, in Nepal uhh we are under the control of doctors. So, uhh sometimes uhh we can provided patient services, patient care in our own uhh authority but, sometimes there is some constraints because of uhh not full autonomy ???.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

BNF1: Q6: Nurses uhh nursing profession uhh uhh is uhh care care provider. Not uhh like profession only a occupation ???. And, in our country also the true nurse is uhh uhh helper, care provider only. In that uhh situation how can we umm feel ????. So, uhh we think that some nurses uhh who are qualified and uhh uhh uhh take higher level education and if they exposed in developed country uhh they can ????. But, other nurses who are cannot uhh take higher education and their not uhh uhh exposed to other country other developed country uhh they are totally care provider in our country only. So, I think uhh for global ???, global interaction, global competing uhh we should uhh provide uhh inter??? education system for developed country also. There must uhh opportunity for uhh dev... developing countries citizens like us for uhh extended education program in

developed country uhh that uhh give more opportunity to see to learn more from others countries then they can adjust in other situations.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal?

BNF1: Q7: In Nepal uhh we read good there are so many uhh practices for profession. And, uhh some practices are ??? and some are uhh not ??? like autonomy uhh that is lack. We say autonomy is essential for our profession but in our country that is lacking nursing autonomy. So, if the nursing faculty uhh can give uhh so many directions for uhh professional development or to make the nursing a profession uhh like independent nursing care uhh and other things like uhh knowledge, higher level knowledge, education, ??? and uhh research, extra knowledge program, extra knowledge they provide. But, uhh not only faculty are sufficient to make nursing a profession. Uhh we need uh support from other other services on government side and our Nursing Council must be uhh strong. And, our other nursing professions uhh like Nursing Association of Nepal they should also be strong, must be strong and uhh put our problems, our needs, our agenda in the board of government these things to make nursing strong.

PR: Q7: What do you feel are the barriers to becoming a profession?

BNF1: Q7: There are some lacking in us us uhh like we have uhh not uhh so many research just uhh outcomes. And, other things are problems in our society they think uhh nursing only care provi...nurse is a care provider. They don't know there is a higher education in Nepal like PhD nursing also. They say it is training, it is a training. You can provide nursing care after three months six months training that is wrong. Wrong perception and domination from male and also from other person like uhh uhh doctor that makes the nursing, that makes barriers for nursing profession.

PR: Q8: In what ways do you think that the profession of nursing can be improved?

BNF1: Q8: Nursing profession can be improved. Uhh it is improving then past and I mean we can do more better in future also. Uhh for that we should make uhh our education higher standard education. We should provide quality care. We should uhh build trust in our society. We should build trust with people that nursing is ??? care for us all of us. And, we should go parallelly to other professions. Like uhh other health care professions, other technical professions, or so many things. We should uhh be knowledgeable in our uhh responsibilities, duties and laws, uhh policies, etc. We we should uhh uhh inform all the uhh policy making level also. Who should participate there. And, uhh put our uhh agenda in uhh strong way. And, then uhh we should uhh

gain advance knowledge. Uhh we should uhh take umm and share knowledge from others uhh professionals uhh other societies, other developed countries and then it would be good.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved? How can we improve the nursing education system in Nepal?

BNF1: Q9: Uhh at first we should analyze uhh what is the demand of society? What is the main problem in the society in health? And, we should manage accordingly. Uhh we should always calculate demand and supply. I think there are so many nursing colleges and yearly nursing students uhh production is uhh around four thousand in Nepal. And, uhh nowadays they are going to be ???. So, uhh for the improvement of nursing education it should uhh, the management should level, the government of Nepal Ministry of Health Department, the Nursing Council, the Nursing Association and other uhh institution should calculate the how many production, is it sufficient or not? It is uhh the right things to keep uhh open so many nursing colleges or not? ??????. So, uhh if they manage properly in the first situation and give permission to of with uhh a good college only. There is no area to practice for the students. It is uhh good for education or not? They can give well well service and pass in future. So, when they give the uhh permission for wealthy few and uhh ??? new colleges is there qualified faculty or not? Is there sufficient equipment to practice or not? This should be analyzed, this should be supervised from Council and other universities before giving the permission, before giving the accreditation. So, uhh if uhh uhh colleges are running without uhh any uhh qualification of without any ???? criteria this should be stopped.

PR: Q10: In what ways can nurses collaborate with nursing faculty to improve health care in Nepal? How can you work with nurses to improve?

BNF1: Q10: Uhh nursings uhh education it depends upon the uhh qualifications of nursing educators. If they provide the uhh good knowledge skills to students uhh the students can provide quality care in the hospitals. Uhh so, uhh the first uhh role of uhh nursing services started from the nursing colleges, nursing education. Uhh that is one uhh nursing to provide good nursing education that requires you have good faculty. So, uhh they should be trained, they should be experienced, they should be well qualified and uhh they should they should be dedicated to our profession our services. If the qualified teacher, qualified faculty member provides quality education to student they will uhh follow their teacher and they provide quality service in the hospital.

(BNF) Nursing Faculty 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? And, what are the biggest challenges?

BNF2: Q1: I think that.... I think one of the biggest challenge is uhh budget, budget for budget allocation and education. Coming budget, uhh uhh coming budget allocation for education is very less I think. It should be this. Uhh then uhh nursing uhh nursing is multidisciplinary subject so nursing education uhh we teach uhh very short very more more subject to the student but little knowledge, not in depth. So, they maybe for this reason uhh student nurse can face student nurse face the problem of practicum situation. So, this is the challenge.

PR: Q1: And, where how do you feel about the current state how is the education now in Nepal, the nursing education?

BNF2: Q1: Nursing education is improving, now improving. Uhh but, it must be better more than it is. It is improving than past.

PR: Q1: And, how can it be improved?

BNF2: Q1: It can be improved, uhh uhh we we must compared to international education level also. Uhh international education curriculum we must be. Then we can be improved.

PR: Q2: To what to what extent do you think that the nursing education is consistent throughout all programs? Is it consistent? Is all programs the same or different?

BNF2: Q2: In education?

PR: Q2: Yes.

BNF2: Q2: It is different.

PR: Q2: And how?

BNF2: Q2: All programs means?

PR: Q2: Each like school, all schools. Are all the nursing programs the same or are they different?

BNF2: Q2: I think all nursing programs should be same.

PR: Q2: Are they currently the same? Are they now the same or are they different?

BNF2: Q2: It should be same but uhh it may be different government education system and private system may be different. But, uhh I think that nursing education must be same in all programs.

PR: Q3: And, do you think there are adequate standards for nursing education in Nepal?

BNF2: Q3: Yeah, adequate standard it is okay paper. In Nepal they're all all in paper, policy are made. But, in implementation phase we are weak. So, I think uhh there are standard for nursing yeah and Council yeah and uhh ????? uhh have met the standard for nursing education, uhh but lacking in implementation.

PR: Q3: And, what do you think is adequate level, what is good enough, satisfactory level of the education?

BNF2: Q3: Adequate level of education. The adequate level of education means uhh according all the standards all the need for education. All the... according according to policy and standard and directives we must ??? all things.

PR: Q4: In what ways are you confident that nurses that are educated in Nepal can provide patient care after graduating? Can all nurses in Nepal that graduate provide good nursing care?

BNF2: Q4: Not all (laugh). Uhh not all uhh but, uhh accor...according to curriculum uhh according to curriculum it must be it must....but, uhh it may be different. Individual different. Then they lacking in scheme and knowledge.

PR: Q4: And why?

BNF2: Q4: Why really problem, attitude problem may be there. Less practice.

PR: Q5: And, to what extent and in what duties are nurses given independence, autonomy when providing patient care? Are they given autonomy in patient care in Nepal nurses?

BNF2: Q5: Yes, autonomy. Autonomy means ???

PR: Q5: Autonomy means you're you're independent to make decisions about patient care? Can you make decisions about patient care without other person or authority? Do you have authority to make patient care decisions?

BNF2: Q5: Yeah, authority for basic care. Basic care. Only for basic care, basic nursing care. We have no authority to pre...prescribe medicines. Only for basic nursing care.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

BNF2: Q6: Uhh recognized by the other (laugh)...uhh

PR: Q6: People do not see you as part of the global health care, why? Do you feel like you're part of the global health care community?

BNF2: Q6: No.

PR: Q6: Why?

BNF2: Q6: Because uhh we have not approached it. International level.

PR: Q6: And, how is that?

BNF2: Q6: I think we have to participate in uhh different inter... international level seminar and conference. And, we have to present uhh present uhh of Nepal to recognize us.

PR: Q7: In what ways do you think the nursing faculty can provide direction and support for nursing as a profession in Nepal? How can you help to improve nursing profession as a faculty member?

BNF2: Q7: Professionally. Nursing education, nursing profession....

BNF2: Q7: How can you help to make as a profession in Nepal?

BNF2: Q7: First of all uhh nurses should be completing the knowledge and skill to develop profes...profession. And, they should be competent to their profession. So, competent in skill and knowledge and competent to the job that is necessary to be professional. One should be competent in nursing.

PR: Q7: What do you think umm are barriers to the profession?

BNF2: Q7: Uhh there may be lack of motivation factors. And, ??? problem also, they need more training. And, lack of facilities ???.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

BNF2: Q8: Possible there should be rule and regulation and policy for nursing education and it should be ??? it should be ??? all programs of government government and private

nursing education. And, improve professional uhh nursing we should produce the competent and skillful nurses. And, we should also also improving the nursing profession by uhh increasing the salary ?????, facilities, and also secure to life.

PR: Q9: In what ways do you think the nursing education in Nepal can be improved?

BNF2: Q9: Uhh to improve nursing education system uhh government should uhh allocate more budget and government should uhh make the policy and policy ???? for nursing education.

PR: Q10: In what ways can nurses collaborate with nursing faculty to improve health care in Nepal?

BNF2: Q10: Uhh collaborate. There should be uhh meeting. There should be meeting, seminar and conference on all faculty. And, inservice education is also very necessary to improve. Then TOT, training of teachers is also very necessary. And, there should be uhh there should be organized different training in new concepts and ???? for teachers, student nurses and staff nurses.

(BNF) Nursing Faculty 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? And, what are the biggest challenges?

BNF3: Q1: Uhh so nursing education over here uhh is not deliv... uhh legalized over here. So, uhh most of the nurses who are at the center so not in the remote area. So, biggest challenge uhh for the nursing for the remote area is not establishing the nurses school. And, the most who are more qualified they want to stay at the center not at the remote area. And, practice, uhh for the practice, uhh they do not have uhh sufficient requirement uhh practice over here. So, it may sound like uhh not quality uhh education uhh in the nursing field.

PR: Q1: And, what is the current state of the nursing education in Nepal?

BNF3: Q1: Uhh it's uhh improving still improving. But, uhh umm we found like uhh most of the students who come here it's just to get the education and go for abroad like that. So, they are concerning to provide the quality care for the patients. They just want to get the education and go away.

PR: Q2: To what to what extent do you think that the nursing education system is consistent across all nursing programs?

BNF3: Q2: Sorry? (read ?) Uhh yes uhh it's little bit consistent with the other program. Uhh so, (read?).

PR: Q2: Recommend one program other over other?

BNF3: Q2: Yeah, it should be go together uhh like uhh now it's much better than the previous one. So, they have anatomy and physiology before it was not like that. So, it sound good now.

PR: Q3: And, what do you think do you think there are adequate standards in nursing education in Nepal?

BNF3: Q3: Ummm not really.

PR: Q3: And why?

BNF3: Q3: Uhh so, here uhh schools they opening yeah. So, many more and more educate uhh that uhh nursing institution are opening but the standards are not made. Do you know what that uhh each school do not have their own practical area. That's the main problem over here. So, many school uhh uhh took their students in uhh one practical area. So, they are more crowded at the same time and they are not able to provide or get more qual... that uhh learn more things at the same time. So, I find this the main problem. And, it should be controlled by the Council when they should give the accreditation they they should be monitor and supervise. Uhh I think so.

PR: Q3: And, what do you think would be considered an adequate level of education?

BNF3: Q3: Uhh for the nursing?

PR: Q3: Yes.

BNF3: Q3: Okay uhh have to think it's quite okay. Umm and uhh what's now running this is okay. So, higher education for the nurses, higher education should be there. There are very limited seats. Those wants to acquire more knowledge or masters degree they do not have sufficient school over here. So, that's the main problem and it should be the available seats are very few. So, it should be increased. And, those who are already umm qualified they do not have the area to ????. So, this area should be developed and it would be good.

PR: Q4: In what ways do you think nurses who graduate from Nepali nursing education can provide nursing care?

BNF3: Q4: Yes obviously uhh they can provide uhh good care ummm and uhh one thing they are good in providing the care over here. Uhh so, the practi... uhh they should uhh nurses uhh students should get more hour in practical area.

PR: Q5: To what extent and in what duties are nurses in Nepal are given or not given autonomy when providing patient care?

BNF3: Q5: Yeah uhh obviously they should give autonomy while providing the care providing the care. If they get the autonomy they can provide care independently they should not get any order from the others. Here what we found we are not autonomy over here. So, uhh we have to follow the ??? doctors uhh what they say. We cannot supposed to do freely. So, there should be autonomy in the nursing care.

PR: Q6: In what ways do you think nurses in Nepal are recognized as members of the global health care global health care community?

BNF3: Q6: Okay. Uhh so....

PR: Q6: Are you recognized as members?

BNF3: Q6: Yes obviously. Umm the curriculum what is developed it is based on the international level. And, the care uhh they have practical as which as a clinical field. And, our is also distributed in our ????. So, uhh it should be recognized globally yeah.

PR: Q6: Do you think you meet global standards?

BNF3: Q6: Uhh somehow umm yeah most most of the global like criteria it is met.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal? Nursing as a profession?

BNF3: Q7: Okay. Umm there are many controversy whether it's a profession or not. Uhh being a faculty umm there is some profession because it has uhh qualifications certain qualifications to begin to work and they have certain pay. Uhh so it's uhh....

PR: Q7: How how can you help to improve?

BNF3: Q7: Yeah being a faculty we can giv... give them uhh education before going to the practical field. So we can monitor, supervise and they can upgrade their education level. So, we can help in operating and monitoring as uhh we are doing as a mentor. So, we are improving their uhh clinical experience. So, it's going to be a profession.

PR: Q7: And, what do you feel are the barriers to nursing as a profession in Nepal?

BNF3: Q7: Main barrier we see is the political situation. So, most of the influences they're from the politics. So, umm we want to do the things but, the political situation stop us not to do that things. So, uhh one reason is that and the other reason is umm are not given that umm autonomy to work as a freely. And, uhh the next thing we do not have sufficient continuing education. So, those who wants to have a continuing education they have to go by themselves not from the institution. And, uhh uhh and the pay scale over here is also a barrier for the profession. The pay, what is paid here for the nurses is very minimum and it's hard to meet their umm daily needs. And other thing uhh who are product over here they are not actual in the proper area. They have to work umm below than their qualifications. And, they have to work as a volunteer for many year. Uhh these are the barriers I think.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

BNF3: Q8: Uhh yeah. The first thing the uhh the Nursing Council and Nursing Association should monitor and supervise while giving the accreditation to the college. So, next thing each uhh institution or college should have their own practical area should have. And, the other thing the physical structure uhh should be their own building not from the hire one. And, there should be enough that library facility. And, they should have their demonstration are... uhh they should have enough demonstration area so they can uhh build their confidence before going to the uhh real situation. And, next thing the teachers or the instructor who are in the faculty they should have well knowledge before umm providing education to their students. So, and the other thing who are uhh well qualified they should get the uhh umm they should get umm according to their qualification status. So, and uhh uhh and other thing this the instructor who are working they should get more uhh motivated and well paid and should have their continuing education. Uhh like this.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

BNF3: Q9: Uhh first uhh thing the curriculum should be uhh uhh revised this one. And, the next thing who are in the umm that uhh policy making level there should be a nurse or the health related person. So, right now I don't think that there is a related field person. And, umm uhh and monitoring and supervision should be regu... regular basis.

PR: Q10: In what ways can nurses collaborate, work with nursing faculty to improve health care in Nepal?

BNF3: Q10: Okay. Uhh so, uhh nursing faculty is related to academics whereas the nurses uhh your in the practical field. So, informed that there is a gap between nursing practice as well as uhh theory and practice. So, it should be taken together so what we taught in the practical field uhh in the real situation it is uhh not like that. So, it should be collaborative for that the nursing curriculum should be revised and while making the nursing curriculum uhh there should be nurses faculty as well as those who work in the hospital field. So, only then we can go together.

Appendix S

(BNS) Nursing Supervisor 1 Transcript

PR: Q1: How would you characterize the current state of Nepali nursing education? What is your view about the current education for nursing in Nepal?

BNS1: Q1: Uhh umm umm ?? Nepal uhh now now many many many peoples like uhh study nursing because uhh many uhh because uhh one part of the view uhh uhh easily take a job. Uhh and, uhh for further education and uhh and own (clear throat) internal interest. And, but uhh many many many nursing colleges in Nepal nowadays like a mushroom. So, uhh uhh uhh before in pass year, pass time uhh uhh many people knows nursing's not a good not good job not job. Nursing is actually not good. Because uhh uhh uhh low level of people peoples uhh uhh uhh to study in nursing. But, now nowadays in ?? any people interested to uhh study nursing. And, I think uhh nursing nursing option is uhh, I am a nurse I am I am proud of in my profession. Because, uhh uhh I I uhh I can tackle manage and care, I can provide nursing care easily. And, uhh many peop.. many peoples uhh uhh many peoples many patients care can improve in quality by providing uhh quality care.

PR: Q1: And, what do you think are the biggest challenges for nursing education in Nepal?

BNS1: 1: Uhh uhh one thing uhh financial mam. Uhh nowadays uhh nurs... nursing education is top most of uhh uhh take uhh profession ??? profession. That's why uhh uhh in our country uhh uhh uhh our Nepali Nepali people are almost people are poor. But, our uhh nursing profession is a high standard, high standard. But, uhh financial mam ??? because uhh uhh uhh... Many peoples want to want to get uhh uhh uhh be a nurse but uhh uhh financial problems uhh they cannot uhh att.. attend all attend in class join the, cannot join the nursing profession. But, uhh (clear throat) other uhh and the second ??? uhh uhh uhh certain uhh for (clear throat) uhh... And uhh many peoples uhh education level is uhh low I think uhh because uhh government we we we who studied in government school, government school, in government school uhh uhh curriculum uhh English is uhh uhh uhh English is uhh standard is little bit low who who come from government school. Nowadays many peoples study study in boarding school. In boarding school ??? uhh who studied in boarding school she can uhh she can and uhh and easily pass the Eng...for nursing education class. But, government uhh school who who came from the government school little bit difficult to study in nursing. Because, uhh uhh I think stu... English English uhh must be English language English language is most for nurses that uhh many a nurse... If if uhh English is uhh high she can and she can

understand easily and uhh and converse and uhh talk with uhh other other she can uhh she can converse easily. Uhh whe...when English better English better is is important. Any any place she can she can provide uhh easily con... uhh she conve... conver... conversation is uhh easily can convey with a uhh uhh which come from the gov... boarding school. And, (clear throat) nowadays, uhh in uhh in previous days many peoples uhh uhh uhh many peoples perceive uhh nursing profession is not good. But, now... nowadays it's not uhh wha.. ha.. many peoples uhh interested to uhh uhh parents uhh interested to uhh uhh take spouses ca... ca.. stu.. ha.. to study in uhh nursing, nursing education

PR: Q2: To what extent do you think that the nursing education in Nepal is consistent, the same throughout all schools or programs. The same at TU, as BMI, as Stupa, as Model, are they all same?

BNS1: Q2: I think uhh (clear throat) uhh nowadays in Nepal many uhh many nursing uhh many nursing schools is opened here. I think uhh uhh uhh if uhh if gov... government government school is Bir Bir Bir Hospital ??? and uhh Teaching Hospital. Teaching Hospital. And, uhh many many nursing colleges uuh uhh opened ?? under uhh PU. So, but uhh uhh more uhh nurse uhh more uhh little bit uhh uhh nursing ??? nursing uhh nursing school can be increa... can be increa... if can increase uhh many peoples can study. And, cur.. in curriculum in same same sense of curriculum curriculum may be uhh little bit can modify. Can be modified. Can be.. need to modify.

PR: Q2: Are they the same at TU, as PU, as Kathmandu all the curriculum same?

BNS1: Q2: Yeah, yeah... Little bit the same. Uhh uhh uhh not totally the same I think like.

PR: Q2: Okay. And would you recommend one school over another? Is one school better than others? Are other schools the same same? And, which one would you recommend for other people to go?

BNS1: Q2: Uhh I studied in BMI School School seven years uhh uhh seven years uhh ago. Uhh uhh uhh uhh not uhh not uhh many people think who study at TU uhh more emphasize, but I think uhh TU TU and uhh TU and PU are not uhh are like same. I prefer uhh you uhh we have we have we have uhh with uhh who wants to uhh study it depends on the person. Umm person not uhh not uhh insti.. institution uhh uhh PU and uhh PU or government. Any any any place where uhh she can study.

PR: Q3: Do you think there's adequate standards for nursing education in Nepal? Do you have good standards?

BNS1: Q3: Uhh mam I think uhh uhh uhh day to day uhh revise in curriculum in Nepal uhh (clear throat) uhh uhh uhh uhh ??? practicum is uhh uhh both is equal. We ca... uhh uhh ca.. many student some student they they uhh they thought they can't uhh uhh attend in the practi.. in the practicum because uhh uhh like uhh uhh uhh hospital hospital ???.

So, many people many colleges here but some colleges don't have a hospital. Uhh they uhh other hospital uhh for practical they want to go. They they go to other hospital. They pay uhh uhh money. But, uhh hospital uhh nursing college uhh nursing college need hospital for practicum. Practi... practi... practical and uhh theoretical both is go ?? together. Stu.. student can uhh can be perfect.

PR: Q3: What do you consider adequate level of education? What do you feel is adequate?

BNS1: Q3: Adequate level?

PR: Q3: Satisfactory level of education for nursing?

BNS1: Q3: Uhh (clear throat) uhh...

PR: Q3: What do you want the nurse to have?

BNS1: Q3: Nursing profession is uhh good profession. Uhh, we have to uhh we have to provide standard here. For... we have to provide standard here. Uhh uhh but one things uhh uhh one things uhh uhh need to more uhh uhh higher education uhh uhh nursing education. In nursing education la la.. we don't uhh go and get. But, I want to I want to know and get get. Uhh pathophysiology, and uhh we we know uhh superficial little ?? superficial. But, nowadays we change uhh then previous but uhh doctor doctor doctor doctor will doctor will doctor are came from uhh science base but nurses study the science but uhh little bit. Not deep knowledge knowledge. So, it should have uhh in depth uhh I think.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing patient care? Are are you confident for them after graduating from school being able to provide patient care?

BNS1: Q4: Uhh definitely I have confident in our our profession and in my in my ??.

I am I am working Intensive Care Unit now uhh...

PR: Q4: What about new nurse?

BNS1: Q4: Sorry?

PR: Q4: What about new ?? when they first educate when they first graduate are you confident in them coming from school and providing care for patients?

BNS1: Q4: Uhh uhh (clear throat) many uhh any peoples uhh they have to they have to know organization rule and institution rule ??? and system. They have they have treatment knowledge uhh they have ??? and theory knowledge but with uhh with uhh with the uhh in uhh good nurse hospital we have experience and knowledge umm and our experience in nursing care. Uhh uhh ??? uhh uhh I did not uhh I da... I have I have uhh co... I uhh confident from uhh them but uhh who who don't have uhh experience uhh she she have knowledge but uhh she has not uhh experience uhh little bit.

PR: Q5: To what extent, what duties are nurses in Nepal given or not given autonomy when providing patient care? What things are you given authority to provide patient care?

BNS1: Q5: For nurse?

PR: Q5: For nurses.

BNS1: Q5: Yeah (clear throat).

PR: Q5: And, what things are you not given authority, both?

BNS1: Q5: Uhh nurse yeah nursing profession is uhh uhh certain nurse is ????. And, we we the perfect. We can, we can, I can give uhh authority. She has she has knowledge, experience and license. Who have a license and knowledge and experience I can give author... uhh first I want to see her her her activities and ??? style and and patient care. If I I I am trust for him she I can give but I uhh I cannot uhh autonomy and authority.

PR: Q5: What duties do you not have authority for?

BNS1: Q5: Sorry?

PR: Q5: What uhh what duties what uhh care are you not authorized to provide for patient care? What things are you not authorized to do?

BNS1: Q5: To do?

PR: Q5: No, authority?

BNS1: Q5: Yeah, so uhh like uhh prescrip... prescription mam. Anything other thing we have authority.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

BNS1: Q6: Can can you can you repeat mam?

PR: Q6: Yes. In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

BNS1: Q6: (Read ?) Nursing profession is (clear throat) uhh uhh good profession and uhh with the member of uhh.....

PR: Q: Of the world community.

BNS1: Q6: Community yeah.

PR: Q6: Of health care givers.

BNS1: Q6: Yeah.

PR: Q6: Do you feel like you are a member? Do you feel like you are recognized as a member of the world health care community.

BNS1: Q6: We are the limited here (laugh). I am limit here. But, still I (laugh) we have to uhh try uhh be a member in globally. Still till now we are not uhh uhh be a member. I think uhh we ar..uhh internationally ?? internationally we have to uhh uhh we have to be a mem... member glo... uhh I think uhh once commit...uhh once committee or member we need uhh one thing uhh one me... Globally we we have to rec... if I want to recognize we we have to be a member ??? member of ??? And, mam every everything we have to we can (clear throat) uhh we can share and uhh communicate uhh national internationally program. We have to we can join so uhh need uhh need uhh we have to up... upgrade our uhh uhh we have our knowledge and our knowledge and ??? here. And I think what level ??? we need to uhh we need to inform.

PR: Q7: In what ways do you think nursing supervisors can or cannot provide direction and support for nursing as a profession in Nepal? How can you support nursing as a profession in Nepal?

BNS1: Q7: Okay. Uhh (clear throat) one one things uhh uhh uhh organization of organization policy, rule and regulation. We have to know. We have to knowledge we have to knowledge and uhh other things authority. And, uhh other thing ??? care is here. Uhh uhh as a supervisor uhh ??? you can get because administrative rule and patient rule and public resource rule. And, if if if if I am a supervisor in my duty we can supervise

we I supervise in staff and guide staff and provide guidance if uhh if they need. ????????? in our duty sometimes may need uhh uhh ??? problem, conflict. Patient ??? staff. Patient ??? staff. Staff staff uhh they don't uhh ??? sense. In in in uhh uhh first of first of all I have to I have to know what's problem and how can manage this problem ??? from me. Uhh and both uhh uhh both uhh staff and I I I not uhh uhh my staff sees the patient ???. My my my job is uhh my duty and job actually is uhh uhh uhh static. I know staff I know staff I can I can preserve I will preserve ??? with ?? first of all I find out it. So, then uhh uhh as a staff and patient ??? both uhh and to uhh brings together and uhh who who who whose problem there how can how to solve. And (clear throat) uhh and uhh sometimes doctor doctors can make mistake. I have to defense. I have to ca... I have to see you can't don't do this, this is the right right right practices here here.

PR: Q7: So, what do you think are some barriers to the nursing profession in Nepal? What are some challenges or problems for the nursing profession?

BNS1: Q7: Still uhh uhh attitude. I think uhh uhh a persons' attitude it depends on attitude, belief. And, some some sees uhh peoples uhh have customs, religion have customs. We have to respect there respect them. And (clear throat) uhh and umm one things uhh umm what things uhh nowadays many student student guys come here. They they they want to gain wha.. just a certificate. And, go to for... foreign country. She want to go go foreign country. Uhh nowadays uhh what is our our concept, our attitude, like attitude. But, we have nurse. Umm nurse is uhh umm uhh if our we have to respect our profession ??? and umm uhh... Uhh (clear throat) we have to give uhh self-respect. Need to self-respect. With I with I how can I how what is my speciality we have to know. And, other than nowadays many uhh many peoples many peoples uhh have to uhh like uhh uhh internet need. So so many peoples uhh been uhh uhh our care treatment. In the in the need I can't I can't I can't get the this thing. So, uhh we have to we have many obstacle big obstacle and confused in our care in our treatment and our modalities. And (clear throat) so....

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved? How can you improve the profession of nursing in Nepal?

BNS1: Q8: Uhh uhh now I just in Nepal uhh many uhh many colleges colleges is here. Nursing nursing students nursing staff product here. And uhh uhh uhh and uhh we have to make more cla.. class, experience seminars. We need to send uhh workshop. Uhh uhh nationally ??? how is it going up? Going up, how to improve uhh in our profession. Complain is there uhh uhh complain is ??? curriculum, nursing curriculum. Yeah, did uhh uhh graduating our graduates need to change and modify what is. And, other things

uhh uhh seminar, workshop. And, one thing uhh new disease and uhh and ??? what's the ??? new things. Uhh we have to uhh we have to share. We have to sha... we have to work. And, other things ??? need to be positive in our profession.

PR: Q9: In what ways do you think the nursing education in Nepal can be improved? How can you improve the nursing education?

BNS1: Q9: Uhh nursing educa... how can you improve nursing education? Uhh what I.. what uhh goo... uhh it should be uhh good uhh curriculum and uhh teacher uhh teacher teacher shou...should be should have uhh deep knowledge. Teacher should be good. And, the umm and practi... sufficient uhh practical area it should be need. I think that is enough.

PR: Q10: In what ways can nurses collaborate or work with nursing supervisors to improve health care in Nepal? How can you work with nursing, staff nurses to improve health care in Nepal?

BNS1: Q10: Uhh in Nepal I think uhh yeah I think super... supervisor have have many knowledge and experience. And, she can, she is the leader of the ICU. Nursing superviosr, under nursing supervisor he she is she uhh she's uhh she can guide newcomer, new uhh generation. And, uhh like something like uhh make new new topic, new disease, uhh new equipment come here ??? uhh she need she supervise uhh all uhh newcomer how to handing how to use, what what is it, what is this, what happen, what uhh what uhh what uhh consequence of what uhh should be uhh re... result, what's... If uhh if she be uhh do mistake ??? ???. So, may be other ??? maybe other complication. So supervisor uhh need to supervisor guide to other uhh newcomer. Like uhh like taking class. And, super... and other other other hospital supervisor how how will they manage uhh uhh. Uhh Uhh I think we have to uhh in the same thing uhh si... what is similar? Similar what is the similarity we have to know. And, as well as (clear throat) in we have to know result and uhh and also ???. I think uhh uhh other hospital other college uhh uhh you ??? unite. And, we can share easily umm.....

(BNS) Nursing Supervisor 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

BNS2: Q1: I think uhh nursing education in Nepal uhh little bit outdated. I think uhh it's standard uhh we can change more theoretical and practical.

PR: And, what are the challenges you see for the education in Nepal nursing education?

BNS2: Q1: Nursing education.

PR: Q1: Uh umm. Problems.

BNS2: Q1: Problems yeah. Here in Nepal there are so many mushrooming college starting fast. And, umm there is no qualified teachers. And, uhh there is uhh less practical hospitals. And, uhh when nursing school goes in hospital and practical uhh more more and more practical not being not being possible there. I think.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are all the schools the same?

BNS2: Q2: All the schools same. No.

PR: Q2: Okay. How are they different?

BNS2: Q2: Very different. Nursing student uhh nursing student uhh (can't explain sorry-laugh).

PR: Q2: How are they the same, how are they different?

BNS2: Q2: Different uhh nursing....

PR: Q2: Schools.

BNS: Q2: Schools and others?

PR: Q2: One nursing school to another, TU....

BNS2: Q2: Yeah, yeah, yeah, okay TU uhh and uhh private nursing school.

PR: Q2: How are they the same and how are they different?

BNS2: Q2: Uhh different uhh nursing pri... in government nursing school uhh there is very cheap and uhh cheap for all people. And, uhh other I think private is uhh very expensive for education and practical. Practical is easily for TU uhh Hospit... TU school and different difficult in private sector.

PR: Q2: Okay. And, umm are there some schools that you would recommend over other, or some school better than other in your mind?

BNS2: Q2: I don't understand.

PR: Q2: Do you consider one of the schools better than the other? Would you recommend more than other for somebody to go? Which school would you send somebody to?

BNS2: Q2: Private or...

PR: Q2: Just in your your opinion? What school do you consider better than other?

BNS: Q2: Uhh..

PR: Q2: Is TU better than....

BNS2: Q2: TU better...

PR: Q2: Than Model, then Stupa, then BMI...

BNS2: Q2: TU uhh TU oooo....

PR: Q2: Or is it not as good?

BNS2: Q2: Lalitpur nurs... nurs... nursing campus is I think is better.

PR: Q2: Who?

BNS: Q2: Lalitpur nursing campus. I think uhh .

PR: Q2: And, why is this?

BNS: Q2: Umm I think this this this college is uhh is very easy for all practical and theoretical I think, I view, my view.

PR: Q2: Yes.

BNS2: Q2: So, I like this college.

PR: Q2: Okay.

PR: Q3: Do you think there are adequate standards for nursing education in Nepal? Are there satisfactory standards?

BNS2: Q3: Standards uhh standards in Nepal.

PR: Q3: And, what would you consider adequate what would you consider satisfactory standard in your opinion? What would you need to have satisfactory standards?

BNS2: Q3: Standard for college?

PR: Q3: Yes, for nursing schools?

BNS2: Q3: Qualified teachers. Umm knowledgeable teachers we need. And, more and more qualified teachers. Well, little bit... like that.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after graduating from nursing school? Do you think new nurses can provide good care for nurs.. for stu... for the patients?

BNS2: Q4: Graduates?

PR: Q4: The new nurse, new graduate.

BNS2: Q4: New new graduate. New graduate.

PR: Q4: Yes.

BNS2: Q4: They have new knowledge first. Uhh we can teach all this ??? in prac... in hospital. Doing patient care we uhh we follow uuh always we are following there during nursing care. That is all mam. That is all.

PR: Q5: To what extent, what duties are nurses in Nepal given or not given autonomy when providing patient care in Nepal? What things are you given authority to do for patient care?

BNS2: Q5: Authority?

PR: Q5: Authority?

BNS2: Q5: For nurses?

PR: Q5: Yes.

BNS2: Q5: Authority uh all patient care total patient care I think uhh uhh dressings, uhh vital signs, uhh IV line insertion, position catheterization.

PR: Q5: What can things can you not do?

BNS2: Q5: Not do? Not do CVP line insertion. Uhh and uhh fistule. Intubation we are not allowed for nurses. Without uhh to any training. If we can uhh if we if we give the training then we can intubate.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

BNS2: Q6: Yeah.

PR: Q6: Are you recognized as members?

BNS2: Q6: Yeah.

PR: Q6: And, how?

BNS2: Q6: Umm we are recognized always recog... recognized in community. And, we uhh we help in community for any situation like uhh uhh like uhh just uhh patient ??? and we help to just like with delivering.

PR: Q6: But, as members of a global health care community do you feel that you are recognized? Global means worldwide.

BNS2: Q6: Global global wide. Global wide.

PR: Q6: Do you feel you are recognized by the world in the health care community?

BNS2: Q6: I don't know. I have no idea.

PR: Q7: In what ways do you think nursing supervisors can provide direction and support for nursing as a profession in Nepal? How can you support nursing as a profession in Nepal?

BNS2: Q7: Supervisors are always support for nurses. Uhh any crisis uhh any crisis they support for uhh any ??? they are always supporting for us.

PR: Q7: What about the profession, nursing as a profession? How can you support nursing as a profession? You know the profession? How can you support that as nursing supervisor? How can you help progress? How can you make stronger?

BNS2: Q7: We support the... psychologically, psychological support. Uhhh when the stressed.

PR: Q7: What do you feel are some barriers, challenges for the nursing profession in Nepal?

BNS2: Q7: Challenges. The nurse profession is changing radically in Nepal especially in this uhh B & B Hospital. In my experienced I have been eight years working here and...

PR: Q7: Do you feel there's any barriers for nursing as a profession? Do you think you have problems with the profession being recognized?

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved? How can you improve the profession?

BNS2: Q8: Nursing as a profession. We can improve this uhh qualified uhh manpower ??? And, uhh first of all well experienced nurses is needed.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

BNS2: Q9: Education system uhh is a little important for nursing quality umm. Here uhh colleges uhh I think are not good. Nursing colleges, especially private college. Private college more and more umm colleges in Nepal, private college I think...

PR: Q9: How can you improve that situation?

BNS2: Q9: Situation limited nursing college. And, uhh qualified teachers. Like masters and educated teachers.

PR: Q10: In what ways can nurses collaborate or work with nursing supervisors to improve health care in Nepal? How can you and nursing staff improve health care in Nepal together?

BNS2: Q10: Together. Nursing here improve and collaborating for the first of all uhh good support, uhh the good team work, nursing nursing team work and uhh health care provider, well educated people, person, nursing professional. That's all.

(BNS) Nursing Supervisor 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

BNS2: Q1: I think uhh nursing education in Nepal uhh little bit outdated. I think uhh it's standard uhh we can change more theoretical and practical.

PR: And, what are the challenges you see for the education in Nepal nursing education?

BNS2: Q1: Nursing education.

PR: Q1: Uh umm. Problems.

BNS2: Q1: Problems yeah. Here in Nepal there are so many mushrooming college starting fast. And, umm there is no qualified teachers. And,uhh there is uhh less practical hospitals. And, uhh when nursing school goes in hospital and practical uhh more more and more practical not being not being possible there. I think.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are all the schools the same?

BNS2: Q2: All the schools same. No.

PR: Q2: Okay. How are they different?

BNS2: Q2: Very different. Nursing student uhh nursing student uhh (can't explain sorry-laugh).

PR: Q2: How are they the same, how are they different?

BNS2: Q2: Different uhh nursing....

PR: Q2: Schools.

BNS: Q2: Schools and others?

PR: Q2: One nursing school to another, TU....

BNS2: Q2: Yeah, yeah, yeah, okay TU uhh and uhh private nursing school.

PR: Q2: How are they the same and how are they different?

BNS2: Q2: Uhh different uhh nursing pri... in government nursing school uhh there is very cheap and uhh cheap for all people. And, uhh other I think private is uhh very expensive for education and practical. Practical is easily for TU uhh Hospit... TU school and different difficult in private sector.

PR: Q2: Okay. And, umm are there some schools that you would recommend over other, or some school better than other in your mind?

BNS2: Q2: I don't understand.

PR: Q2: Do you consider one of the schools better than the other? Would you recommend more than other for somebody to go? Which school would you send somebody to?

BNS2: Q2: Private or...

PR: Q2: Just in your your opinion? What school do you consider better than other?

BNS: Q2: Uhh..

PR: Q2: Is TU better than....

BNS2: Q2: TU better...

PR: Q2: Than Model, then Stupa, then BMI...

BNS2: Q2: TU uhh TU oooo....

PR: Q2: Or is it not as good?

BNS2: Q2: Lalitpur nurs... nurs... nursing campus is I think is better.

PR: Q2: Who?

BNS: Q2: Lalitpur nursing campus. I think uhh .

PR: Q2: And, why is this?

BNS: Q2: Umm I think this this this college is uhh is very easy for all practical and theoretical I think, I view, my view.

PR: Q2: Yes.

BNS2: Q2: So, I like this college.

PR: Q2: Okay.

PR: Q3: Do you think there are adequate standards for nursing education in Nepal? Are there satisfactory standards?

BNS2: Q3: Standards uhh standards in Nepal.

PR: Q3: And, what would you consider adequate what would you consider satisfactory standard in your opinion? What would you need to have satisfactory standards?

BNS2: Q3: Standard for college?

PR: Q3: Yes, for nursing schools?

BNS2: Q3: Qualified teachers. Umm knowledgeable teachers we need. And, more and more qualified teachers. Well, little bit... like that.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after graduating from nursing school? Do you think new nurses can provide good care for nurs.. for stu... for the patients?

BNS2: Q4: Graduates?

PR: Q4: The new nurse, new graduate.

BNS2: Q4: New new graduate. New graduate.

PR: Q4: Yes.

BNS2: Q4: They have new knowledge first. Uhh we can teach all this ??? in prac... in hospital. Doing patient care we uhh we follow uuh always we are following there during nursing care. That is all mam. That is all.

PR: Q5: To what extent, what duties are nurses in Nepal given or not given autonomy when providing patient care in Nepal? What things are you given authority to do for patient care?

BNS2: Q5: Authority?

PR: Q5: Authority?

BNS2: Q5: For nurses?

PR: Q5: Yes.

BNS2: Q5: Authority uh all patient care total patient care I think uhh uhh dressings, uhh vital signs, uhh IVline insertion, position catheterization.

PR: Q5: What can things can you not do?

BNS2: Q5: Not do? Not do CVP line insertion. Uhh and uhh fistule. Intubation we are not allowed for nurses. Without uhh to any training. If we can uhh if we if we give the training then we can intubate.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

BNS2: Q6: Yeah.

PR: Q6: Are you recognized as members?

BNS2: Q6: Yeah.

PR: Q6: And, how?

BNS2: Q6: Umm we are recognized always recog... recognized in community. And, we uhh we help in community for any situation like uhh uhh like uhh just uhh patient ??? and we help to just like with delivering.

PR: Q6: But, as members of a global health care community do you feel that you are recognized? Global means worldwide.

BNS2: Q6: Global global wide. Global wide.

PR: Q6: Do you feel you are recognized by the world in the health care community?

BNS2: Q6: I don't know. I have no idea.

PR: Q7: In what ways do you think nursing supervisors can provide direction and support for nursing as a profession in Nepal? How can you support nursing as a profession in Nepal?

BNS2: Q7: Supervisors are always support for nurses. Uhh any crisis uhh any crisis they support for uhh any ??? they are always supporting for us.

PR: Q7: What about the profession, nursing as a profession? How can you support nursing as a profession? You know the profession? How can you support that as nursing supervisor? How can you help progress? How can you make stronger?

BNS2: Q7: We support the... psychologically, psychological support. Uhhh when the stressed.

PR: Q7: What do you feel are some barriers, challenges for the nursing profession in Nepal?

BNS2: Q7: Challenges. The nurse profession is changing radically in Nepal especially in this uhh B & B Hospital. In my experienced I have been eight years working here and...

PR: Q7: Do you feel there's any barriers for nursing as a profession? Do you think you have problems with the profession being recognized?

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved? How can you improve the profession?

BNS2: Q8: Nursing as a profession. We can improve this uhh qualified uhh manpower ??? And, uhh first of all well experienced nurses is needed.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

BNS2: Q9: Education system uhh is a little important for nursing quality umm. Here uhh colleges uhh I think are not good. Nursing colleges, especially private college. Private college more and more umm colleges in Nepal, private college I think...

PR: Q9: How can you improve that situation?

BNS2: Q9: Situation limited nursing college. And, uhh qualified teachers. Like masters and educated teachers.

PR: Q10: In what ways can nurses collaborate or work with nursing supervisors to improve health care in Nepal? How can you and nursing staff improve health care in Nepal together?

BNS2: Q10: Together. Nursing here improve and collaborating for the first of all uhh good support, uhh the good team work, nursing nursing team work and uhh health care provider, well educated people, person, nursing professional. That's all.

(BNS) Nursing Supervisor 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

BNS3: Q1: It could be better the current was we have got the mushrooming nursing school. Then we have given uhh the different type of nursing education in our country. As you are talking we have different curriculums at TU, PU and CTVT. They have got their own ind... they have got their own curriculum also just before you have shown you have talked to me that. We don't have the even we don't have any curriculum involve research in our countr... in our country. But, nursing education is one of the good nursing, it should be good, it should be one of the good. Cause it should should maintain the good idea between not only the Nepalese people there should be the uhh foreigner also we have also get the umm... We have to give ser... good quality also education. So, it should be nursing education should be uhh theoretically as as same as how much we study then it should be used in practical also in my opinion.

PR: Q1: Okay. And, what what do you feel are some challenges for nursing education in Nepal?

BNS3: Q1: We even we don't have any there uhh which kind which kind of challenges?

PR: Q1: Like problems like you know things that make it difficult?

BNS3: Q1: I think we don't have uhh we don't have good uhh appropriate things. In some situation how practically we we do we did about the uhh just like uhh.... For example, as pra... as practical we we read uhh we we have got our education just like we have ??? aseptic technique, just study from hand washing technique to do not develop something else. Then in our context we have got different, we have we have got different uhh different modulations but we are unable to provide... we know we have to do as we have to provide the symptomatic on aseptic technique by the way we are seen by some patients. But, but we have got different, in in the rural, in compare to in rural and uhh in city. In the city we can get less minimization of the ... if the institution is far bigger, than the problems will be less, and when we go from far from the city just the villages we have we have to go we have many and more problem regarding equipment, manpower, etc.

PR: Q2: To what to what extent do you think the nursing education in Nepal is consistent throughout all programs? Are all the schools the same or different?

BNS3: Q2: In my opinion in our country we had just the previously we had the different types of nursing but the level was the same just the certificate level, like the bachelor level. Then we have got different curriculum according to Tri... Tribhuvan University, our City Council of Vocational Training we have got different uhh curriculum there. As as as the curric... as we see the differences I have the experience from the CTVT so I have seen seen the curriculum of TU also, but we have got they have got limited limited and deeper done than than CTVT has. Different but in minimum superficial. I think it should be equal value we don't have we don't have the ??? the same topic also.

PR: Q2: What, are there schools or programs that you would recommend over others that you think are better than others or...

BNS3: Q2: I think that TU is the better one. TU is better they have got there different types of curriculum then equal value in comparison to the CTVT. But, CTVT is just uhh developing the school nurs...school of nursing as just their business ???. They have got different and they have got limited seats for ???. And, at TU we have limited colleges and limited seats also. As we can if we pay for deposit and CTVT ??? CTVT will do developing qua... quantity for education for nursing.

PR: Q3: Do you think there are adequate standards of nursing education in Nepal? Are there satisfactory standards?

BNS3: Q3: I think it is probably adequate education. But, in my in my personal view nursing nursing students, nursing nursing profession is developing for second country I think. I think for more uhh modern modernistic care giver are demanded as staff nurse for the background from the Nepal. Even if they are just caregiver also. We don't have good certificate graduate I think in our abroad.

PR: Q3: What do you feel is adequate level of education?

BNS3: Q3: It should be adequate regarding this uhh regarding uhh our certificate. If uhh in our context we have experience also. As experience umm they can handle different types of post. But, the degree should be the challenge I think.

PR: Q3: How what do you think is required for adequate level?

BNS3: Q3: Adequa... for adequate level uhh I think just after previous we have heard uhh demanding uhh we should have this much of training after pass out we have to join this level. For example after post after certificate level we have three years and we can ??? we can go for bachelor degree. Now in our country we don't have like this after post certificate level after one year even one year experience also we can join bachelor level of PU but we can't join TU. That should not be discriminate I think in my opinion.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing patient care after graduating from school, nursing school? Do you feel like the nurses, new nurses from nursing school are are you confident that they can provide patient care?

BNS3: Q4: I think if the institution has provided the good education, practical and theoretical knowledge and provided the different types of skills there are in our different hospital then we can provide I think. If the institution can provide as however they give the theoretical knowledge they should be exposed their students to clinical also I think.

PR: Q5: To what extent, what duties are nurses in Nepal given or not given autonomy when ...

BNS3: Q5: Pardon?

PR: Q5: Auto..., authority. What types of things do you have authority when providing patient care?

BNS3: Q5: First of all I think authority from individual center or regards nurse patient relationship?

PR: Q5: Authority, what can you do, what are you allowed to do for patients with your own authority versus do you have to be directed by somebody else?

BNS3: Q5: I think we have to be directed by somebody else.

PR: Q5: For everything?

BNS3: Q5: No. For everything no we have get just our description job description is there. As the same description we have to do without permission also is there any different care something specialized here we have to ask for our seniors.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

BNS3: Q6: (Read ?) The... just global... just globally this organization represent us or individual?

PR: Q6: The world, the world, the world health care. As a member of the world health care community. Are you recognized as a member?

BNS3: Q6: I, I think we should be recognized for health world member. We are, we are not having the different uhh sort of equipments I think the choices from are far better from the other country. We should be recognized but they should have even the train, specialized training or something like that. If it's possible.

PR: Q6: Okay. And, do you feel do you feel you are a member of the global health care community?

BNS3: Q6: We should be I think we should be for the global health care community member but we have been given the different examin... exam for to be to attend the meeting or something elseto go inside there.

PR: Q7: In what ways do you think nursing supervisors can provide direction and support for nursing as a profession in Nepal? How can you support nursing as a profession?

BNS3: Q7: Nursing, nursing is one of the uhh opportunity to care of the patients. Care of the patients. As we have got our uhh different sector to gain our know... knowledge updated and as as getting the experience as training.

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved?

BNS3: Q8: I think first of all we have to uhh get the get the education from... just we have just ??? and that. We have to get different umm certificate levels program but have

different curriculums. Then we should have the patient center just like uhh we have care of the patients. Have automatic IPR for the patients also. Then rather, rather then...

PR: Q8: What is IPR?

BNS3: Q8: It's interpersonal relations with the patients that which should be maintained.

PR: Q8: Okay.

BNS3: Q8: It should be maintained uhh it should be maintained to improve... The if we are we don't have the good good relation between two person then we ???. It should be stable level so we should maintain it, the level ???.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

BNS3: Q9: The education system must be improved. It can it can be increased by how, by how I mean we can ??? given the opportunity, opportunity in our field, and ??? the opportunity by our demanding or demands for different fields. And, just the same the practical, practical things and theoretical things must be go equal value thing. Then we should provide the uhh ??? ??? skill, simple, by step by step.

PR: Q10: In what ways can nurses collaborate with nursing supervisors to improve health care in Nepal? How can nursing staff and nursing supervisors work together to improve?

BNS3: Q10: By it, it is it has really important in the communication also. By the communication and uhh work of record. Working record. And, we can give the exam... this is example, we have to do this thing and this limited ??? we have to do with that. That we should be co... communicate to the seniors and it should be the work should be evaluation. It should be.

Appendix T

(BPI) Physician Interview 1 Transcript

PR: Q1- How would you characterize the current state of nursing education in Nepal?

BPI1: I think it's getting better now. Most of the ladies they are studying, to study the nursing in Nepal. They are involving many of them. And, now most of, most of the girls they like to study the nursing. The profession nursing. And, we can find, I think in if we compare ten year before and now it's almost getting double, I think so.

PR: Okay.

PR: And, what do you think are the biggest challenges for nursing education?

BPI1: Society. ????. Nepalese soci... society is a conservative society so they, I don't know what do they think, but, it's just the soci... society is the challenging thing for them.

PR: Okay.

BPI1: The conservative mind of people. They just don't think good about them. Sometimes. So that's the challenging thing for them.

PR: Okay:

BPI1: ?????.

PR: Anything else?

BPI1: And, other, might be sometime the girls want to study the nursing, they want to choose the nursing profession, but the financial problem also there and that's all.

PR: Okay.

PR: Q2: To what extent do you think that nursing education system in Nepal is consistent throughout all programs?

PR: How, how are they same throughout all schools?

BPI1: No idea about that. I think it's, during the school you mean to say that....

PR: Like, from one like TU, to PU, to Kathmandu system is all the same.

BPI1: Not exactly the same, but similar to each other. Somehow similar to each other, maybe I think so. I have..., I haven't gone through this course. So, I think, because the people who study in the TU, who study in the KU, they all practice, I mean, if you give the example of this B & B Hospital also, then we can find the nurses from the TU, KU, they work here, they learn same thing. So, I think somehow it's, it may be similar.

PR: Okay.

PR: And, would you recommend one program over the other?

PR: Would you recommend TU, over PU, over KU?

BPI1: No. I don't know about this.

PR: Okay.

PR: Q3- Do you think there are adequate standards for the nursing education system in Nepal?

PR: Are there satisfactory standards?

BPI1: We can say that the level here, most of the ladies they have done nursing staff nurse, go to foreign, foreign country also to work. And, they do work there, then they accepted there, means maybe some kind of standards maintained here also.

PR: Okay.

PR: And, what do you think is an adequate level of standards?

BPI1: Might be, it might be not adequate, but somehow maintained.

PR: Q4- In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients after graduating?

BPI1: It's okay. Not so bad. They do, they do keep care, they do give care to the patients. Most of the time I am satisfied, but sometime I do have a questions to the nurses they don't care. But, most of the time they do care.

PR: And, you think that their standard of quality of care is good?

BPI1: It depend upon the hospital also. In the private, in Nepal it's private and government. In private hospital there are many nurses, that means adequate nurse, they can give good care. But in government hospital the nurses are few so that patient are

more, on that time I don't think the care is adequate. But, most of the time the.. they give adequate care.

PR: Okay.

PR: Q5- To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care in Nepal?

PR: Where are they given authority?

BPI1: ???they are given the authority, of course. But, to do something to the patient except that care they are not given the authority. But, the care they are given, of course.

PR: Okay.

PR: And, what kinds of things aren't they not given authority?

BPI1: Like the sometimes changing of the medication they, they, they can't do themselves. They do feel that it's, we have to give other medication also, but they are not given the authority on that time. But, for the care they are given of course. Their main duty is to give care to the patient.

PR: Q6- In what ways do you think that nurses are or are not recognized as members of the global health care community?

BPI1: Global health care community. (Clear throat) They are recognized somehow. They are through the.... They are, they are in the foreign also, many country also. So, might be the, they might be the part of the global health community program. Of course. They are not only limited within the Nepal. They are in the UK, they are in the America, they are in Australia, many countries. So, they of course the part of the global health community.

PR: Okay.

PR: Q7- In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal?

PR: How can provide the support and direction for the profession of nursing?

BPI1: I'm not quite sure (laugh). They can direct.... I don't have a concrete answer for this.

PR: Okay, that's fine.

BPI1: Okay.

PR: Q8- In what ways do you think that the profession of nursing in Nepal can be improved?

PR: How can they improve the profession?

BPI1: They have to improve...they can be improved in a way...they have to be economically also. They have to be able, like their working here, that mean they must, they must be given the good money and they must be given somehow authority to, to change few things just slightly, to interact with the physician or any, any of the senior doctor too. They must be given that chances. But, not too much. They have to, the first thing is to give care and nursing, nursing is especially for the care of the patient. They have to be given. And, they have to get a good interaction with the senior too, and the professor, and physician or any... anybody. Like doctors, they have to be in good interaction with them. Then they can improve. They have to share the knowledge. The senior have to share the knowledge with them and then the same the doctors have to give the good information to them so that they can carry out that. And, that way they can improve. Of course. If we don't have interaction between the doctors and the nurses and the seniors, senior nurses and the junior nurses, then they will not learn so many thing and they cannot be professional. Actually, professionalism is the main thing in this nursing, in this nursing profession. But, it is ultimately the nursing care, and they have to understand what they are doing to the patient and what type of treatment they are giving. So, actually the doctor prescribe them, but they have to understand what kind of patient is, that so they can improve in that way.

PR: Okay. Thank you.

PR: Q9- In what ways do you think the nursing education system in Nepal can be improved?

BPI1: Yeah. (Clear throat).

PR: How can we, how can you improve the nursing education?

BPI1: Nursing education it can be improved.... Somehow it's improved now, little bit improved, I think so. It has to get improved and in a way.....

PR: Like, what kind of things would you see improved?

BPI1: Good, that means the practicing opportunity must be there. There are, most of the time there are limited hospital there now. And now, the number of nurses are

in...increasing. They...so...sometime some of the nurses have jobless too. So, that they have... during the study and the hospital practice and after that also they have to get good practice there. That means, they have to get a good opportunity to practice. So, sometime, might be, the number of hospital might be less. They don't get, they don't get enough opportunity to practice. I think we have to increase the number of hospital and then provide the good care and the seniors they have to cooperate well.

PR: Thank you.

PR: Q10- In what ways can nurses collaborate or work with physicians to improve the health care in Nepal?

PR: How can you work together?

BPI1: As I said that. We have to share the ideas between us. Like the doctors and the nurses or physicians and the nurses we have to share the idea, and then we have to give the information to the nurses about the how they are treated actually. How they can.... that means we have... we can provide a good care to the ... to the patient... for the.... that is vast improvement. The... sometimes it depends upon the quality of the nursing, in the improvement of the patient. If a patient with, who is lying in the bed for the long, long time, actually the duty of the nurse is not to, is not to let to develop the pressure sore, or bed sore. In, on that time also the nurses have, have to, that means a give a good care and that has to be directed by sometimes physician, how that is done. So, and we have to yeah, collaboration is the most important thing. Because, we have to share the ideas. The doctors or physicians have to share the ideas and the nurses they have to get that information well and carry out that.

(BPI) Physician Interview 2 Transcript

PR: Q1- How would you characterize the current state of nursing education in Nepal?

BPI2: The current state of nursing education. I think uh most people take it as, take it as a uh chance for career. Most of the nurses. They take it as a chance for career. But, uh education ??? the education is very uh, what you say, professional. It's based on how the outcome is very good. Because, the nurses uh, it has been a very good career for the uh nurses. Uh, uh, I don't know how to say, but uh the education I characterize it as good, satisfactory.

PR: Okay.

PR: And, what do you feel are the biggest challenges for nursing education?

BPI2: The perception of people is the biggest challenge because uh even now this moment uh people don't think nursing is ser ...um, nurses do but, the people in general perception don't think it is a serious career, er serious work.

BPI2: I don't think, I don't think ummm the perception is good about nursing.

PR: Okay.

BPI2: Among people located in cities they, they know, but in rural areas and other parts of Nepal they don't think it is a serious career.

PR: And, are there any other challenges you can think of?

BPI2: Yeah, the, the mainly that it's, it's kind of taboo in some uh places and uh among, even among nurses uh it is rather a choice to earn money than provide service.

PR: Okay.

PR: Q2- To what extent do you think the nursing education system in Nepal is consistent throughout all programs or schools?

PR: Is it consistent?

BPI2: No. No. Obviously not. Uh, because, nursing is uh, I don't know about uh how it is abroad but in Nepal um nursing is just nursing, it is not interconnected with the other um faculty, other um education system. Okay. You, you see there is um two, two like wings of PCL, there's PCL and BSc nursing. BSc nursing is somehow correlated with other education system, but PCL is totally uhh opposite, uh in touch with other uh faculties.

PR: And, how consistent are the different nursing programs.....

BPI2: Oh.

PR:like TU, PU, KU?

PBI2: PU. Yeah. Yeah. Oh. Uh I think TU is good. But, PU uh ????. ??? saying, I can say TU is the best. They provide uh the most nurses in Nepal. Uh, oh, the course, I think it may be consistent, but uh products from TU is better.

PR: Okay.

PR: Q3- Do you think there are adequate standards for the nursing education system in Nepal?

BPI2: Depends upon uh, we are a country with low, low resources maybe it is adequate for our uh country. Uh, global I don't it is.

PR: And, what would you consider adequate level, you?

BPI2: Uh. Uh. Adequate level, I think uh... ??? First, uh education must be adequate. What do, what do they learn and what do they know. Up to what they should they know. That, that must be adequate. And, uh the job provisions, uh trainings these, these things aren't adequate for nurses. Because, people usually don't take it as serious career in our country. So, there are, there are not many ser.... uh training programs, not many uh you know uh.... They don't provide many facilities. So, I don't think it is adequate for uh... But, it is a country with low resources, uh I think we are dealing ??? to provide health services.

PR: Okay.

PR: Q4- What ways are you confident or not confident in nurses in educated, nurses educated in Nepal providing care for your patients after graduating from school?

PR: Are you confident in their care?

BPI2: Obviously, I am confident. Uh, the level of confidence is uh okay. You never ??? usually it depends upon the person, yeah. But, obviously I am confident that they uh that they can provide uh provide good care for my patients.

PR: Okay.

PR: Q5- To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care?

BPI2: I, I don't think nur... nursing is always that autonomous so autonomous subject because uh it uh comes under um the scrutiny of the doctors, you know the hospital management. So, that may not, uh nursing may not be uh autonomous. But, regarding providing care they are, obviously they are, obviously. The care it comes from the order of the doc... doctor because they say how to provide care. So, it is not autonomous subject, I don't think that there is, they are given any auto... autonomy, any autonomy when providing care. Because, it is not autonomous subject.

PR: Okay.

PR: Q6- In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

BPI2: Huh, (smack lips) I think they are recognized as members of the..., because uh we have had products going outside and you know, and they globally umm they are distributed. But, um to each it doesn't make that significant part of a global community. Because, one have to be self uh careful about being uh okay I am a part of this uh.... The whole nursing community has to feel to be a part of the global health care community. Rather than uh somebody being somewhere ????, like that. Uh, I don't think, I don't know how the nursing community of Nepal is in terms with others uh globally, but uh I think they should feel it first they we are a part of part of global community.

PR: Okay.

PR: Q7- In what ways do you think that physicians can or cannot pro...provide direction and support for nursing as a profession in Nepal?

PR: How can you provide....

BPI2: Yeah. Uh, obviously the physicians, uh they um they seek uh the care of, I mean to say, they seek the best of, from the nurses. So, they have to tell, they have to share what they seek from the nurses. And, there have to be communication between nursing, nurses and physicians regarding care, and regarding uh other things that uh the physician might want or the nurses might want. So, uh obviously there are things or directions that the physician can give and the, uh there are things the nurses might want, the nurses, the nurses might suggest. So, if there is communication obviously uh one can help other.

PR: Q8- In what ways do you think the profession of nursing in Nepal can be improved?

BPI2: I think it has improved uh, as the people are getting educated it has improved ????. But, the perception of the people should be changed uh. Nursing is not just only taking care, washing, brushing, it's not. Most of the people they think that way. Uh, first, the perception should be changed and if the literate, uh you say, uh the people are now more uh literate. So, it takes, it is slowly changing, but uh, uh ??? these things and.... We're uh giving people chances uh to have a career in nursing. It has also helped. So, now we have so many nursing colleges, so many training institute. It has obviously helped uh. People think uh "okay, this uh maybe this, maybe only way, way of earning money," but, it has given some respect to the ladies, the nurses. Uh, so, it has changed obviously and I think it will change slowly, may come slowly. Other thing we can do uh to change uh perception about nursing is obviously the nurses, they themselves provide good care. Th...this is the biggest factor. The nurses themselves provide good care so the patient

????, they think “Oh, they are providing good care.” That is the best thing uhhh that can change this.

PR: Okay.

PR: Q9- In what ways do you think the nursing education system in Nepal can be improved?

BPI2: Uh, education system, the whole education system in Nepal is like uh you, you never know it uh it is, what you say, it's random. The education system in its' self, it's random. So, uh, obviously uh there are many ways to change the education system. And, uh especially nursing education system. I think uh it must come from the government; it must come from higher levels uh how to improve these things. Um, uh practical, being practical. Having uh trainings and giving opportunity, job opportunity. The nurses they, they train, but uh are not sure rather they will get a good uh job or not. So, providing opportunities is the best thing uh we can do uh to improve uh the education system. If people go uhh join, okay. Uh, if the mass comes, then the government, there is pressure on the government to change, improve it. So, obviously uh nursing is now a very deep uh institution by itself. So, government has to improve it. Even the education, they have to improve it. So, it must come from the highest, higher level. And, um, the, from the private sector they are obviously, the private sector is better than what government and TU has been providing. But, uh I think the government should look at how they can improve it more than now.

PR: Q10- In what ways can nurses collaborate with physicians to improve health care in Nepal?

BPI2: Yeah, ob...uh. In Nepal uh Nepal we know the measure of the cases, they are usually, uh what we did with uh, you know, is in Kathmandu valley is few cities we are dealing with and, we don't deal with uh, uh things that are happening in rural areas. Now, what we can do is, we can make teams. We can make uh we can make teams and uh see what's going on in the rural areas. That way the health care system uh health care of Nepal can be good. Uh, regarding nurses and doctors, obviously they are the uh whole core of health care. So, there are many ways they can collaborate with it. Uh, with, uh I already said the communication is the biggest thing between them. Um, if the nurses uh don't tell the physician what is, what care they have been providing, what uh what has been happening, then the doctor obviously doesn't know what uh, what else, what else to do for.... So, uh there are many ways to collaborate about it. Uh, the main is uh ??? uh ,what say, communicate and the education system, the education between the physicians

and the nursing they, they, they must not be separate, they must come together. That's is...that's what I think.

PR: Okay.

(BPI) Physician Interview 3 Transcript

PR: Q1- How would you characterize the current state of nursing education in Nepal?

BPI3: Well. To characterize the nursing here in Nepal, it depends upon the uh attitude of the nursing staff. Because, everyone get the appropriate education in the nursing school, but what happens is it depends upon the nursing personnel, if their attitude is good. Even though their level of knowledge is pretty much okay types. But, if their attitude is good they tends to learn from what we are teaching in our teaching round or what we are doing in our clinical practice. And, next day or after few days, or few weeks past, the good attitude nursing staff obviously catch up and do the good work. Because, in nursing school, in three years time, no one will learn everything. They have to learn day by day. And, each new patient, each new case, and each new patient, if even though the diagnosis is same the person they behave different...differently and the nursing personnel they must know that all the patients are not the same.

PR: So what would you consider the biggest challenges for nursing education?

BPI3: The biggest challenge is (clear throat) (smack lips).... Well, about the challenges. They need to groom up. Because, in our country there are two types of nursing, one is PCL nursing and one is Bc, BSc nursing. And, in PCL nursing it's only from after they finish your, their 10, that means, undergraduate. They just goes into PCL nursing and they are too, too young to know the situation, what is the gravity of the situation. Because, by the age of eighteen or nineteen they finish their nursing school. You know and, it's a teenage time and they, they don't know the gravity of the situation, what's happening around.

PR: So, they're not ma..mature enough.

BPI3: Not mature enough. But, if (clear throat) the same person after two years, three years, then, the they become mature then they are fully efficient and we can also trust them. And, the second part about BSc nursing, they are well educated, they when they finish their nursing school they will be around twenty- two or twenty-three years. They know all about everythings. But, in our country they are lacking the practicals. Lacking the practicals. The curriculum seems to be almost different in the BSc nursing and the PCL nursing. I think the curriculum should be the same, yeah, standard one. Because, in

PCL nursing they are tend to have all the clinicals only, the theoretical part they are a bit lag behind, as you know also.

PR: Uh, huh.

BPI3: But, in the BSc they are taught everything, but, at the clinical aspect they just lag behind if you compare with the PCL nursing. (Clear throat) If I had to choose amongst BSc nursing and PCL nursing I definitely go for PCL nursing because they have good exposed to the clinical scenario. But, since they are too young they don't know the gravity of the situation in, in the serious cases. As I told you before if the same person after two years, three years they just perfect.

PR: Okay.

PR: Q2- To what extent do you think that the nursing education system in Nepal is consistent throughout all nursing schools, all programs?

BPI3: (Release breath) Well. That's a very difficult question to answer. Because, since I have been working only in this institute there are different uh nursing staff from different school, but, but they, they are from some of them are from good institute and some are not. What I find during this last eight to ten years is, the students who come from good institute and who have the very good exposure, clinical exposure, they are obviously good. They, the ones who come from the ??? institute, they just finish their nursing, but they lack the skills.

PR: Okay:

PR: And what would you, would you recommend one system over the other, like TU, PU, KU?

PR: Would you recommend any of those over the others?

BPI3: No. From (clear throat) all the universities the staff is, staffs are good. Only the thing is these university must make certain standard to every institute, nursing institute.

PR: Okay.

PR: Q3- Do you think there are adequate standards for nursing education in Nepal?

BPI3: Adequate standards.

PR: Standards.

BPI3: Adequate standards. I also don't know what the standard of nursing.

PR: Yeah. It's like.....

BPI3: Because, when I see uh because I have been, I have been to abroad also, there also been different schools and if one is working certain department they are expert on that. And, if others are working other departments they expert on that. And. If they ????, they just starts from day one. So, I don't know how to make this generalized because, if in nursing school, if they are teaching everything then I think everyone should know everything. But, if they goes to ??? department and when they go to rotation they just ????. I don't know how to say, how to make best standard. It's very difficult for me to answer. This standard, nursing education system standard (suck teeth).

PR: And what would you consider adequate level of standards?

BPI3: (Clear throat) Adequate level. There is no dimension.

PR: Uh.

BPI3: There is, I think there is no dimension to measure the adequacy of the ...

PR: Nursing....

BPI3: ...nursing care. Because, it's if some patient if the same care is adequate for that, same care, up to the other patient might not be adequate. So, it depends upon the person variables.

PR: Uh huh.

BPI3: The nursing personnel must know to whom they must give the standard care. To whom they need to watch from. Because, the person with MI and the person, patient with poly-trauma, they are two different patient. And, they both need the standard of care, but the standard of care to the MI patient and the poly-trauma patient is different. So, standard, it's (suck teeth), it depends upon the person variables.

PR: Okay.

PR: Q4- In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients after graduating from school?

BPI3: Okay (clear throat). It depe.... as I told you before also the attitude of the nursing. If the attitude of the nursing personnel, I told, if, if her attitude is good I am really confident about her. Because, no ones comes with skill hand as a novice. It takes time, it

takes time. As th... as days bys goes bys, as years by, they knows how to care, how to do uh the proper care to the patient. They, they develop their skills. No ones comes from the birth with the golden hands. They need to groom up. And, if the nursing personnel with good attitude and good aptitude, if they comes to my department I really feel comfortable to teach them and I can ???? them. But, if person, one person, nursing person might be the top rank the PCL nursing or the BSc nursing, but if her attitude is not good then I can't tr....trust her. Because, what I want is the good attitude from the nursing personnel or my working colleagues. If the working attitude is good I am really confident about ?????. I can trust them.

PR: Q5- To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care?

PR: To what extent do you feel nurses in Nepal are given or not given...

BPI3: Given.

PR:autonomy when providing patient care?

BPI3: (Release breath).

PR: When are they given authority or not?

PR: What things can they do or not do?

BPI3: Uh, that take, is, for there are three levels of staff in our hospital. One is, the one is the supervisor, one is the senior sister in the particular wards duty, and others is junior one. For the uh nursing supervisor they are given the authority to take some decisions. Ah, to the senior sisters for the particular duty they are given to, responsibility if something happens then they can take charge if all the doctors are not around. This is, I've seen, I have working in the Emergency and Intensive Care Unit. In Emergency we have trained all the nursing staff about the airway management and intubations. And, if the doctors are not there, they think, uh the patient needs to be intubated they can intubate. They can intubate and secure the airway until then the doctors come. All doctors are busy in other things. If the disasters come, because in our hospital, since it's the tertiary center for orthopedics there's lots of poly-trauma. And, if disaster happens, if a lot of patients comes to our hospital all the time. And, (clear throat) we have just given authority to some staff, nursing staff, about ???? airway management and to intubate. But, they are well trained about that. And, in ICU, uh the senior sisters are given the authority to take some decisions in settings. Monitoring the patient, if, uh just like in controlling the sugar level, they are well trained about how to maintain the sugar level

?????. They are given the authority to, if they see the ???? is out they can change the insulin infusion level. Because, we train them and can trust them and we have given authority to them to change it. But, if the staff is junior, she just come, we don't give authority to them to be just change everything????, because (clear throat) I need to see how, we need to see about whether the personnel is confidence enough, or if she's an asset or liability.

PR: Q6- In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

BPI3: It, maybe it's due to the education system, maybe. But, what I feel is, if you compare good staff and other staff from other countries than, if you put in, in the balance almost they are nineteen or twenty. Only the thing is the rural education in our country is a bit different than what other countries have, I guess. If we put all the nursing standards to the same level than I think it will be good.

PR: Okay.

PR: Q7- In what ways do you think physicians can or cannot provide direction and support for nursing as a profession in Nepal?

PR: How can you provide direction and support for nursing as a profession?

BPI3: Provide direction and support for nursing as a profession in Nepal?

BPI3: Obviously, these things always true. Give the direction to the nursing staff. Obvious. Always. Only thing is how the physicians have a perspective. How the physicians looks for the nursing staff. And, how they approaches to the physicians. If the nursing personnel approaches in a good way the physician definitely do good. I don't say always the physician do, physicians also they have their own personality. Some physicians they don't want to and some physicians they teach everyone. Even the nursing staffs has a MBBS doctor. They do. But, in providing the support, obviously if there's, if there happens to be a very good co... committee I think if they put the physicians or the doctors in the committee definitely they will help to raise the standard of the nursing and nursing care and the development of the nursing education. But, (suck teeth) it always depends upon the time, the time. Because, in our settings we don't have, though we have time, we pretend we don't have time (laugh). It's all about the busy schedules, look out for the families, here ????. And, if you put the physicians in the community or committee, than obviously they will help to raise the standard of nursing care.

PR: Okay

PR: Q8- In what ways do you think the profession of nursing in Nepal can be improved?

BPI3: (Clear throat) To improve the nursing in Nepal country we need to establish the very good health care system. Because, there happens to be a lot of hospitals and lots of hospitals, the government has given lots of hospitals to open the nursing colleges. Small, small nursing colleges where there is inappropriate or inadequate patient flow, And, the stu...students they don't get chance to look after or they don't get chance to see the patient, how they have been taken care. And, if they haven't seen by their eyes, only by studying and putting things in your mind they can't, because what you don't see it doesn't remains in your brain. What it study only, it doesn't remains. Because, what you study it do...always goes away. But, if you sees and you study it remains forever. And, that's happening in our country. Because, lots of staffs they come from suboptimal hospitals and (clear throat) they don't have, never seen that patient, when we take patient, trial patient. Do they have the circulation around different hospitals. If they happens to be good, ???they know lots of things about Gyne Obs. And, if you go to the child hospital in Kanti, if they got the opportunity them, they can do well if that things. But, if we, if the hospital just give Internal Medicine or Medicine Department they won't get, they don't have the patient and they don't have the exposure. That will be very difficult for them. So, what I think is if they have given the certain college the authority to open the nursing college they must choose that the circulating, they must circulate the students to a very good hospital. Because, if they don't circulate them, if they just became static like in the pond that they will be like, what you call, static.

PR: Uh,uh. Uh ,uh

BPI3: Always being static. If you don't allow them to flow. Flowing water is always fresh.

PR: Experience.

BPI3: Yeah. Experience. If they becomes static then it always goes downhill. One day they become ???.

PR: Q9- In what ways do you think the nursing education system in Nepal can be improved?

BPI3: By training. We must need to train the teachers. We must have the adequate, knowledgeable personnels to guide them. Because, uh professors they don't teach, the trainers, they teach the trainees. And, the trainers they must be guided well. I think in

other countries also, the professors only take a classes. But, in clinical the trainers do. Train the trainees. And, trainers must be good. If the trainers with adequate knowledge and good attitude and they devote their time to teach the trainees then obviously they become good. So, what I think is they must be, because trainer also must be trained, to what extent they have to teach. Uh, the devotion they need to give. Because, the one trainer is working there, and if you have multiple place to put your foots on then it slips.

PR: Okay.

PR: Q10- In what ways can nurses collaborate with physicians to improve health care in Nepal?

PR: How can nurses and doctors together?

BPI3: (Clear throat) Obviously, nurses and doctors are like the back bone and the body. Nurses are definitely the back bone for the health system. Because, physicians only prescribe the medicine. It's the nursing staff, they are the support system. If the support system is not good then the patient won't be good. What I feel is as a doctor if there is not a good nursing personnel then I can't treat the patient. I can see the patient, I can diagnose the patient, but I can't heal the patient, not unless there is good nursing care. So, the well-being of the patient also, doctors and nurses, they ha...they both have to work as a team. Because, sometimes all the things doctor doesn't know, and if nurses, they are the ones who stay all the time with the patient and they know all the things happening around with the patient. If they don't provide us the good ah information, adequate information, or they just, if they skip the information, then we can't treat. They are the support system to us. They are the back bones to the physicians. ??? about their management, but if there is no nursings personnel or the nurses around then it will be very difficult to treat. So, there must be good communication or good collaboration of physicians and the nurses and they have to go toe to toe. It's not like that, doctors go ahead and the nurses come behind, or the nurses go ahead and the doctors come behind, they have to go together. So, the collaboration must be very good and to, to have a very good collaboration also all they, (clear throat) they must have the good thinking. If they come to the medical field they have to devote their time for the patient. They just can't come for only eight hours, or six hours or money. ??? I don't have ??? for the nursing. I have a eight hours of the day for work, finish it, then go back home. Doctors also, they have to devote the time. If they are happens to work for certain hours they have to go for certain hours and take care and take the responsibilities of the patient. And, doctors come and sees the patient and goes by and nurses they also comes and goes by. And, the other thing is the hand-over. The hand-over must be good to improve. Because, the one doctor

or two doctor is team of the doctor, two or three doctors is seeing one patient, but there are almost fifteen or seventeen nurses they are seeing one patient, and if the hand-over is not good, if they ca...didn't pass the proper information step-wise, this information must be vertical and horizontal both. If they don't pass the information that, the collaboration still becomes wider and wider ????. They have to stick together, they have to, every information must be confidential and they have to ????. Whatever the nurses make a mistakes, they have to ??? the doctors ????. So that we can have the confidence on them. Okay, this one, is a true one. She is the asset not the liability. We can trust them. Because, no one is perfect everyone knows by their mistakes, even doctors. Even doctors, doctors also makes the mistakes.

PR: Uh huh.

BPI3: Doctors are not the supreme (chuckle). Everyone learn by their mistake. But, what happens if someone makes the mistake, then feel like okay the doctor will scold. Because in our country if you look back or ??? the doctor are more superior, the nur...nursing personnel, there are very few nursing personnel because there are only one or two nursing colleges. One is in TU, one is Patan Lalitpur. Now, there, since there is growing nursing hos....colleges there is lot of production there. And, there have been a bit different in the, what you say, uh...

PR: Quality?

BPI3: Uh no. Not the quality. Difference in the attitude of the one, the one who had done the nursing ten years back and the nursing done now. The personnels coming in...

PR: Generation....

BPI3: Generation gap. And they also had the same thought that they had and they also think the doctors are much ??? person because they.... What I think is nursing also, they also have the same, almost, they know the same what doctors do. Only the thing is doctors need studies for five and a half years, in college they study for three years and then work for two years, then have to work for BM for next three years. And, what I saw is the curriculum is different also and they are, they have a fear in their heart. Okay, you don't know this and that's why they are ????. And, they are always like that, but they also share the things. Because, as a doctor when I start my profession in 2006-7 I guess, I also learned a lot of thing from nurses. ??? I have only studied, I don't know a lot of thing, I also learn from if you happens to talk with the senior sisters of this hospital about Dr. Philip then they'll say okay, I learn from them a lot, all the thing, the skills, and all the things. We are not superior, we also same, but the only thing is the education system is

different. And, we need to make these things together. We have to have a very good mentality. That's the thing.

Appendix U

(MNF) Nursing Faculty 1 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? And, what are the biggest challenges for educating nurses?

MNF1: Q1: The biggest challenge is uhh hospital practice and uhh professional uhh nursing education. Is the biggest challenges nowadays. And, the practice uhh for more school are open but the clinical area in hospital are not sufficient uhh for the students.

PR: Q1: And, what do you think about the overall state of the nursing education?

MNF1: Q1: Overall?

PR: Q1: All in Nepal in general?

MNF1: Q2: In general some school are very nice, they have their own hospital. And, uhh some private college are they uhh hospital area are not enough for practice. And, uhh in Nepal uhh in school in nursing school there is clinical uhh area not uhh enough then in demo skill lab they not used properly. They send directly to the hospital uhh before well practice in the demo lab. This is a problem.

PR: Q2: To what to what extent do you think the nursing education in Nepal is consistent throughout all nursing programs? Are there some that you would recommend over others?

MNF1: Q2: The nursing programs?

PR: Q2: The nursing schools are they the same all nursing schools or there differences?

MNF1: Q2: Uhh nursing schools are different, it means?

PR: Q2: Yeah, are they? Do you feel they are different or do you feel they are all same?

MNF1: Q2: They are all same. All nursing college are accredited by CTVT and uhh bachelor of nursing are from PU and uhh TU also. University, TU University. Uhh so, uhh different university are the different uhh program and different setting also. So, uhh

they are different but uhh affiliated by the Nursing Council. All school accredited by the Nursing Council, certified by the Nursing Council.

PR: Q2: And do you feel one, or any are better than other?

MNF1: Q2: Yeah.

PR: Q2: What is that?

MNF1: Q2: Different school? Private setting and TU are different and uhh in private setting uhh there seems like uhh number one patient and clinical area is not enough. And, in TU uhh there are so many clinical areas and uhh they get to practice there. These are the difference.

PR: Q3: Do you think do you think there are adequate standards for the nursing education system in Nepal?

MNF1: Q3: Standards? Standards uhh uhh in Nepal uhh the standard in uhh what uhh we if you compare with international level it is not standard (laugh). In Nepal I come last year in bachelor degree uhh there is just two years educational system but nowadays the bachelor in nursing is three years program uhh equal value to international level. So, the curriculum has changed but uhh still uhh it is applying but uhh it is not uhh research also. So, the outcome based is not uhh coming now the chance is not giving time. So, three years??? is uhh a key word it is natural research. So, curriculum has changed uhh but, research is still limited.

PR: Q3: And what would you consider adequate level of standard?

MNF1: Q3: For nursing....

PR: Q3: You as as adequate level yes for nursing in general. What do you consider adequate level of training for a nurse?

MNF1: Q3: Uhh for adequate nursing standard?

PR: Q3: Yes. Yes.

MNF1: Q3: Uhh we need learn this in the PCL level uhh certificate level is uhh good in Nepal. But, in bachelor level uhh the students are uhh doing job also there and they are also taking the classes also. Uhh so so most of these students are absent in classroom. So, it is very difficult to coordinate in practical and uhh theory. And, uhh and some students come classroom and uhh some are absent it is difficult to manage the absent

students and their ??? areas. I believe that now when they are absent it is very challenging. So, (laugh) how to manage this difficulty uhh in our business... need to our business classes uhh or annual programs. It is very difficult nowadays. That the students uhh all students are doing job also there in hospital. And, uhh whenever they are free or whenever they have the day off then they come to take class and then another day they practice. So, is uhh Nepal bachelor students are busy and tired nowadays.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients on graduating from school?

MNF1: Q4: Nursing procedures huh?

PR: Q4: Yeah are they... how how well do you think they are prepared to provide patient care?

MNF1: Q4: They provide uhh the demo skill lab, uhh but not enough, not enough uhh practice uhh in skill lab. And, but uhh we will go directly after one or two times practice in the skill lab and we directly go in the hospital. And, uhh after supervision of the teacher and we learn there (laugh). This is uhh is easy to learn uhh but uhh very the first time is it can be may be danger (laugh). So, second, third time they ??? may be competent.

PR: Q5: To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care? When are they given authority?

MNF1: Q5: In the patient care uhh there is authority to take responsibility also by ??? nurse nurses uhh but any uhh any simple decision uhh we cannot do do ourselves without the authority from the higher level or from doctor. Uhh so, basic uhh care we do ourselves uhh but uhh if any other decision we need authority we need uhh decision from higher level.

PR: Q5: Can you give me an example?

MNF1: Q5: Uhh an example in therapy in therapy we can uhh nowadays in some birthing centers what have what uhh still there is uhh more advises from the doctors. We we have a role in uhh midwife but we are not licensed midwife so we cannot decision by ourself we need decision from the doctors. So, if midwife are doing on their own uhh they have also need authority then we can use our practice uhh but uhh if there is ??? need decision from the doctors.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care global health care community?

MNF1: Q6: Nepalese midwife or Nepalese nurses Nepalese nurses are recognized in the global world. Uhh before don't, but nowadays uhh uhh our country has changed so it may be recognized in global also. But uhh it is not uhh I didn't do I did not three years course uhh not passed out just we are second year so still one more year left and after they graduate uhh ??? the results will be better then. But, nowadays also the nurses are most of the nurses are uhh outside, abroad. But, they have to take uhh extra other courses. So uhh for the struggle we will have. If make more positions and uhh theoretical and practical.

PR: Q7: In what ways do you think the nursing faculty can provide direction and support for nursing as a profession in Nepal?

MNF1: Nursing is a profession technically but uhh there is some autonomy and authority, the responsibility is uhh ???. The uhh nursing education is uhh very good in Nepal also but, in practical area there is some lacking. And, the theoretical area also uhh we have uhh not more discussion in the theoretical classes. And, the rest of the classes uhh student also want uhh lecture uhh all uhh solved by the teacher. And uhh uhh and teacher also providing lecture more this year then their their self uhh learn. So, self learning uhh teaching ??? is more uhh difficulty for the professional development. And research also really poor. For the professional level there is not even space to practice. Just beginning stage in the research in Nepal. So, for the professional development uhh we need research also.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

MNF1: Q8: Umm for the professional improvement they need uhh more ??? school regulation, controlling method and uhh guideline also. There is guide... there is guideline but not uhh super... supervision guidelines. Uhh so, lack of supervision and controlling the method umm there is uhh not uhh uhh (laugh) good profession nowadays. Uhh it is very lacking from controlling method uhh...

PR: Q8: And, what would you consider controlling method?

MNF1: Q8: Controlling method it means uhh from the university and the uhh Council, Nursing Council and the in the university the exam is not uhh regularly time. And, uhh from one year course uhh they are going one and a half years and the result is uhh not uhh on time. And, so students are uhh getting little bit they get uhh frustrated. And, uhh

not getting first year examination they are uhh they are attending second year classes. And, uhh thus is not uhh good (laugh). So, examination department uhh needs to be improved.

PR: Q8: Now, one question I have is okay so if they don't finish, if they don't get the results for the first year and they start the second year and then after they start the second year and they find out they failed the first year what do they do?

MNF1: Q8: They have to give uhh again first year theoretical examination. Do over.

PR: Q8: So then they cannot complete the second year they have to go back to the first year?

MNF1: Q8: No, they will read by own self.

PR: Q8: Okay.

MNF1: Q8: Not uhh return to first year classes.

PR: Q8: Okay.

MNF1: Q8: They read own self and they give uhh for new exam they give first year exam and they attend second level. They continue second year but they take first year exam.

PR: Q8: Okay.

MNF1: Q8: So, then uh if on time they need uhh they have to give on time examination ???.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

MNF1: Q9: Uhh it uhh need power for the Council of Nursing. And the uhh Board of the Education Department from the umm government also and the Council also and the ??? also. And uhh they need to uhh take responsibility from all the nursing educators and the nursing students also. Everybody need to think this is our profession and we uhh have to devoted to this profession. We can uhh develop our system. So, need to take uhh need to give authority, responsibility also. And, need continuing education also.

PR: Q10: In what ways can nurses collaborate, work with nursing faculty to improve health care in Nepal?

MNF1: Q10: Uhh nursing faculty it is in Nepal is uhh real important person also uhh. Nurses are going in the community also, there is a community nurse. And, the in uhh PHD also public, uhh they also the nurses and they can give ??? program and ???. And, uhh they can uhh take home visit also. And, they can do education ??? program. And, school health program also we can take. And, uhh improve their health. And, other, education also we can do. Government uhh ??? in uhh school, in public uhh hospitals. And, we can education uhh from the health-related issues.

(MNF) Nursing Faculty 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? And, what do you feel are the biggest challenges for educating nurses?

MNF2: Q1: Thank you. Uhh about nursing in Nepal uhh there is many problems. Umm uhh going uhh last ??? there is a problem. For lessons according to the practical.

PR: Q1: And, what are those problems?

MNF2: Q1: Umm qualifications to do, their qualifications they did not do. Uhh get job.

PR: Q1: So, finding employment?

MNF2: Q1: Employment problem.

PR: Q1: And, what do you think about the nursing education overall?

MNF2: Q1: Overall the nursing education is good. Cause uhh till date there is more practical area and they exposed directly in hospital setting. So, uhh they become competent in practice, qualified nurse are production there.

PR: Q2: To what to what extent do you think the nursing education in Nepal is consistent, the same, throughout all programs?

MNF2: Q2: Uhh within nursing programs, with nurses?

PR: Q2: Between the schools, nursing schools.

MNF2: Q2: Nursing schools? Uhh for the consistence in nursing all curriculum uhh should be similar. Uhh all content of the curriculum should be similar of course. Then qualified teacher should be there in our institution. Then training uhh uhh for the courses, for the topics in nursing should be provided in the institution. Uhh who deliver the knowledge I think.

PR: Q2: And, do you think one school is better than other school? Is there bet...

MNF2: Q2: Yes. Uhh since like but umm in other area it is not uhh it is not too problem but in rural area there no teacher, qualified teachers. So, there is some lacking to follow the curriculum. Umm it is uhh big problem for clinical practice, like ??? practice, ??? ???, nursing practice. It is limited practical area.

PR: Q3: Do you think do you think there are adequate standards for the nursing education system in Nepal? Currently is there adequate standards?

MNF2: Q3: Currently standard uhh they are Council is trying to maintain the standard, but uhh in practice it is not sufficient. In my opinion.

PR: Q3: And why is that?

MNF2: Q3: Monitoring, supervision is not sufficient. And, uhh uhh political influence political influence uhh uhh it is it is uhh impact by poli... political influence.

PR: Q3: What would you consider an adequate level of standard personally?

MNF2: Q3: Umm in my opinion uhh there should be strong uhh content ???? content. Who are given supervision uhh...

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients on graduating from nursing school?

MNF2: Q4: Uhh I think they are. Before uhh this time there is there there was not basic basic science in their course. So, they were not confidence. In basic courses uhh scientific principles, but nowadays curriculum is changed. Uhh there including, there is do uhh including basic science course so uhh uhh confi... confidence they are increasing confidence in their practice.

PR: Q4: And are you confident in their practice also?

MNF2: Q4: Yes. Yes I think.

PR: Q5: To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care? The authority.

MNF2: Q5: Autonomy, there is uhh autonomy there is autonomy in nursing, but there is not confidence in past. But, uhh now concept will concept has changed. Uhh in some part there is restricted in care also. Uhh but it depends on nurses how she is confident.

PR: Q5: Okay. Okay. And, in what duties do they are they allowed authority? What can they do and not do?

MNF2: Q5: Umm, they can provide nursing care independently. Independently in their scope.

PR: Q5: And, what do they do not have authority to do?

MNF2: Q5: They don't have the uhh administrative decision for the nursing to provide nursing care. They ca... they should wait for decision for the about ??? the cost. What is the cost, but uhh in nursing care to provide nursing care we have autonomy. It depends on their confidence level.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

MNF2: Q6: Nurses uhh umm should recognize, but here is a social problem. Dominated uhh nursing profession is dominated dominated by other professions. Like doctors, other paramedics umm umm dominating so the auto... authorize I think. In some exchange they are in some area they are they have authority. But, in many areas they are dominated dominated.

PR: Q6: And how does that affect them as global health care community.

MNF2: Q6: Global they cannot decide themselves. They are dominated, they don't get opportunity uhh.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal and what are the barriers?

MNF2: Q7: (read ?) Nursing faculty means teachers, we teachers?

PR: Q7: Yes.

MNF2: Q7: We teacher uhh can provide the direction fully. We also give them them direction, give them uhh some ideas how to uhh mobilize personal... personally to them. Uhh we give them the knowledge, confidence, authority, uhh supervise ???.

PR: Q7: And what do you think are some of the barriers?

MNF2: Q7: Barriers uhh means uhh we teach theoretical in umm umm in class in college we give direction. But, they (laugh) now... nowadays they don't get opportunity to get

job. Their their qualifications their qualifications uhh then after they uhh confused uhh mismatch there is mismatch. Education and job service.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

MNF2: Q8: Umm it's can be improved. Education level should be uhh uhh included all level basic science knowledge lot. Umm health keeper knowledge plus skill psychomotor knowledge provided. Then uhh policy means policy should be uhh uhh uhh formulated that uhh if policy will guide it. Uhh they can adjust in the nation policy. Uhh now it is not sufficient. Government vacancy is low, but production is high.

PR: Q8: The production of nurses?

MNF2: Q8: Yes.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

MNF2: Q9: Nursing education...

PR: Q9: Can be improved.

MNF2: Q9: Nursing education uhh should be ??? ??? about decent life. In our focus on normal area really. Decent life. Umm till theoretical with theoretical knowledge clinical uhh area should be expanded. Uhh educational policy should be strong uhh uhh...

PR: Q9: In what ways can the policy be strong?

MNF2: Q9: Policy, political instability means for us how. Uhh time to time change the authority personnel. Uhh so that they they don't think in this umm uhh area how to make better yeah. So umm should be stable authority for some years uhh then they can plan here uhh it's uhh they can uhh manage that properly.

PR: Q10: In what ways can nurses collaborate with nursing faculty to improve health care in Nepal?

MNF2: Q10: Uhh they can. Nursing faculty, nurses uhh... (read?) Nurses uhh... faculty means teachers?

PR: Q10: Teachers.

MNF2: Q10: Yes, teachers or nurses can collaborate with teachers. Sure uhh nursing faculty are involved in college, but they can give offer direct ??? because they have knowledge, theoretical knowledge, educational uhh knowledge, they have educational then the service side. So, they can guide the other nurses, they can make policy, they can uhh some uhh uhh different qual... different action, then implement the uhh action in different area it's good. Community, hospital, pub... public place uhh public place. So, they can col...they can collaborate with the nursing personnel.

(MNF) Nursing Faculty 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? And, what do you feel are the biggest challenges for educating nurses?

MNF3: Q1: Here the education is better. Now the uhh uhh before umm when we used to study there is only the uhh uhh government nursing college. Now the CTVT has provided the nursing college. So there uhh even uhh the remote area has the vocational education. Before the establishment of CTVT most of the most of the students used to have to come over here and have to study. Nowadays is umm even the remote area there is nursing college. So, ??? they are getting better school as well as facilities.

PR: Q1: What do you feel are the challenges for nursing?

MNF3: Q1: Challenges was the basic challenges was the umm most of the challenge is the financial I think so. Nowadays it's so expensive to study around 5 lakhs uhh. In CTVT there maximum there have lakhs they to pay. But in the TU they have the maximum 2 lakh. So, there is uhh even though they we still study but, those who are the poor who are not able to study the nursing education I think is financial problem is one of the main reasons for the nursing education.

PR: Q1: Any other ones?

MNF3: Q1: Any others umm after the education, uhh before the when we used to study there was alots of the scope. Uhh we after looking the PCL nursing we have the lots of scope scope to study nowadays there are. Even the prompt have been the nursing student have been prompted main ward. Each year one collect the ??? production the forty ???so the scope.... There is no placement for the job. So they have to work as a volunteer for many years, even many years. And, they have to, even they got the job they are given the low salary. After the even uhh they used to pay the lot lot and after often there was less option. Even they had to get a little salary. That is the main challenges I think so.

PR: Q2: To what extent do you think nursing education in Nepal is consistent, throughout all school programs and are there some that you would recommend over others? Are they all the same or different?

MNF3: Q2: Yeah there was uhh different... Even the umm I think Nepal nursing education is not consistent. Uhh even some colleges used to run without their own hospital. So, they even have to do the practical exam, at practical stations. So, they have to pay alots of money for doing even doing the practical. I think there was enough, but in our college there was uhh our own hospital so there was uhh very much easy for the even how the management used to go over there and do alots uhh of practical. But, even some colleges there was not even the practical area, so they have to go for the depend upon the order government hospital. And, even the even government hospital they have to sometimes they have given the certain time period for doing the practical area. And, they have to pay over there and there certain ti... time time period. If the patient has not arrived at that time there has no umm umm patient. If there is no patient then they time to do anything over there vacant bed. So, there's I think there's not uhh consistent.

PR: Q2: And, would you recommend one school over another?

MNF3: Yeah. Most of the even the when the alternative ??? especially the Council they they shouldn't give those permission for opening those nursing education ??? if they don't have the uhh basic need of the practical area. So, they have to monitor have been where they have been going for the practical area. And, which of the specialized course, there is a specialty in the second year and for that they have to expose in the special area. If they have not been the time or the pay that special area then the student can't able to do the practical area. I think even the Council have to monitor everything about the colleges.

PR: Q2: And, is there one school that you feel is better than other schools? Like is there one school like is Model better than TU, TU better than...

MNF3: Q2: Education is uhh overall the theoretical education was uhh all over the was better. But, some, uhh even the uhh specially the TU have their have their own hospital and the infrastructure was perfect. But, especially in the CTVT affiliated college there was not, just as I have mentioned, that there was not practical area to do the practical. I think that mostly the those were the concern I think so.

PR: Q3: Do you think there are adequate standards for the nursing education in Nepal?

MNF3: Q3: Yeah. You mentioned that. Umm I think not the standard maintained over over the Nepal. Uhh some have the better facility over doing the practical area and some they don't they don't have to. They have to even they have to the practical they have to pay for the the special area. They have to pay the high amount of charge to take hospital even the hospital used to even the one uhh student they have pay for the um one one student even one faculty they will have the forty students so then the colleges have to pay the money for the practical area. And, if they don't give the permission over anything even the uhh uhh to management committee they don't pay the the exact amount they don't get the practical area for the the practical.

PR: Q3: And, what would you consider adequate standards personally? What do you think is adequate?

MNF3: Q3: Yeah, adequate the mostly the uhh theoretical teachers each fa...faculty there is uhh ??? most of the faculty. Teachers are given the one student... That was I think uhh they have the theoretical knowledge but, practical was the less interesting for them.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients after graduating from school?

MNF3: Q4: You asking for me?

PR: Q4: Yes.

MNF3: Q4: (read ?) Uhh in some of the uhh I think after the graduation the school they have the most of the uhh to have to concern about the giving even the simple thing they have to concern about the doctors for uhh even they know everything about the treatment but they have to ask for the doctor and take the consent uhh from the doctor then only they have to given the medicine. Even the simple ??? they are not able to the medicine.

PR: Q4: And, what about the quality of nursing care?

MNF3: Q4: I think the uhh those umm especially the government hospital especially the government hospital there was the patient floor was uhh sufficient there was lots of beds empty, uhh there was lots of patient, but uhh staff was given during the ??? wide duty they were given only two or three nursing staff. Then then they don't have time to even give the simple care to the patient. I think that was the main problem for giving the patients care. Uhh the even ma... management has provided one one or two one or two sister was provided for the patients. And, there was lots of patients that they even don't have time to look their patients' concern and the complaint they have just given the

written ??? BP, bed making and those medicine giving. That's only they have attend their rounds and then their duty is finished.

PR: Q4: And, you are comfortable for new the student providing care?

MNF3: Q4: Yeah, yeah yeah. We used to do the patient total patient care, especially the ??? we used to each patient we have given the uhh one student one patient so they have sufficient time to give even the simple care they used to give everything during their duty hour. I think that was the most uhh important thing to have that the sufficient nurse was not provided for the patient skill. We just we have ??? ??? I don't know (laugh).

PR: Q5: To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care?

MNF3: Q5: Yeah. For the nurses uhh in Nepal we're not given the autonomy uhh to give the patient care. Especially the nursing care they can give, but especially the simple, they have the fever, they have the umm ask for the doctor for giving for prescribing the medicine. But, in the giving the patient care simple patient care they can do. It depends upon the nurses.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

MNF3: Q6: (read ?) Yeah. In the world? (read?) Most of the in the Nepal the nurses of Nepal I think uhh because of the lack of the information and or the other thing they don't have that uhh even they just the nurses of Nepal busy in their working world so they are not even the time or the not interest of over over the uhh world ??? I think they are ??? of these things global ??? (laugh) global health community.

PR: 6: Global health...

MNF3: Q6: Yeah, and some of the even some of the nurses in Nepal are active for doing these things, most less. Very much less.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal?

MNF3: Q7: Nursing faculty are uhh providing some of the rules and regulations has uhh changed according to the that doing after the umm establishment of the nursing colleges. So, they have been giving the uhh providing the direction uhh for the nursing profession as uhh in Nepal. Even the in the umm uhh there is a separate we have a separate uhh Association of Nurses. So, uhh even that association was providing uhh there has been

there has been providing some of the uhh services for the nurses as a ??? as a professional for Nepal. I think the one of the barriers?

PR: Q7: And what do you think the barriers are to being a professional nurse in Nepal? Challenges, barriers?

MNF3: Yeah. Challenges was uhh I think uhh being as a profession. There are lots I think.

PR: Q7: What could those be?

MNF3: Q7: Main is the uhh our political condition of Nepal. That even the nurses are not able to raise our voices and raise upon the up level. I think that was the main the concern. Even the political uhh parties having even the authority for the uhh for those who have involving those parties they are taken as a good thing. I think that's my own (laugh).

PR: Q7: And what could the other barriers be to the nursing profession?

MNF3: Q7: Profession I think uhh even the nursing are the not uhh adequately educated. I means even uhh time we can't able to do our masters. Because, of the low uhh colleges there is only one colleges for doing the masters and there was lots of competition for doing the masters. That's why there was there was even they even the authority those nursing profession even in the NAN, or the Council they have been given the knowledge of they want. They want but, we the in the lower level can't even to stand in their level. As we don't have the educational. So, yeah.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved? The profession of nursing in Nepal can be improved?

MNF3: Q8: Yeah, one of the main thing is the accessible of the education. I think that uhh even the uhh government has uhh selected colleges giving the master program. So, we the whoever want to study for the masters we are not able to do the masters. Because, of the selected from colleges we are just even the criteria there was alots of criteria for studying the masters. Only the uhh ??? in Kathmandu. And, uhh we we have to uhh there is lots of competition doing things fast and everything . If we go fast then we are allowed to study. Even the limited seats and that's why I think that's one of the main problem for me (laugh) and nursing as a profession.

PR: Q9: In what ways do you think the nursing education in Nepal can be improved? How can we improve the nursing education in Nepal?

MNF3: Q9: Yeah. That's I'm accessible of education to all over the??? even the uhh foreign student can do their masters. We have to pay the lot of money even me for the master. And, after the uhh graduation we are not able even to get the appropriate salary. That's why I think those (laugh). Even doing for the hard work and entrance preparation, entrance pass, after that the examination and then we have to pay the school 8-9 lakh. And then after that I found there was less payment payment for them.

PR: Q10: In what ways can nurses collaborate, work with, with nursing faculty to improve health care in Nepal? Working together, nursing and nursing teachers.

MNF3: Q10: (read ?) Yeah, we have nursing and nursing teachers. We been some of the even the teachers were been working as a nursing in a hospital. So, there was lots of collaboration between the hospital teachers and hospital and the teachers over the nursing colleges. And, we used to do the organize the program uhh for the special special ??? we used to and give the orien... at their request we used to give the ??? program, screening program. So, even even even nursing colleges we have been collaborating with the nurses among the other hospitals for uhh educating the uhh patients uhh. From there we ??? organize the higher education program, ??? program, ??? program. So, we are really working together with them.

Appendix V

(MNS) Nursing Supervisor 1 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurses?

MNS1: Q1: Here in Nepal nursing education is now growing up. And uhh since the since last year what I have at that time what I I am just enrolling in the nursing. At that time there is only seven campuses. Run by the government. And the education at that time is given to from the teachers. And when when I enrolled in this campus this is from the teachers all are from the clinical side. And our campus super wants to wants wanted at that time the teachers from the clinical side teaches best to the nurses rather than the uhh education side. Mam he proved she proved it. And I secured at that time I secured the first position in our whole country. Uhh in at this in this time there is some uhh no challenges to the patients. They are poor, they are all accepted what we are doing what we are. And at that time our mind was to help the patients to help the people by in our heart. But, nowadays there is a generation gap and education is growing up and it is became a uhh grow light. Uhh that's why the communication uhh due to the development in the communication it's become like a ? education. Uhh but this should be the differences. (Phone rings). I am so sorry. (Puts away phone). I'm so sorry. And in this time the nursing edu.. nursing education is a general science. Like that. But we don't feel it not should be like that. There is too much campuses and the campus' structure is not complete. Like ahh physical structure is not complete and the educational structure the faculty is not complete. And the practice practice is very umm the students cannot get the all practices. They have no exposure. Mental health only one mental health, mental health hospital. And, how can they practice? And, only one is the uhh uhh maternity hospital. How can they practice? That's why it has become a challenging and challenging and uhh we want every ? or nurse there should be the teachers are also the younger generation from the younger generation. There is a benefit from the younger generation they are uhh active. But, their experience is less. That's why the teachers should be should have the experience of the clinical side before they uhh before they enroll in the teaching profession. It is a big challenges I think so. And nursing education there is so uhh two, three university running there as uhh one curriculum and there are differences. TU Tribhuvan University have the separate umm curriculum in the higher education, in bachelor of nursing. And, Purbanchal University has its' own curriculum. And, Kathmandu University which has its' own curriculum. In the PCL nursing PCL nursing means first grade level nursing. Staff nurses in Kathmandu University they uhh they are exposed to the research also. But, in TU, in uhh TU Tribhuvan University they

have no touch to the research. That's why there is a vast differences university to university, college to college. I think so. It should be the similar education. And, nowadays the when our universities esta... establish the ? is to umm umm to umm to study the BSN. The BSN is best. But, BSN students from the science background and the PCL nurses from only from the SLC and there are differences. But, in the practical situation when we uhh include our staff from the PCL nursing they have uhh worked as a profession. From the BSN side they have the knowledge but they don't want to be uhh uhh like a nursing profession. They they think different from the PCL nursing. It should not be. It should not be like that. Because they all are from the nursing profession. It is categorized but, both BSN and PCL nursing both work as a staff nurse. There is ?? is differences no differences. That's why the nursing education is uhh in uhh mixing got uhh it is growing on now we don't expect this.

PR: Q1: Sort of like mixing skill levels.

MNS1: Q1: Yeah. Yeah. That's why it should be uhh one uhh uhh one way and and similar and that's why. Uhh this is uhh I think the country need. And, all be the same uhh does not remain here in Nepal they want to go to the outside, abroad. They don't want earn they want earn lot of money. But in Nepal nursing profession as a nursing profession country have not given the uhh special special thing, special cut. That is why it has been going on. I think so. But, here is big challenges, one challenges is a special challenges, knowledge level, skill level challenges. The college to college differences. One thing is, another big challenge is the people they are becoming conscious and conscious and the people wants to know everything from the nurses, service from the... everything from the nurses. In here Nepal the doctor just visit check the patient, order them, they uhh we have no pharmacist. We running around the patients. We have no new uhh dietitian. Uhh uhh that's why all are all responsible take the physician. And, all things holistic care we have to give to the patients. We have to know his diet patterns. We have to plan his diet and we have to umm also give the psychological support, counseling, everything. And, we have to give the physical care also and all things. Sometimes the poor patients patients from poor family we have to manage the economical conditions, economical uhh economical needs they are the safe they should be the safe. And, we have to manage we need to help them about that all free. That's why it is big challenges. Giving service is big challenges, taking education is also challenges. And BS... umm uhh I have passed the bachelor of nursing in 2004. But, there is only one uhh master of nursing in the university only in Tri...Tribhuvan University. I there is only ten seats. Only ten seats and out of them three seats uhh four four seats are from the quota. Government quota, the senior seating quota and like that. And seven, only seven seats we have to fight but it is impossible. That's that's why we

cannot get the higher education uhh even we want to take. And, also we have also the challenges in uhh nursing education. Nursing salary is less. The education ? us. That is why we cannot ?.

PR: Q1: And, there's is no uhh supplemental nobody to help the system, the cost?

MSN1: Q1: Yeah. Yeah.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs and are there some that you would recommend over others?

MNS1: Uhh other means?

PR: Q2: Uhh from one program to another. Do you think one's better at one place than another or are they all the same across all the schools? You were saying that they're different from....

MNS1: Q2: Yeah, yeah. It should be nursing education should be similar in uhh come practical. It is needed for the country.

PR: Q2: But, do you feel that uhh right now that the do you feel the nursing education in Nepal is currently consistent is the same all the way... do you think?

MNS1: Q2: Uhh nursing education it is uhh now challenging. That's why nursing education means uhh there is uhh different faculty, different specializing should be there. ICU nursing and the uhh general nursing. ?? after pass the basic nursing only they uhh we have the three faculty. One adult nursing, one midwifery nursing, and one uhh is the uhh psychiatric uhh community nursing. Only three faculty. But, in adult nursing there is there should be the different faculty. Cardiologist specialist, uhh gastrologist specialist. It should be like that.

PR: Q2: And do you think the like curriculum is the same at all schools?

MNS1: Q2: Yeah, yeah ,yeah, yeah.

PR: Q2: And the same at Mahargunj, the same at Prabunchal, the same at Kathamndu? They're all the same?

MNS1: Q2: Uhh maybe differences, but the level of level of uhh the product may be the difference.

PR: Q2: And which are there any schools that you would recommend over other for...?

MNS1: Q2: University, university, university thinks own production is should be high in the commu... uhh community level. And uhh but it does not matter but the practical practice should be exposed in the same as. That's why the nurse two nurses not difference. And public think this is low nurse this is high nurse. This is highly educated this is highly knowledgeable she is not highly knowledgeable I don't want to take care from she I I want to take care from her. This is the problem for the students.

PR: Q2: And is that perception from the public or from other nurses?

MNS1: Q2: Anywhere, anywhere the way of education ? things. But, the level of the knowledge and the level of the skill should be the same I think.

PR: Q2: Is it the same now across all?

MNS1: Q2: No, that is why I am talking about it.

PR: Q2: So it is not the same?

MNS1: Q2: Curriculum it is but the colleges' owner does not give the exposure this is the problem.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal?

Do you think they have good standards?

MNS1: Q3: I think the standard is good according to the need of the country. We have to deal in remote area they are they are can uhh we don't uhh we cannot give all type of the service. In general nursing can give all type things in the remote area.

PR: Q3: And I'm talking about the standards of nursing education.

MNS1: Q3: The standard of nursing education uhh ehh it should be ehh ehh time to time it should be uhh revised.

PR: Q3: And, what would you consider adequate level?

MNS1: Adequate level?

PR: Q3: Yeah.

MNS1: Q3: I think it is adequate.

PR: Q3: And what what what would be included in the adequate program?

MNS1: Q3: Research included. Research included at the bachelor level I think so. Because, the staff nurse works in the field. They have the experience, they can, if they have the knowledge about the research they can they apply this uhh uhh apply this knowledge to do the research. And, from the results from results of the research they can apply all of that. And, evidence in the evidence based nursing it must finish research I think so.

PR: Q3: So in an adequate level of education it would require that research be part of the curriculum?

MNS1: Q3: Yeah, yeah.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after graduating? Are they prepared to...

MNS1: Q4: They are at different level. Uhh uhh the ... some catch many things in a short time some catch man.. only only one thing in a short time. That's why ?? the differences. But the education uhh it is because of it is differences because of the colleges standard. And, uhh the teacher standard. The things which given to the umm uhh students the graduate nurses from which level of the know.. knowledge of the teachers. What type of the management of the college. It depends upon that.

PR: Q4: So the...

MNS1: Q4: And, there are differences. Sometimes from this institution we we recruit the uhh staff and from that institution no no no they they practice not. We we don't recruit (laugh) from that institution. That's the difference sometimes.

PR: Q5: In what extent, and what duties are nurses in Nepal given or not given autonomy when providing patient care? When are you given the authority?

MNS1: Q5: Yeah. This is autonomy. In this institution we take the autonomy to give care to the patients. We can decide what type of care, but we first we discuss with the physician and physician uhh physician all of them physicians, pharmacists, nursing uhh and patients uhh and patient visitors decide the care. If patient don't want I don't like this care now like that we cannot give. But, nursing can decide to give the care.

PR: Q5: And, what kind of duties can you do independently?

MNS1: Q5: Independently. Uhh, physical care we can do. Uhh and, uhh in others are all from the discussion. We cannot prescribe the drug. We cannot give the drug, only give paracetamol without prescription. First we ask to the uhh we have no standard of uhh

standing order. No standing order. They the doctor in uhh main.. treatment ? doctor write the drugs it is PRN. That's why we can give. If we know we know we have to give this medicine at this time but there is no in the kardex but we have to ask to the doctor. Yeah, it is ridiculous sometimes.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

MNS1: This is two different things. We are nurses from the auxiliary nurse midwife and they only have the eighteen months course. And, the the PCL nursing they are three years course. And, the bachelor of nursing bachelor of nursing BSN they have the four years course. The bachelors BS nursing uhh they are the member of the global community every nursing profession, but they have to pass their ? course. They have they are registered directly the uhh other country. This is the problem.

PR: Q6: Do you participate in any conferences or any gatherings with other organizations form other communities here?

MNS1: Q6: Other community means?

PR: Q6: Like do from outside, do they come from other country and do presentations or conference her?

MNS1: Q6: Yeah. Sometimes we do we arrange uhh the disaster nursing. Uhh it is uhh tele.. telemedicine conference we attend arrange here from the Japan. ? from the Japan. And, our our association umm has the member educated member uhh they present our conferences our in the abroad side. But, we have no direct connection. We have no direct connection, we have uhh that's why we cannot uhh expose outside of the country.

PR: Q7: In what ways do you think that nursing supervisors can or cannot provide direction and support for nursing as a profession?

MNS1: Q7: They can do.

PR: Q7: And how can they do?

MNS1: Q7: Uhh they can do uhh just as I I am a supervisor and I can supervise all my staffs. What level of care patient needs and what level of care staff giving. If they uhh they don't they are not giving the uhh exact care ? patient has need needed and I supervise them, I teach them, and uhh they can do the care.

PR: Q7: And how can that umm help them become considered more profession like a professional?

MNS1: Q7: We have to uhh two things. One thing is we we have job and if any lacking or any extra things if extra things we encourage yeah and share to our other staffs. And she has the lacking in the knowledge and the skills we we taught her through the nurses education program. And uhh whaa.. and another is the we have uhh we we are sending the staff to the different training?.

PR: Q7: And what do you think are some barriers to nurses being recognized as professionals in Nepal?

MNS1: Q7: This is the thought of the people. I think. Thought of the people. In Nepal the public doesn't know they don't know they don't know about the importance of the nursing. That's why public they sees the doctors' mistakes doctor do the mistakes and patients scold to the nurses. They have no idea about the what is nursing profession. They thinking is uhh coming coming and coming since four five years how to how to educate the the people public what is nursing profession. I would like (laugh) I want to do but I have no uhh idea how to do. And there is the that's why the public I think public does not know about the importance of nursing profession. And, job of the nursing profession

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved? How can you improve nursing in Nepal?

MNS1: Q8: In uhh nurses are involving in different uhh uhh activities. Uhh in improving the health of the nation. Uhh they are involving in the community level, in public health level, in in health education level in schools also and uhh uhh different uhh uhh different industries also. And, this is the public health side. But, in the hospital side they are doing the twenty-four hour duty and in our culture nurses are not independent in the family. They have to take time uhh they have to take their own time to improve the nursing profession. After the office we have to go to the family, we we have to take care of our children, family, family members and uhh different things. We have to follow own culture. Uhh that's why we have too much struggle, too uhh ? uhh for the development of the profession. But, nowadays we are conscious we have become conscious nurses have become conscious and they have they fight. And, the I think also the individual one individual one nurses we enroll in the nursing profession she should uhh she must do for the nursing profession something, one thing. Two things, uhh second thing it's family family have to give the time for the profession also. And, third one is uhh the country should give the uhh importance of uhh should give value value of

the profession nursing profession in the community. And facilitate them facilitate to do the work working facility. And, in in uhh uhh umm uhh in uhh in our context there is some uhh lacking. Lacking ? lacking. And, we have to substitute substitute?. If this is these things I think this is from the poor poor condition of the country I I think so. But, the country have to uhh uhh ?. Budget, budget should be the separate. Separate budget for nursing profession. And, there should be nursing uhh uhh uhh minister of nursing. Ministry of nursing separate. The nursing education is getting from the general university also yes. Yeah, this is only treat as a faculty. Nursing faculty, education faculty, medical faculty, paramedical faculty that's like. This should not be. Nursing at the university the country should have to study and the education can be improved.

PR: Q8: That's my next question.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved? How can you improve the nursing education?

MNS1: Q9: That's why I'm explain.

PR: Q9: I know I....

MNS1: Q9: (Laugh) Umm the government should give the uhh nurse give the value for the profession. And, uhh the need of the uhh development of the profession there are some needs lot of needs that should be uhh treat as a focus and give in the priority priority basis. And the supervision supervision and monitoring from the government side should be done in the profession. What are they doing? Exactly, what are the situation?

PR: Q9: Like regulations?

MNS1: Q9: Yeah. Uhh and uhh uhh the moni.. monitor. Is the education some level? What is the further need of the education? Which level of the nursing profession is needed in this uhh in this particular uhh place? They should have the monitoring system. Supervision and monitoring system is most most important. Also with the supervision and monitoring and uhh there should be the encouragement encouragement for the working conditions. Facility, they have to the facility more facility it is ? for our duty. They have to give. And, by another thing is uhh the need of the education, higher education, and research in the nursing should be started.

PR: Q10: In what ways can nurses collaborate or work with nursing supervisors to improve the health care in Nepal?

MNS1: Q10: This can be done uhh in the different uhh workshops workshops, gatherings. Uhh our nursing association uhh sometimes arrange like this. But, only association cannot uhh do all of the things. We cannot take all responsibility from the government side. That's why if there is one problem there should be the workshop workshop involving all the teachers and clinical side living together and making standard. And, make the uhh decision. And, government should provide facility for decision of for these workshops. The collaboration of the uhh nurses collaboration uhh with the nursing supervisor uhh this different level. In hospital level uhh full nurse clinical nurse should comm communication communication should be the clear and good flow.

(MNS) Nursing Supervisor 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? What do you think...

MNS2: Q1: Mam can I have one copy just for little bit ????. Uhh in my view the current state of nursing education is quite high because uhh there in Nepal there's they pass out the nursing. They join the nurse in different views. First, uhh some some of people join the nurses to care the people. They wants best they're eager is to care to provide the high quality for the sick people. And, some people join the nurse as uhh to take a picture for uhh to take a picture for other countries. So they try. In Nepal the biggest challenge of educating nurses is so is not uhh before four and five years ago it's quite difficult to join the nurses nursing course. Now, it's easier because we have uhh uhh private colleges. For to educate uhh to educate the nursing to education we have private colleges also. And, here we uhh we have to fight more than the other because when if the if someone is being a nurse they have the challenges different differently than other faculty. In our system we treat the people as a we we treat the people as a whole care in our system ????. different category. So, we try the best to provide holistic care but sometimes the sisters they are the different party. Any any uhh committee people many ????.

PR: Q2: To what extent do you think that nursing education in Nepal is consistent throughout all programs and are there some that you would recommend over others? That's number 2.

MNS2: Q2: uhh in my view I will recommend recommend to study the nursing because uhh in my my uhh my view uhh I think that nursing is a good job as well uhh it's uhh as well as it's uhh...

PR: Q2: Do you think it's the same at all schools? The quality of nursing education.

MNS2: Q2: Ehh. This mean that...

PR: Q2: Is nursing education system is consistent throughout all schools?

MNS2: Q2: All schools. All same schools?

PR: Q2: Yeah.

MNS2: Q2: It is quite different. Because inside sector uhh there are there are many private sector schools as well as uhh the government uhh school also. Thatt's like uhh TU and there's uhh another facul.. another uhh Kathamndu Universuty and Prabunchal University there there are. There are three university. Related to uhh the best one uhh the best one we say is Tribhuvan University. Because, there is a a ma... there is a mass of students and guide by the one one teacher. In the private some private schools also there is uhh no col... no hospital. They send their school they send their students to the other faculty other hospital. Like at in our hospital they are not in college and are at our hospital. But, in our Nepalese country Nepal country some school there are there are ? students but their own hospital is not available. So it is quite difficult to educate the nursing students. So, different uh uh type of different school there may be not like a same uh ? program. There is curriculum wise they are same. Curriculum wise they follow the same. But, the practice are different. And ummm....

PR: Are one better than the others do you think?

MNS2: Q2: Uh due to the uh due to there not one available hospital there may be some uh crisis may happen because if our in our hospital our college they came to our hospital they say that "this is our hospital." If if in if in the our hospital if in the nursing college there is not there hospital they will they will go to the other hospital. And, in the same hospital there might be there college and there may be the collaboration of both college and there may be some quite uh difficult for the students you know.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal?

MNS2: Q3: Adequate standards?

PR: Q3: Standards is there criteria? Do you have a criteria that you have to meet?

MNS2: Q3: Uh to join up the nursing to get to be yeah...

PR: Q3: To be nursing. The standards. The quality. The standards of quality.

MNS2: Q3: Uh (cough) it means uh (mumble) nursing ? quality. Can I ask in Nepal?

PR: Q3: I don't understand you.

MNS2: Q3: I don't know. Can you say Nepal. Do you...

PR: Q3: No, I can't.

MNS2: Q3: Just a moment okay. (Reads question out loud).

PR: Q3: I don't know if we can do this interview because you don't understand? It's not going to work.

MNS2: Q3: It's uh I mean to say it's the nursing education standard or the level of joining the nursing college?

PR: Q3: It's the standard of the nursing education.

MNS2: Q3: In the uh in the another college also?

PR: Q3: For the whole system.

MNS2: Q3: The whole system? Uh yeah yeah uh for uh for all the nursing educations there there is a curriculum. From that that in our nursing also there is one ? just like uh ? Tribhuvan University, Kathmandu, KU, PU they have their different curriculum. From this uh there are different systems just like PCL. They have a first, second year and third year and, first year, second year and third year curriculum. From from that curriculum the teachers will provide the education to the students. So the standard of nursing as in Nepal is a question.

PR: Q3: What would consider adequate, enough?

MNS2: Q3: It's not all, the label is not yeah. In the PCL, Proficiency Certificate Level, we are we we just overview all ?. Just like we taught all these uh like uh uh biology, chemistry. We, we taught generally, not deeply so it's quite difficult for the PCL students. So, it's uhh the level we if the PCL students came to the hospital they have some quite difficult, because they did not go deeply to the anatomy and physiology so it might uh take difficult. If the bachelor level students uh they have a bachelor of science nursing then these students join from uh uh PCL certificate level of science and they join the bachelor. They have the quality knowledge because they joined about the physiology, pathophysiology and biochemistry. They have studied ano.. they have studied another college. If the PCL student join uh the nursing college they didn't have idea. I think if they join after ? so they might be quite different with education.

PR: Q3: So what what do you think is required for it to be satisfactory level?

MNS2: Q3: Uh in my view uh if the after 10 is not sufficient for if they pass out the uh 10 + 2 yeah after 10 they join eleven , twelve uh concern about science then it will better to give the uh nursing test. Test will be better if we taught about the nursing institutions. Like a bachelor in science in nursing. They have the uh they have talented they will because they'll expose in anatomy, physiology so it will quite uh easy for those students. If uh directly after 10 they join the nursing the nursing they have just generally idea but not overly. General overview but not deeply.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after graduating?

MNS2: Q4: Uh after graduations the uh student is confident for providing care? Yeah, because uh in our Nepal we can we can directly touch to the patients. So, it is quite uh easy it's quite it's quite confident to deal with the patients. Because in another in another country they say that they did not have chance to touch the patient directly. Yeah, here in Nepal after your after our demonstration class we came to our hospital to practice and by umm communication also we uhh we will get lots our ? with patients and they they they may ? drugs from the students so you can directly touch the patients. After, after graduation we have some confidence develop in our students so after the graduation period when we join the col when we join our hospital then we can uh confidently can uhh handle the care.

PR: Q5: To what extent, and and what duties what duties are nurses in Nepal given or not given autonomy when providing patient care? Given or not given independence? What duties can you or cannot do? That you have authority to do or not do?

MNS2: Q5: Uhh yeah uhh here we have the authority no uhh... Just like in our nursing there is different nursing care. Yeah, according to the patient' feature. If the patient is uhh we can move uhh the patient can uhh move yeah the patient if if they did not have the ? yeah we can do our nursing care our holistic nursing care. But, sometimes if they have some problem we have to uhh ask any prescription from the doctor if no prescription we can care the patient. Just like if there is uhh C-spine fracture the patient is immobilized they can uhh they the patient only mobilized for the log rolling only. If uhh some prescription there then we can ask the prescription about the doctor if the patient has some ? prescription. Then according to the prescription we will do our nursing care.

PR: Q5: And no other authority you can do any kind of care?

MNS2: Q5: Any kind of care Mam?

PR: Q5: Can't make decisions about patient care?

MNS2: Q5: Yeah, according to we can make decisions just like uhh if the patient is bedridden we will say we will tell the patient and research about if the patient is bedridden there might be the chance of bedsores so we have to uhh position change two hourly and after two hours position again. We can give uhh back care. ??? we can give uhh massage also. And, then after uhh then after again two hour we will position the patient. For this we did not have to ask about the doctor we can do our care as uhh as need of the patient.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

MNS2: Q6: Nursing uhh the nursing profession is one of the important practice of the community. Because, uhh we directly treat our care the patient. There uh the we just we say that 90% the hospital also the doctor came and they will prescribe only and 90% we will be with the patients. So, uhh for the global health care community nurses is the most important factor because they will they will go to the community field also. They can uhh they can guide they can uhh what they say they can guide uhh they can teach. They can teach as as need of the patients. So, it's uhh very important factors for the global health care community as a nurse.

PR: Q7: In what ways do you think nursing supervisors can or cannot provide direction and support for nursing as a profession in Nepal and what are the barriers?

MNS2: Q7: In Nepal just nursing supervisor has the full hand for the nurses to support because if any ? of course they can support to the nursing staff like by giving teaching, by giving some uhh by giving teaching or by practical field also. The nursing supervisor has many experience then just being pass out nurses. They have man... they have seen many uhh many past experience with uhh uhh newcomers nurses. And uhh nursing supervisor they can direct they can uhh direct they can give direction to the nursing student as well as the staff. Because, there may be some barrier by not the nursing team by the other faculty. There may be the barriers like they want to improve or they want to keep opportunity for the nurses but some barriers may come. Administration or some other faculty sometimes create the barrier. But, as the nursing uhh supervisor they fully support, they can guide but some barrier also like I have said some administration or some other barrier may....

PR: Q7: So what kind of barriers do the administration and other faculty....

MNS2: Q7: In our in our section no. But, in our hospital it's not because uhh in our hospital our Matron Mam give full support. Because, uhh she will, she will give chances all to the all nursing staff. She will uhh if some opportunity like some training if uhh we might we might need some training according to ? department our Matron Mam just uhh go to the our administration. She has experience lot, but she didn't have some uhh some ? quite experiences she don't have so she needs the training. Then she will she will call she will go to our administration and send to the training. But, in some another like uhh another field also they may be some criminal parties yeah ? Congress, there may be some yeah. There's some but in another another field in another hospital there may be there may be some very likely, but not in our hospital. Because, our Mam fully govern our nurses she will she will ? experience?.

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved? How can you improve nursing in Nepal?

MNS2: Q8: Uhh two years ago uhh the nurses we think that some after the husband expires uhh she will join the nurses. You have heard also that. And after if if someone can... cannot join another faculty they will join the nursing nurses. A few years it uhh twenty, thirty years ago but it's not, but here and now the nursing is uhh one of the most best profession in Nepal. So, uhh to improve this nursing professions here we have to takes lots uhh nursing school we have the nursing school but not quite their own hospital so as well as who have the nursing school they should have the nursing college as well as. And, they should have fully practice, uhh fully demonstration just like uhh we will demonstrate some some we will demonstrate uhh if if any pro... if any concern to the patient we will demonstrate one or two times. But, if it is better the demonstration class better uhh some I think yeah thulo. If if it will if it will be then the nursing profession will have some some improvement in this. And, as well as in our government also there is not nursing involved. So, if it will happen then it will be the best to improve the nursing profession.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved? Nursing education how can it be improved?

MNS2: Q9: Nursing to improve the nursing education uhh we will try uhh to try by the best teacher. Who have just passed out the nursing they cannot teach the nursing students. They have really experience, if they have really experience and with practical then uhh this if fully experienced and practical teacher if guide the nursing student it will be better to improve the nursing education.

PR: Q9: What about like curriculum or anything like that? Is there any changes in curriculum that might help improve?

MNS2: Q9: Uhh yeah uhh I have just told in uhh what question number 3 I have also told the curriculum yeah. If if if uhh the after 10 they will they will collect the PCL students. In PCL students if there might be uhh ana... uhh biochemistry and uhh pathophysiology it will be so helpful after uhh it will be so helpful in the nursing education.

PR: Q10: In what ways can nurses work with or collaborate with nursing supervisors to improve the health care in Nepal?

MNS2: Q10: Uh as like my as is my feel like a nurse collaborates with a nursing supervisor yeah. If if a nurses faces faces some difficulty during caring the patients or handling the patients it might be realistic yeah realistic. Some problem they can cooperate they can contact with the nursing supervisor. By this uhh communication also uhh we can improve the health care system. If some uhh if some in all field are nurses uhh we care the holistic. It might psychological, emotional. Psychological, about total ? care, whole care. If some quite different. If the patient enters our ward there might be some uhh ? problem also. ? problem also. If they will directly deal the patient they have some quite problem patient they can directly contact with the nursing supervisor also. And, they will guide how to do, and can how to deal with the patient caring with that patient. And, from this our health care will be improved. As well as in our college also if the nurses.. after passing the nurses, nursing, nursing and they will join the jo... they will join the hospital. If they have some problem like umm just like I have said PCL there are some uhh difficulty pathophysiology. If they have some questions they can talk to their uhh seniors or to their Mam also to their madam. If in the PCL level there may be pathophysiology or biochemistry will add they will support more they will support uhh to caring uhh to caring the sick people. So, uhh it may be more helpful if the nurses joining the newcomer joining will uhh faced will any problem they can directly contact the supervisor and the Madam to improve the nursing education.

(MNS) Nursing Supervisor 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? What is the current nursing education?

MNS3: Q1: In our country nursing education not so in high level in comparison to other countries. I think because we have PCL three years, PCL degree, then in bachelor we have two years. Now it has been funded for three years and we have masters in nursing

for two years. And, in Nepal I think uhh the PhD nursing is not yet. So, still it's not so standardized in comparison to other developed countries.

PR: Q1: What do you think are the biggest challenge for the nursing education?

MNS3: Q1: Nursing education. Well until now they are di... earlier there was little college only three to four. But, nowadays there is nursing colleges mushrooming. There are different nursing colleges, various nursing colleges. More than fifty, more than more than that number there are different nursing colleges. We don't have enough practical area in our hospital for practical area. They are the students are not getting enough practice area to become competent. Do you understand?

PR: Q1: Yes

MNS3: Q1: The pra..we don't get practical area for that nursing colleges. So, without practical knowledge, only theoretical knowledge is not enough for us.

PR: Q1: And are there enough nurse educators, nurse teachers?

MNS3: Q1: Nurse teachers are those are not so educated. Uhh experienced, they are not well experienced. After uhh passing the bachelor in nursing without much more experience they enroll in nursing college so it also hamper. Because, if the teachers are well trained uhh well experienced they can better teach, no? In my opinion.

PR: Q2: To what extent do you think that nursing education is the same in all programs. Is it the same in all programs?

MNS3: Q2: All programs means?

PR: Q2: All schools.

MNS3: Q2: O... other schools?

PR: Q2: Are all the schools the same?

MNS3: Q2: Other schools besides nursing?

PR: Q2: Mahargung. No. In all the nursing schools.

MNS3: Q2: Same. Is the same or not?

PR: Q2: Yeah.

MNS3: Q2: Curriculum it is uhh I think most more the same. But the practical, the main problem is in the practical area yeah.

PR: Q2: Not adequate.

MNS3: Q2: Which hospital don't have self... which college don't have this uhh private col... hospital they won't they won't get uhh enough area to the students for practical yeah. Curriculum is the same. We have TU, Tribhuvan University, we have Prabanchal University, we have CTBT, we have three uhh university. Curriculum are all the same but they, the difference is in practical area.

PR: Q2: And, would you recommend any of the schools more than others?

MNS3: Q2: Uhhh.

PR: Q2: Is one school better than others?

MNS3: Q2: I recommend Tribhuvan University. It's the old university. Recognized university. Internationally recognized. I also product of the TU. I I recognize TU.

PR: Q2: And, why would you do that? And, why would you say that?

MNS3: Q2: I'm also the product of TU. And, the old university and recognize world reknown university in Nepal till now.

PR: Q3: Do you think that the standards of educa... nursing education in Nepal are adequate?

MNS3: Q3: Standards?

PR: Q3: Yes.

MNS3: Q3: Adequate?

PR: Q3: Yes. In Nepal.

MNS3: Q3: Uhh standard adequate or not yeah. Standards are according to curriculum I think it's stan...till now we are meeting the standard. But, also it'll, if we, if this I would think we should revise the curriculum periodically you know. This is, uhh this is been done by our superiors in every one, two years they are still revising the curriculum. And, they are making standardized and then earlier till now. I think it's uhh standardized?.

PR: Q3: And, what would you consider adequate standards? What do you think is adequate?

MNS3: Q3: Adequate?

PR: Q3: Satisfactory.

MNS3: Q3: Yeah. According to the theory our practical area we for PCL, for PCL we are not uhh we are not we are exposed in all area. Medical, surgical, pediatric, midwifery, mental, ?, we we are trained for all. In that two years we are not uhh specified in three years. No, they are we exposed in all departments. And, for that three years I think it's adequate. And, we are exposed in theory and plus in hospital both in that yeah. Localized area.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after graduating?

MNS3: Q4: They are competent or not?

PR: Q4: Are they? Do you think...

MNS3: Q4: Yeah, we provide, the colleges provide theory knowledge lot. But, theory whatever they have gained uhh they are not getting the chance for the practical because of it, their private hospital, because they don't get the hospital for practical exposure. And, the... even they get the exposure but the patient, just the hospital has the less patient and they get they get the little chance expose the different cases while studying yeah.

PR: Q5: To what extent, and what duties are nurses in Nepal given or not given autonomy or authority when providing patient care?

MNS3: Q5: Patient autonomy. Nurses are given autonomy.

PR: Q5: Yeah. Are they?

MNS3: Q5: Yeah, for providing patient care we are clearly autonomous. We can provide nursing care without doctors' consent, doctors' order. We just uhh before first giving medicines for treating the patients we have to wait for doctors' order. For example, in the ward patient uhh get fever up to 105. Then shall we uhh call the doctor, but we can uhh we do the nursing care till the doctors come. Like cold sponges, and then umm best to unwrap the patient, or these nursing measures we do autonomically. But, for giving Cetamol we have to wait doctors' order. If there is ? we can give but without doctor other medicine we can't give. Other care for holistic care we don't have to wait doctors'

order we can give automatically, we can give nursing care automatically. And, we can we uhh (Nepali) we profession like we can talk with the doctor, we can discuss the patients' problem while in rounds ?. What I (laugh)...

PR: Q5: Talk about the patient with the doctor.

MNS3: Q5: Yeah.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of a global health care community?

MNS3: Q6: Are not recognized?

PR: Q6: Are or are not....number 6.

MNS3: Q6: Are or are not recognized as members of the global health care community? For our nation, for our country we are doing the... we are caring the, we are providing the, our service to the all community. We are involving holistic care with ? patient, family members. We are not only worried about the preventive care, treatment, measures, we are also uhh we also doing preventive measures, we are providing health education to the fam.. to the patient as well as family members. We, in our student life also we have the posting of community, for community health. We go to the community for one month, two month. We work in health post, we work with the community, we give the health education. We do the uhh different programs for community health development. So, I think we are involved in not global health community, but I'm also confused whether we are giving the, we are involving in, we are recognized as members of global health community internationally. We also do research yeah. Not regularly but from uhh nurses and doctors research yeah. So, I think for our nation we are providing global care community but ?.

PR: Q7: In what ways do you think nursing supervisors can provide direction and support for nursing as a profession in Nepal and what are the barriers?

MNS3: Q7: (Read ?). I think we can support to some extent, yeah. We can help be our staff providing nursing care. To gain the knowledge we conduct the different nursing seminars, educations, inservice education. We give uhh orientation to nurse staff. Adopt a new hospital uhh yeah. We have we guide them, we support them, we supervise them. Yeah.

PR: Q7: And, what could be some barriers? What are the barriers to developing nursing as a profession?

MNS3: Q7: Uhh the barriers might be from the management area. Because of, because of management problem. The staff doesn't get the enough. Low salary I think. One management problem is because of low salary.

PR: No other barrier? Okay. Can you think of any other barriers that you might think about nursing as a profession?

MNS3: Q7: We don't have adequate college for further study in Nepal for masters. We have adequate college for PCL and adequate college for BN. But, we don't have adequate college for masters, for further studies, and PhD. So, to enhance our knowledge we could also consider a barrier.

PR: Q8: In what ways do you think the profession of nursing in Nepal can be improved? How can you improve nursing in Nepal?

MNS3: Q8: Nursing profession can be improved in Nepal. Through nursing education and the by uhh by improving the income source, yeah. And, by giving by (Nepalese) employment opportunity by opportunity to get employment because the nurses uhh... Whatever the nurses are supplied means what? Different sort of nurses are produced from different colleges they are not getting the place for employment in the hospital. They have to migrate to the foreign country because they are not getting chance to get employed, to get job in our country. So, they are migrating other country like London, Australia and U.S.A. no. Yeah.

PR: Q9: In what ways do you think the nursing education in Nepal can be improved?

MNS3: Q9: Nursing education in Nepal? Nursing college should uhh be well accredited, no. There should be minimum nursing college. Well trained teachers. We need well trained teachers. Practical area should be adequate. The teachers should be well trained, well knowledged, that way I have already mentioned.

PR: Q10: In what ways can nurses collaborate or work with nursing supervisors to improve health care in Nepal?

MNS3: Q10: In what way can....

PR; Q10: Yeah.

MNS3: Q10: (Read ?). Yeah, we are working in collab... we are working in group to give uhh to give the patient care. We work in group. We are for example in our hospital also we have staff nurses, PCL nurses, and the warding staff, and supervisors, and matrons. We all work together. If there is any problem in ward, they, they collaborate

with the in-charge and the in-charge uhh come to us and we share the problem and we give them solution and we distribute, and we ? inform, we give the information to all of them. We give inservice as the patients. In inservice education we share the ideas, we give new ideas to them. We get opportunity to go to different workshops, conferences, training, yeah. I think by doing all of this we can help them and they can also get chance to enhance their service and give them knowledge for nurses.

Appendix W

(MPI) Physician Interview 1 Transcript

PR: Q1- How would you characterize the cur...current state of nursing education in Nepal?

PR: And what are the biggest challenges for educating nurses?

MPI1: For the nurses?

PR: Uh.

MPI1: Uh, right now, like uh what I've seen is like there are a lot of nursing colleges all over Kathmandu and all, all other big cities. So, I think the girls have really good opportunities to study. And, there are so many hospitals to practice, so I think they have good opportunity and man...many options. So, it's really good. And, about the challenges, uh, like, challenges about... What are the challenges???? I, I, have no idea about this.

PR: Okay, I'll let you think about that.

MPI1: The nurse themselves will be able to tell.

PR: Okay.

PR: Q2- To what extent do you think the nursing education system is consistent throughout all programs?

PR: And are, are there some that you would recommend over others?

PR: Are there better programs then others?

MPI1: Better programs then other, others... Think, as far as I know they have dif..different uh different uh just uh degrees like uh PCL nursing, practical, that's equal value to technical school, and uh bachelors, BN nursing, BSc nursing. So, about like uh, I don't know actually, I couldn't say like uh I study MBBS, so I don't know.

PR: Okay.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal?

MPI1: Adequate standards?

PR: Uh huh.

MPI1: Yeah. It's very nice. In Nepal like, it's, it's very good. The nurses are they're really good.

PR: And what do you think is an adequate level?

MPI1: Adequate level?

MPI1: Like uh, they should like uh, they should be able to like uh..... Because, like before we doctors receive the cases the nurses are the ones, they the probably look at the vital signs, an so you know, it's, they, they should be able to like uh look at the cases and at least do the management in the ??? before the doctors are available. So...

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients after graduating from nursing school?

MPI1: I think they are really good. Like, they really, they, in fact like I work in Emergency Department, so like, there are nurses like who have been working in this hospital for like ten, nine, ten years. So like, there are so many things that, that they have taught me. Like, as a new, as a new doctor because I, I started practicing recently, it's just been one month that I started working as a, a independent doctor after graduating from my college. So, there, there are so many things that, that I, I got to learn from the sisters, because, because of their experience that they've had already. So, they will help me a lot in managing, you know, in I work in Emergency so they've, they taught me a lot of uh management, of a lot of emergency cases. Including, about uh like how to counsel a patient. Because, uh as a student uh we've, we, we are basically like focused on our studies and patient management, we, we not, never taught about how important the counseling part is to the patient. So, like, in that asp..aspect also nurses like all the nurses like in our department they've helped me a lot about like how to counsel a patient, and like what are the like, how ???, how do you approach the patient, how do you approach the patient party. So, that I really have a....

PR: I'm going to stop this for a second.

PR: Okay. Okay. Um.

PR: Q5- To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care?

MPI1: Autonomy ???

PR: Independence.

MPI1: Independence. Like, while providing care to the patients?

PR: Yes.

MPI1: Um, independence like ?????

PR: Like making decisions about patient care.

MPI1: Like uh preliminary???? maybe it's done by the nurses. But, apart from that like after one, we evaluate the patient. I think it's basically uh it's our decision how do we make it. Like how, what do we, like, like after we receive a patient we look at it and like we evaluate it. What is required by the patient, so, we ask the nurses to give that. The nurses, they solely, like that can't take the decision and uh to like, know that they can't do it. But, uh they don't have the authority to do it. It's completely upon us that we order this medication for this patient. I don't think so they can uh take uh judgment. Not that they can't take, but they don't have the authority to take. But, they do suggest, do suggest us on like to give this and that, like if, like if some serious patient come and they like I was new, like I was new and like, uh I didn't know like, ??? this patient and the, okay the nurses they come and like this patient is ICU admission???? nursing, they should be, he should be like, we don't have ICU right now our beds are packed so they should project for it. Like suggest us like in that way. It's good but, the decision is ours at the end.

PR: Okay.

PR: Um.

PR: Q6: In what ways do you think nurses in Nepal Are or are not recognized as members of the larger global health care community?

MPI1: I think they are recognized. I think.

PR: Do you know what ways?

MPI1: I think they have a good recognition, like uh, about like, I don't know how to say (laugh).

PR: Q7: In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal?

MPI1: As a profession?

PR: As a profession.

MPI1: As a profession?

PR: Rather than an occupation.

MPI1: The physician as in us?

PR: Yes.

MPI1: We have to make....I didn't get the question.

PR: Okay. In what ways do think that physicians can provide direction and support for nursing as a profession in Nepal?

MPI1: We physicians ??? uh. First of all like uh coming studying nursing is completely upon that different one. That person is ??? and their family. Apart from that we physicians I don't know like working like do for them. Okay.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

MPI1: Improved? In Nepal... In our country nurses have ??? so um professionally improve professionally?

PR: Uh.

MPI1: Um. They're well qualified but like still like they should be uh I think they should like uh be taught uh these things. Uh, all the emergency procedures and all. I think they should be uh like taught to them. So like in our accidents or like when there is mass casualties stuff the nurses can equally participate. So I think ??? and that. Apart from that they are good enough ???. I am I am very impressed with the nurses they are really good because more than us like our uh five years studies like we did with patients only for two years directly. Apart from that it's all about books studying ourselves. But nursing from the initial start basics they are ??? with patients and they do all the procedures ???.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

PR: Q10: In what ways can nurses collaborate with physicians to improve health care in Nepal?

MPI1: Collaboration this is I mean like we can't really we can't work without the nurses I think. We have to have nurses. So, we should like both of us like should cooperate with each other because we we surely can't I like I confess that like we can't work without the nurses.

PR: What can you do together? What can you do together to improve healthcare? Together?

MPI1: Together. Um. Like a do, what can we do? Any patient that comes should be like assessed properly by the nurses as well and like in certain way like even behavior study problem both the nurses and the doctors like we shouldn't get agitated and we shouldn't get irritated with them no matter what problems we have within ourselves we should receive the patients properly talk to them nicely. Because, even when we talk and ??? a nice response they have a kind of better feeling apart from what they have been suffering from and apart from that good communication when made with the patients and and make them more comfortable.

(MPI) Physician Interview 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurses?

MPI2: Uhhh. You asking the nursing?

PR: Yeah. What is the current state? Is it good, bad?

MPI2: I think it's it's pretty good uh nursing education. Because, like uh most of the like in the town we have many nursing colleges, nursing schools also. Uhh. That even most of my family also they are they are nurses. My sisters they also are nurses. So, uhhh uhh in in the main town uhh there are there are enough enough uhh nursing colleges that are providing the education to the nurses. And, also out if you go outside the main traffical city also like in other places also there are many many institutions that's providing the nursing studies. ????.

PR: What are the biggest challenges that you see for nursing education?

MPI2: Uhh. The biggest challenge is uhh one of the one of the challenges also as in the I think in Nepal the concept is that if it's nurse it should be a female only. That's the main concept. But, if you go outside there are lots of men nurses also. So, so I think that's one of the challenges to encourage the the male people also to take up the nursing program aso. Because uhh if you go to a nursing college I think more than 90% will be a

female. One of the challenge. And, also uhh the other challenge is uhh ??? the main main like uhh urban areas even rural areas also we have to encourage the the mothers to uhh to encourage their child to go to the nursing ??? like that.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Are there some that you would recommend over others?

MPI2: Uhh. I think it's really recognized the nursing education here in Nepal. Because uhh uhh even my sister she studied here in **** Hospital. But, after she studied here she worked at ****. And, then she went went to Australia to study. Then she she went to Singapore to work and I heard that she had been to Australia to study and she still working there now. So, I guess it's recognized all over the the other can I say it's recognized all over the world. Uhh, maybe like uhh uhh we should improve on certain specialty in nursing. I don't think we have too many like masters ??? level of nursing for the girls here. I think there is one maybe like hospital management and one ??? academic side. Uhh.

PR: And are the programs similar at all the schools or are they different?

MPI2: In Nepal?

PR: Yeah.

MPI2: Yeah, usually it's like uhh uhh the courses usually similar because we have one main government governing body that will control all the syllabus and everything. So, it's it's usually one system because we don't have autonomous like uhh like uhh hospital or organization which can like which can have their own own curriculum. It's usually under a board, uhh I don't I forgot the name of the board. I think and also about the research and I think I don't see many nurses involved in uhh research program.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal?

MPI2: Uhh. I think actually like seeing the actual nursing like uhh teaching institutions so I am not sure how are the standards. But, based on the people I have worked with uhh all the nurses. Their working is usually good. Uhh, they have good patient care and they have good knowledge also.

PR: What would you consider an adequate level of education?

MPI2: In terms of?

PR: Nursing.

MPI2: Uhh.

PR: Good enough.

MPI2: Yeah it's uhh mainly if they are able to provide good patient care. And, they should also have the knowledge that the the disease you are treating like uhh they should like uhh sometimes doctors also make mistake. They should be able to realize that this this they are doing mistake and they should inform the doctors like you know, ask like second they should they should ask if it's if it's the real medicine to be given or not. Because, sometimes doctors also make uhh ??? they make a wrong prescription ???. They should be.....

PR: Have that knowledge.

MPI2: Yeah.

PR: Q4: In what ways are you confident or not confident in nurse educated in Nepal providing care for your patients after finishing nursing school?

MPI2: Uhh, uhh like basically we are we are confident in like they are good in giving all the thing here like uhh the medications, the fluids, everything. I think they should ???. The, the one that we are not confident ??? for the critical inpatient I think they need they need more experience when especially managing the patient who are admitted in the ICU and also the emergency. At the ward level uhh just at the like uhh critical care and emergency they they need more experience.

PR: Q5: To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care in Nepal?

PR: Independence.

MPI2: Uhh yeah like here the nurses are more uhh because I did my residency abroad uhh compared to the nurses uhh that are working there our nurses here in Nepal are no confident, like. Uhh, I think it's also because of the maybe the the rules of the hospital that doesn't allow the nurses to do some procedure. But in our hospital the nurses are competent in doing the IV insertion, the nasal gastrictives and they can't believe even some of they are better than some of the doctors. So, in terms of confidence I think they are very good.

PR: Do they have the independence, authority for making patient care decisions?

MPI2: Uhh. Not really, but uhh uhh the the decision is still the main decision is the decision of the attending physicians. But, like if they are allowed to do certain procedure I think they can do it on their own. But, like if where they have to do like a medicine I don't think they are allowed to. They still have to ask the attending doctor uhh about the decision to give medicine. But for the procedures and other things they can do on their own.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

PR: The world health care community.

MPI2: How recognized?

PR: As members?

MPI2: Uhh. I think like uhh the our nurses are very well recognized. Because, uhh they are like if you go and look at the there are so many Nepalese nurses that are working abroad uhh abroad uhh. The States, Australia they are going there. Even in in the Arabia, like South Arabia. So, I think we are very uhh recognized ??? international ???. Not recognized, I am not sure what that is about.

PR: Why wouldn't they be or....

MPI2: Recognized.

PR: But you said they are.

MPI2: Yeah, I think they are very recognized, maybe.

PR: Okay.

PR: Q7: In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal?

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

PR: Number 7.

MPI2: Maybe like uhh means uhh means uhh...nursing..

PR: Profession, yeah.

MPI2: Maybe generally I think they are not satisfied with their salary. The amount of money they get paid for the amount of work they do. Uhh, then the other is uhh also to be involved in patient care. Like uhh I think they don't get to many uhh what you call like if a patient get treatment ??? they recognize the doctor but they don't usually yeah they don't recognize the work that the nurses have put. Uhh, because, we are just leaving the medicine writing, but they don't see the work of the nurses. Uhh, so I think that should be also uhh that their work should be recognized.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

MPI2: Uhh. I think we have to follow the like the international standards. Because, I think uhh the nursing standards it's not like others uhh like international. So, if we have like a protocol uhh we have to see uh see the protocols and come up with the protocols ours also to influence the nursing education the nursing practical.

PR: Q10: In what ways can nurses collaborate with doctors to improve health care in Nepal?

PR: How can they work together to improve the health care in Nepal?

MPI2: Uhh, I think I think like uhh the nurses here also at **** Hospital I think they have like different committees. They they usually recognize the problem and they usually have the like the committee uhh along with the doctors and all the hospital management. And, I think the regular meeting. They are the one who will recognize the problem and they should like work with the doctors and all the management staff to solve the problem.

(MPI) Physician Interview 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurse?

MPI3: Uhh, actually uh it will depend from person to person. Uh, but, for me as the perception of being the physician what I see is nursing education is very important in Nepal but there are still some people who find like uh they don't want to uh let their uh daughters especially because I as far as I know that don't they don't have male nurses so properly they don't want to make their daughters go into nursing because of because of the feeling that once you are in the medical field you have to sometimes go away from the home, you have to pay a lot of money for the education. So, I think that's one of the challenges for the families especially in Nepal being one of the developing countries.

Not all families are rich and not all families have ?????. So, that is one of the challenges. But, at the same time there are people they are students, they are females, they are women who want to become a nurse uh with the sole feeling that they want help people because they been seen many people around in their villages and the cities also who who are not getting proper uh medical care, health care so there are people who want to become nurse. And, then there are other opportunities. They are looking for sponsorships. They are looking for good institutions who will provide them with the education. So, uh comparing to the past the education nursing education now is uh developing. Uhh ???? will develop and one of the good jobs.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs? Throughout all schools.

MPI3: All schools you mean throughout Nepal?

PR: Yeah.

PR: If the education at all the different schools consistent, similar.

MPI3: Um, sorry I don't have much idea about it but uh because I haven't been much out of the valley. So, the schools that I have seen in the valley, valley meaning Kathmandu city, uh they have proper protocol I guess, according to their curriculum and according to their course. And, I think they are all kind of consistent. Uh, because there are uh few, there are some schools, nursing schools who send their students for practical here in our hospital and in other hospital and when we interact with them uhh there are things are like consistent with each other and they say that that there are things that they have been learning in one institution that are comparable with the other one.

PR: Do you, would you recommend one school over another? As being, having better training?

MPI3: That I cannot say.

PR: Okay.

MPI3: I think all are good.

PR: Q3: Do you think there are adequate standards for nursing education in Nepal?

MPI3: Yes there are.

PR: And, what do you think is an adequate level of education?

MPI3: Uhh, level of education you mean the criteria for starting a nursing education?

PR: Yeah.

MPI3: Uhh okay, it's like here in Nepal uhh one can go into a nursing education immediately after their higher secondary schooling which is called staff nurse. The other one is bachelor of nursing which is also called BN. So, it depends on an individual itself if they want to go into the nursing immediately after their higher secondary without gaining any uhh extra uhh extra college level of degree or they can gain an extra college level of degree and after that they can join bachelor in nursing. However, both the in both the cases if you are the staff nurse you have different set-up criteria ??? different set-up responsibilities to be done. As a degree you will achieve ???. Number one you will be achieving in the bachelor of nursing. But, in both ways uhh the things they are looking for in a professional ??? in proper training ??? is adequate for themselves. So, I think in both ways the products are uhh both good.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients after graduating from nursing school?

MPI3: Uhh, actually uhh talking about the nursing care that they provide after graduating it really depends on the individuals themselves. There are some students ??? they are they are given the equal learning in the schools, but the perception of each and every individual is different. So, there are some students who are very keen, very interested. They want to learn, they want to do practicals, they want to do everything, they want to learn. So, if uhh that is the case then I have seen here in our hospital also there are some students who are like uhh they are really confident enough. They can say yeah I can in my case I am in gynecological department so basically I can deliver a baby I can handle a delivery. If there is any complication after the delivery I can handle that. So, it's it's really their confidence. So, if a student or if a nurse is showing that confidence plus she is ????? then that's good. But, there are sometimes uhh some students who are good in theoretical, but they lack in practical knowledge. Maybe, because of they don't have proper uhh exposure to the field. Maybe, because they are shy. Or, maybe they are uhh not so keen in learning. Because, obviously if you are keen then you're, you will be given more chance and more opportunity. If you don't show your interest in any field then you will be lacking the chance. So, in that way uhh I think uhh your confidence and the quality of providing nursing care is also good.

PR: Q5: To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care in Nepal?

PR: When are they given authority?

MPI3: That's a really tricky question actually (laugh). Cause there are sometimes when we, uh we as in physicians when we give them autonomy there will be some issues that uhh she as a nurse is not a doctor so she is not author.. authorized. Sometimes a nurse even if she is a nurse she is very experienced enough. She knows more than a doctor according to her experience. Not according to the degree but maybe because of her experience she knows more than enough. So, in that case actually she should be the one who is given the autonomy for regarding the patients. So, it's uhh depending on the situation.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

MPI3: They are obviously recognized as members of the global health care community. If you ask the patient the patient will not remember what the doctor said but the patient will definitely remember what the nurse said. Even if the nurse said good things or bad things the patient will remember. Because the nurse is the one who will go and see the patient time and often take the vital signs. They ask them how are you are there any problem, anything? But, the doctor they will have once, once a day they will have the round. They will not even remember the patient. To speak frankly (laugh). But, the nurses they know about the patient. They know everything. They know even the visitors of the patient, the family. So, they have a very big role in providing psychological support also to the patient. Uhh medical they are obviously providing support. So, they have uhh very uhh big role in health care society. They have a very big role in treating a patient.

PR: Q7: In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal?

MPI3: Uhh physicians can or cannot?

PR: Provide support and direction for nursing as a profession in Nepal.

MPI3: Physicians can provide support because uhh in in a hospital setting as we are working in a team there should be a physician. There is a physician, there is a nurse, there is helper, everything. So, we are working as a team. So, if we support one another then it will be beneficial for all of us and the working environment will also be nice and friendly and healthy. So, the physicians, being a physician they should and they will provide support to the nurses. Regarding their education also that means that may mean they are providing support financially, they are providing support psychologically, or

they are providing support with the view that they know some good institutions where the nurses can get more knowledge so they will refer you to that institution. They know some good hospitals where the nurses can apply there ??? and their knowledge and their skills. So, they may refer you here and there. So, there should be a good support system, a rapport system between all the medical personnels.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

PR: Q9: In what ways do you think the nursing education in Nepal can be improved?

MPI3: There are several things to be taken care of to improve the nursing education. First of all uhh there should be awareness generated in the general population that okay there is a place here where you can study nursing. Actually, you can let your daughter study nursing, let your children study nursing. There should be awareness. And, there should be awareness regarding uhh what the nurse does, what the nurse studies, what the nurse things and the importance of of importance of nurse in the society. There should be awareness. So that the family if their children wants to go into nursing the family will encourage. Okay, my daughter you can go and study nursing. Other one, the government should provide better facilities for the teaching institutions so that the teaching institutions can provide uhh better learning and better experience for the students about the nursing. That may mean the teaching institutions will send the nurses to uhh teaching hospitals where they can get exposed to better cases, more cases, more patients, more situations, more circumstances, like that. And, then the government should also provide financial support to the teaching institutions and the government should take care, not only government I'm saying, uhh the institution who who is the teaching institution should take of who will provide the knowledge, who will who will be the teachers, who will be the facilitators. The facilitators or the teachers who will train the nurses they should also be trained. They should also have the proper training about how to uhh how to teach and how to train. So, like this.

PR: Q10: In what ways can nurses collaborate with physicians to improve health care in Nepal?

MPI3: Uhh. One of the things is I have seen in our hospital that we often organize camps. Uhh, in my department, in gynecological department or in medical department, anything, recently we we had uhh we had celebrated World Cancer Day. And we had a camp of free cervical cancer screen. So, when we have camps like that not only physicians are the ones who are working. The nurses they have a big part. So, when they work together the camps are successful, the programs are successful. This is one of the

example that when we work together uhh we are a better part of the health care society. So, we are, we should promote uhh umm we should promote a colla...cooperation or collaboration environment. So..uhh like that.

Appendix X

(SNF) Nursing Faculty 1 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

SNF1: Q1: Okay uhh so we have different kind of uhh the curriculum that is the the certificate level, that is after schooling, and then the bachelors is uhh after their completing their three year basic course, they will start bachelor of nursing. We have two different categories like BS nursing they directly uhh can enroll after the IAC for four years, it's for four year course. And, then BN is they have to complete uhh one year experience. After the basic three year course. That is the certificate level. And, we have masters of nursing here, but uhh under the Prabanchal University we have only two category of nursing, three category. And, uhh uhh for masters we we haven't started yet, we are in the process. We have completed the curriculum everything but, we are we are maybe in the near future we can we can start masters also here in the Prabanchal University.

PR: Q1: And, what do you think are the biggest challenges for educating nurses?

SNF1: Q1: Uhh there there are many colleges you know blooming, like blooming every year in the Kathmandu Valley also there are several uhh nursing campuses. And, and they don't have place to practice you know. And, we have very limited hospitals to practice like uhh maternity. The biggest challenge is the maternity hospital and the chil... children hospital, mental hospital, and medical-surgical unit. Uhh mai...mainly there two three areas we are lacking you know, we don't have enough hospitals to practice. And, there are so many uhh student nursing students and they don't have the institute, they don't have the uhh hospital themselves you know. Uhh only few uhh institute they have their own hospital otherwise most of them they go to the uhh other hospital. So, it's it's a big challenge they they won't get any enough uhh uhh practice as uhh stated in the curriculum. Uhh that's the big problem.

PR: Q2: To what to what extent do you think that the nursing education in Nepal is consistent throughout all programs? Is it consistent throughout all programs?

SNF1: Q2: So far a.. as I think that it's consistent enough you now. Because, uhh when we made the curriculum uhh we have uhh you know several meetings uhh between the expertise from the other institutions also. Like we have many uhh uhh university running under so... some are running uhh under the Prabanchal, some are uhh the Tribhuvan University, some are the Pokhara University, and some are from the Kathmandu University and some of them are from the New University. That is they can run get

program by their own. They don't have any accreditation. So, uhh when the uhh uhh start making curriculum first of all we all would have the meetings over there and sharing uhh from the uhh other expertise also. And, uhh uhh basically we uhh the private institute uhh we start our making curriculum from the Tribhuvan University that is the first mother institution. So, uhh most of the curriculum uhh initially begins from the that ba... basic curriculum. Uhh and, then according to the current need of the you know country or the technology we umm umm step by step we do we do review the curriculum. Maybe umm frequently or every six years. And, we we keep the our curriculum update.

PR: Q2: And, is there any one of the different programs that you would recommend over the other?

SNF1: Q2: Uh huh.

PR: Q2: Would you recommend one over the other?

SNF1: Q2: One or the other? Pardon?

PR: Q2: Would you... is there one program that you prefer over the other like TU or PU or Kathmandu?

SNF1: Q2: I I can't say that because some the curriculum you know is the curriculum under the PU is better than TU uhh and some some of the some part they have the better you know the curriculum like that. Uhh ??? according to the need or the current need of the the demand from the international unit because most of our nurses they go abroad and work there. So, according to that need uhh we do like geriatric nursing and psychiatric nursing. Recently all of the colleges you know they included in the curriculum. So, is I think that is is according to the time or the need uhh every institution they are doing like that. They are updating their curriculum.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal? Are there adequate standards?

SNF1: Q3: Uh huh. Adequate standards. I think so because, you know when we uhh made the first curriculum the certificate level, and then basic, and then BSc nursing curriculum uhh even we we brought the expertise from you know from abroad. And, the many specialist uhh regarding you know making making the curriculum we include include them. And, uhh I think so that the standard you know we we basically need we can meet that standard. I'm I'm sure.

PR: Q3: And what would you consider adequate level of standard?

SNF1: Q3: Me?

PR: Q3: You. What do you think is adequate?

SNF1: Q3: Adequate yes. Umm like you know uhh recently there are no science curriculum in the in the nursing curriculum. Only the BSc who are uhh doing who are doing in the IAC and then they come to the the BSc nursing. And, even for the BN they they already completed three years and in in their curriculum there are very limited part of the science part. And, nowadays we are trying our best to make the bachelor curriculum equal in the same standard. So, recently we upgraded uhh the BN curriculum from two to three years and include in the certificate curri... curriculum they have reading that include most of the science part there. Like pharmacology, applied sciences, these things. So, it's I think that it's it's almost the international level I'm sure. Every part of the curriculum they have included the the science part. So, we can say that the BN is different than the BSc because they have they are four years course but, even have three years course including the uhh science part they are equal balance now.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients on graduating from nursing school? Are you confident that they can provide nursing care?

SNF1: Q4: Yeah uhh yeah. Umm yes, graduation I think the the the basic PCL nursing they need to work uhh for intern for some time because, they are the fresh student. Uhh and, for the BSc also even completing four year course they need to practice for some time in the in the hospital side. That is the clinical side. Uhh and after maybe after one year they will be complete able to uhh work confidently. And, for BN I think they are they are the inservice one so so they they don't need to uhh do the intern because they are already practicing. (phone ring)

PR: Q4: So you were talking about the confidence in nursing after graduating.

SNF1: Q4: Yes yes so I have already explaining that for the three year basic nurses and for the BSc level nursing they need to work as an intern for some time before they go to the real working place. And, for the bachelor level like like post basic bachelor they have already done the three years and then one year experience and they are still in working you know they are still working when they are studying. So, they can they can work confidently.

PR: Q5: To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care? What kind of things do you have authority?

SNF1: Q5: So, uhh in the central level hospitals and even in the district level or outside outside the valley like in the remote area they have to work independently without any supervision, any monitoring uhh without any training. After they complete uhh their course and then they go back to the place. But, uhh so far in in the valley in the rural urban area uhh here the can uhh they can go I think.

PR: Q5: What what kinds of things can they do and what kinds of thungs....?

SNF1: Q5: Authority you you you are talking about the authority. Uhh authority I think that even there there are there are some super... supervisor or matron uhh they can work as an internship in their unit uhh under the supervision of the matron or even doctor. But, in in Nepal also it's it's you know doctor dominated society in Nepal. So, uhh even the the the reports umm they used to write and they used some some in hospital they used nursing process also. But, it's not authorized you know they they are not uhh completely given the the what what you say (PR: Autonomy.) autonomy yeah.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

SNF1: Q6: Globally, globally. Uhh...

PR: Q6: Recognized as members?

SNF1: Q6: Members. Yeah, we have some uhh associations uhh like Nursing Council, it's the labor body uhh and another one is the the Nursing Association and the the Midwife concerning Association is ???? Uhh so far I think the the Council uhh ??? they they give the licensing you know. Uhh they cannot go abroad. They have the authority to licensing and uhh renewing also in every six years. They have to renew and go up otherwise they they cannot go up. And another one the Nursing Association is umm is the association all the nurses but they don't have authority you know. Uhh and another one is ???, that is the Midwife Association of Nepal also. Even uhh all all the curriculum included the midwifery, the midwifery component but, it's not at the level of the international. So, we are not registered yet there as a midwife. Even they they we we do uhh the midwifery uhh and all these things, but some government is lacking over there. So, we are not recognized yet, only the Nursing Council is the body only one body umm that is recognized, they they do recognize.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal? How can you provide support and direction for nursing as a profession?

SNF1: Q7: After after completing the course?

PR: Q7: Yeah for nursing staff. You provide the support and direction for nursing staff for uhh profession?

SNF1: Q7: Okay. Here there are any conferences, meetings uhh and and the one association that is the Nursing Association. And, uhh we have get the membership there, but not compulsory, they don't lic... they don't give license here. But, they do protect the right of the nurses. They do. And, umm if something happen in you know in the country any part of the country they are the one. They are the one, they are the one body, they go and they solve it. So, even having many crisis like politically many umm difficulties many many things they counsel and they support the nurses. Not individually but from the association. But, that nurses should take the membership over there. Not even having the membership that is the right of that that nurses who is working abroad I think outside the country or any part of the country. They are the only body to take responsibility for the uhh protect the right of the nurses. Is the Nursing Association of Nepal, NAN, yeah.

PR: Q7: And what are the barriers to nursing as a profession, barriers?

SNF3: Q7: Uhh many we have many barriers, many barriers. Uhh like uhh you know we have very low in... like pay scale. Many nurses who produce from the institution they don't want to go you know the rural part of the Nepal where many people need the health services from the nurses. Because of the the security and facility working facility and they are single and the parents they won't allow to go outside. And, nowadays I think that the nurses are uhh very career orientated then the service orientated. Earning and career development like that. In my time it's not like that. We came here to serve the people. Some some sense of service is there but nowadays it's it's lacking somewhere lacking. Uhh that is the big challenge. Uhh and then many nurses they prefer to sit in the urban area. And, they go they go ba... they want to go to abroad not in in the country. That is the big challenge and the country really needs to think about this. Where these nurses can get a job? There should be you know the the opportunity to work there in situation. But, nowadays it's uhh umm just uhh few year month back the policy has come up. I have heard that the associate in the industry also uhh the many are graduating tuition they can be posted. Otherwise in the hospital or in the community they have to you know supposed to be posted. There are some ??? that the government is also thinking about this. And, for the BSc nurses they don't have any post in the level of you know nursing post in in the government level for the BSc nurses. There is no no post. After completing the BSc where in which post they they have to work?

PR: Q7: They don't have...

SNF1: Q7: Not yet they have oh no, they have not created the post. And, the many voices are coming out and from the the the BSc nurses also many of them they don't stay here. They they after one or two years they every also all BSc nurses they go abroad and work there and study there. That's the thing that's why that's why the voices are not coming from them also. We just suffer. That's the thing.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved? How can you improve it?

SNF1: Q8: So, uhh first of all I think that there should be you know combination or collaboration between the demand and supply. Uhh many years back in Nepal also the service side they will ask for the nurses the the the number of the nurses they demand, we need this much nurses in the service side, in the public health side. But, nowadays it's not like that and sup... many supplies and we don't have enough hospital also the quality, the question of quality is there. So, if they they don't get uhh enough you know opportunity to practice then then we cannot expect the quality nurses here. So, I think that the the government also control and maintain the quality of the institution. Who can produce the quality nurses. And, and they have their own hospital. Like you know for the certificate level ??? facility they have the hundred bed bed or two hundred bed bed and, for the BSc also like that. They have the policy but, not implementing well. Everybody is graduating nurses you know. Many institutions are there. So, number one is demand and supply and there may be no uhh like unemployment. The the nurses will get to work here also. And, uhh outside also there should be some environment work there. Some facility should be there, security should be there and uhh enough you know the incentive or some kind of training, and monitoring and supervision. So, that they will encourage to work outside also. So, there the main institution should be there and the policy level that that should be the the combination the issue the demand and supply. And, the quality control and institution should have own hospital these are the biggest thing so that we can produce the quality nurse and they will improve. Graduation they can get uhh chance to work, enough post will be there everything and quality control also will be there.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved? How can you improve the nursing education system?

SNF1: Q9: Okay. This is also a big challenge. Uhh the nursing education I think that the the I just mentioned you, what kind of nurses we need right now? Like you know the certificate level or bachelor level and creating the post according to the production. And,

hospital practice also. So, that in the nursing education also I just mentioned you that the timely review should be there, timely review. We have uhh uhh you know we make curriculum and then without you know like you know the Prabanchal also and the Tribhuvan University they they have the donation something like that. And, the the the deep problem in the private sector is that to make the standard curriculum we don't have enough you know uhh the resources. Like expert also and the the many things over there. So, the body itself you know like Prabanchal itself they have to they have their own mechanism you know to control, to make standardized you know time to time you know uhh uhh to to update the curriculum. Uhh interaction like this, what is the problem and the the political thing. I think that the the the political even instability is there so same thing is in every institution. Every every institution body there is the the influence of the politics. So, as a whole country as a whole it's unstable right now. So, it gets the the institution also gets influenced from that. So, umm as for as we can you know we have given the best try to make the decision by their by their own institution. Even after there is no monitoring or supervision from the body but the institution is safe. Uhh we are uhh taking initiation to uhh make it standard you know. Uhh some strategy, some revision, some policies uhh time to time meeting we are doing like that.

PR: Q10: In what ways can nurses collaborate with nursing faculty to improve health care in Nepal? How can you work together?

SNF1: Q10: Work together yeah. Uhh so like time to time maybe this is also the question of you know the the Association is the only body who can you know in the annual meeting also the nurses will come from all around the country. And, they will uhh talk and kid and interact. What is the problem over there, how can we improve the nursing profession like this. And, that inform, that from we also can update the nursing profession from the forum.

PR: Q10: And, that will help improve the health care?

SNF1: Q10: Yeah, yeah, health care also, yeah. And, another one also (laugh) regarding uhh the standardization of the nursing education. Nursing Council is the only one body who monitor, we have to the responsibility to monitor and for the quality control. And in every institution also there is accreditation. If if any institution they don't reach up to the level of standardization then they won't get they don't accreditate. And, the license will be you know uhh uhh there even uhh any any anybody they have to do the monitoring in every year or in uhh every two years like that. And, I have heard that from the Council they have plan to go to the service site also. First of all they monitor the institution, where the nurses are production, different le... uhh level of the nurses. And, uhh like you

know you have to uhh have the enough teachers to teach, you have to have the uhh the uhh proper practical place like that. Every school should look after that. And, and if it is not up to the level then they will dismiss the license. And, same thing they are planning to go to the service side also. What is happening in the service side, whether they are providing the quality nursing care or not? These kind of thing they are they are going to monitor over there. So, it's in the process. So, I think that from the education side also and in the service side also it will be standardized. And, the the Council is the only body to control for the qual... for the quality.

(SNF) Nursing Faculty 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? How do you view the current state of nursing education in Nepal?

SNF2: Q1: Uhh uhh nowadays nursing education is uhh uhh highly demanding in Nepal. Uhh because of uhh all the uhh people uhh worship like uhh nursing is a professional. Uhh technical and professional education uhh. It is suitable for uhh Nepalese girls uhh to providing uhh opportunity to older ill ill peoples. Uhh and caring for the community. Uhh so, that it uhh demand uhh it became uhh more demanding uhh for the uhh nowadays situation in Nepal. But, uhh some peoples uhh wants to join uhh in the nursing profession for the uhh income earning point of view. So, that uhh uhh the current situation of nursing education is uhh it made uhh right it made professional, it made income generating profession.

PR: Q1: What are some what are the biggest challenges for nursing education?

SNF2: Q1: Uhh uhh well I think uhh the biggest challenges for nursing education in Nepal uh Nepal is uhh uhh may be a developing country so it is uhh challenging for everyone. Uhh uhh they they cannot afford uhh for this education everybody. Uhh so, that uhh some people afford this education system and some people cannot afford. And, uhh uhh little bit difficulties and uhh lack of OR days and lack of governmental policy and proper rule and regulation. More difficulties and more challenging ???.

PR: Q2: To what to what extent do you think that nursing education in Nepal is consistent in all schools and programs? Is it consistent in all schools and programs?

SNF2: Q2: Yeah, school programs. Well uhh I think uhh it is very consistent, it is very good for the school situation. Uhh uhh government uhh uhh will launch in a school uhh program for professional or technical uhh objective for courses course. Uhh it is better for uhh next uhh professional uhh joining and professional course education uhh it may be uhh uhh helpful uhh for the education nurse system and higher education nurse

system. Uhh it need to add uhh lower level, in school level, then uhh PCL level PCL level it's okay. Uhh school level need to be join this type of curriculum. Very, very easy for the uhh uhh for the young girl, and me, everybody community and uhh country.

PR: Q2: So is the system the same, the the programs the same across all schools? All the curriculum the same?

SNF2: Q2: Uhh in which level?

PR: Q2: The nursing school.

SNF2: Q2: the nursing school?

PR: Q2: Read number two.

SNF2: Q2: (read ?) Yeah.

PR: Q2: Are they the same here?

SNF2: Q2: Same. Uhh uhh little bit different. NM course and PCL nursing uhh something difference something difference. All uhh all nursing PCL nursing curriculum same, all bachelor nursing curriculum same, and uhh government and uhh CTVT program are difference. Little bit difference.

PR: Q2: So would you recommend one program over another? Is one better than the other TU, CTVT or another? Would you recommend one?

SNF2: Q2: Uhh uhh well I think umm my point of view government is better uhh better for nursing education. So, that uhh government hire the graduate of CTVT nursing college and uhh learn their uhh program and their curriculum. Uhh uhh little bit difference, no other things similar. And, nowadays uhh uhh uhh authorities uhh bodies are government launch similar program recently, uhh so that so that CTVT and uhh government nursing college curriculum are the same.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal? Adequate standards? Is there satisfactory standards?

SNF2: Q3: Adequate standards. A little yeah satisfactory. Uhh standard need to maintain adequate uhh standard for nursing education, but not uhh the situation in Nepal. Uhh little bit uhh need standard uhh Nursing Council and uhh uhh Nepal Nursing Association uhh uhh try to maintain international standard of the nursing profession or nursing education.

PR: Q3: And what would you consider adequate level of education? Personally what do you think is adequate?

SNF2: Q3: Uhh adequate. Everybody, everybody uhh everybody consider everybody right to uhh everybody right to maintains ethical uhh ethical uhh rule and regulations of the nursing uhh profession. Uhh everybody join uhh Nursing Council registration and uhh somebody uhh somebody went out of the country and uhh uhh they are working out of...

PR: Q3: So we were talking about umm adequate standards, what you thought were adequate?

SNF2: Q3: Uhh adequate standards. Uhh uhh professional of uhh paying not that good uhh little bit paying for nursing staff.

PR: Q3: This is the adequate level of education. What do you consider adequate level of education for nurses?

SNF2: Q3: Adequate level yeah uhh adequate level uhh I think PCL nursing is adequate for working in hospital uhh and bachelor of nursing is adequate for uhh teaching profession and master of nursing adequate for teaching and uhh other administrative uhh working situation. Uhh I think it is adequate.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients on graduating from nursing school?

SNF2: Q4: (read ?) Yeah, they are uhh more confidence, they are more confidence because they practice lots of years three years uhh in PCL nursing. Then uhh they practice in three years in bachelor level nursing.....

PR: Q4: Are you are you confident in their practice?

SNF2: Q4: Uhh yeah I am confident. Uhh I have uhh more than eight years I think in practice and more than six years teaching practice so that I am confident in my field.

PR: Q4: I'm talking about are you confident in student nurses that have just graduated providing patient care?

SNF2: Q4: Uhh yeah, yeah uhh some are more confident and some are not more confidence because they are lacking of the interest. And, they are they are coming in the education uhh by the forcing of their parents and uhh uhh without their interest. Those are not confident uhh who are willing to work they are no confidence.

PR: Q5: To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care? When are you given authority when providing patient care?

SNF2: Q5: Yeah I think uhh they will maintain uhh autonomy of this patients uhh they provide nursing care when they providing nursing care. They maintains patients' rights and professional rights. They maintain privacy and uhh uhh they provide care uhh with maintaining clients' rights.

PR: Q5: What what things do you not have authority as a nurse in patient care? What things do you not have authority? What practices do you not are you not able to do without direction from other people?

SNF2: Q5: Authority don't provide? Yeah, yeah...

PR: Q5: Autonomy.

SNF2: Q5: Autonomy, autonomy yeah...

PR: Q5: What things can you do or not do for patient care.

SNF2: Q5: Yeah uhh. Everything uhh I can do for licensed care uhh uhh if uhh uhh authorities cannot provide any administrative resource I cannot provide. Uhh autonomy related with administrative resource ???.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community? Do you feel you are or are not recognized as member of global health care community? Are you a member of health care community?

SNF2: Q6: I am not uhh member of the global... In Nepal (read ?).

PR: Q6: The world health care community.

SNF2: Q6: I think uhh we need to join global health care community. But, I don't know anything about this.

PR: Q6: Okay. And, how do you think you can learn?

SNF2: Q6: Yeah, yeah I learn uhh from the uhh internet, association, from about the global health. But, uhh uhh I did not able to be a members.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal? How can you provide support and direction for nursing as a profess... profession in Nepal?

SNF2: Q7: Professional yeah (read ?). Some barriers, uhh I need to talk about some barriers. Uhh uhh something I think uhh it may it may be cultural point of view and cultural uhh problems. It became uhh uhh problem. Being a profession, somebody, somebody not being interested to support. And, uhh most of the most of the people encourage and....

PR: Q7: How how can you as a nursing faculty direct and support nursing as a profession in Nepal? How can you support?

SNF2: Q7: Yeah, yeah. How can support?

PR: Q7: How can you encourage the development of nursing profession?

SNF2: Q7: Yeah, yeah I know I encourage nursing uhh professional to become nursing faculties. Uhh I encourage to do learning, another learning, extra learning. Extra uhh uhh ... extracurricular activities related to nursing education uhh uhh such as research and workshop, seminar uhh this kind of I think this uhh uhh prepare for it.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved? How can you improve the profession of nursing?

SNF2: Q8: Uhh uhh nursing education nursing profession.... I think nursing profession need to improve in our country. Uhh the government should launch their proper policies and uhh organization institute. Uhh follow the government policies and uhh uhh nursing professional they encourage to do right jobs and uhh right patient care. Uhh right uhh proper policy they should launch and uhh encourage to follow.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved? How can you how can the nursing education system be improved in Nepal?

SNF2: Q9: Infrastructure uhh it need to it need to be improved uhh uhh, qualified and uhh uhh more educated, qualified uhh human resource, management and infrastructure it may be improved. And, uhh curriculum uhh yeah curriculum uhh need to be umm regular revised and need to launch.

PR: Q10: In what ways can nurses collaborate with nursing faculty to improve health care in Nepal? How can you work with nursing staff, the nursing faculty work with other nurses to improve health care?

SNF2: Q10: Uhh uhh for improving nursing health care system we uhh sometime we manage sometime we manage the workshop and uhh clinical, uhh clinical testing skill improving. Improving their uhh clinical practice. And, uhh sometime we manage for the for the seminar and symposium. And, then uhh sometime teaching classes uhh for the faculty members.

(SNF) Nursing Faculty 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal? What is your view of the current...

SNF3: Q1: Uhh current nursing education. Uhh actually current nursing education is very fast growing educational development. The uhh in compared with past twenty years. And, that time uhh the nurses actually the parents they don't want to send their daughters in nursing education. But, nowadays in every in almost every home there is the nurse. That means in the nursing education there is drastically changed then past twenty years. And, uhh uhh most of the uhh nurses are getting the job. Uhh and nowadays there is lots of nursing education more than one hundred twenty nursing institution all over the Nepal. And, uhh nowadays uhh job opportunity is the problem. Many nurses are after completion of their graduation they are staying in the home. Uhh uhh nursing institution is increasing very fastly but, the hospital and working area is not growing uhh uhh in comparison with the nursing educa... institution. That is why there is some problem with the nursing education and the opportunity of the job.

PR: Q1: What do you think are the biggest challenges for nursing education?

SNF3: 1: Uhh nowadays the number of the institution is very high and uhh the quality of nursing education there is the challenge of the quality education. Because, every institution they don't have their own hospital for the practical exposure, clinical exposure, they don't get the chance properly. That's why I think this is the quality of the education is the problem for nowadays one thing. And the next is the job opportunity, this is the two challenges I think.

PR: Q2: To what to what extent do you think the nursing education system in Nepal is consistent, the same, throughout all school programs?

SNF3: Q2: Oh yeah, after 1972, before 1972 all the nursing education uhh belongs to the Ministry of Health. And, after 92 uhh that all the nursing institution they belongs to the university. That means they are sub... subject to equalize or to make the uhh say that the university education level, to maintain the standard of the university they add some subject in the nursing ??? and now it's good.

PR: Q2: And, are there some programs that you would recommend over others? Are there some schools that you think are better than others?

SNF3: Q2: Uhh yeah nowadays uhh Institute of Medicine there are many insti... universities. That's like one is the Tribhuvan University and one is the Prabanchal University and Pokhara and Chitwan, there are many university. But, the the good quality is uhh the Tribhuvan University, it's the oldest one and government institute. It's considered as the good quality production institution.

PR: Q3: Do you think do you think there are adequate standards for the nursing education in Nepal?

SNF3: Q3: Uhh adequate uhh standards?

PR: Q3: Standards.

SNF3: Q3: Yeah, I think uhh curriculum is very nice. And, uhh based on curriculum every institution they try to uhh uhh implement the curriculum, but some problem is I already told that uhh hospital exposure, we don't have the hospital and especially the maternity hospital, the big problem. Only one maternity hospital in central level. Most of the institution they take the student that place and it will be overcrowded. And, uhh in in the out of the Kathmandu Valley the the psychiatric hospital is not there. For for the general nursing every ??? every area they should expose. For like uhh psychiatric, pediatric, ICU, CCU, that type of service is not available outside the Kathmandu Valley. That's why some standard, curriculum is okay, curriculum is excellent, systematic and all the components included but, implementation part is little bit.

PR: Q3: What would you consider as adequate level of education?

SNF3: Q3: Adequate level of education. I think bachelor level is for uhh working as work as the professional bachelor level is okay. Uhh for the academic growth and the academic post master and PhD is necessary.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after graduating from nursing school? Are you confident they can provide the care?

SNF3: Q4: Yeah, they they are providing confidently. Many nurses who are graduated in Nepal they are working in the abroad like uhh America and Australia, Canada they are working. And, they past the uhh Council, uhh Council registration there, Nursing Council even in the U.S. and Canada and uhh Australia. That means how I'm confident

with the the education standard. But, only in some of the institution, some of the institution their exposure is ???.

PR: Q5: To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care?

SNF3: Q5: uhh autonomy, there is some problem yeah. The doctors overtake everthings. And, nurses in the working area uhh all the decision even by the doctors ??? doctors or physicians. And, nursing only carry out their orders. The autonomy is less I think.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community? Of the world health...

SNF3: Q6: I I think they are recognized that's why they are uhh registered in the U.S.A. and Australia that Council. If they are not recognized they will not uhh get the registration there. That's why I think it's uhh recognized internationally.

PR: Q7: In what ways do you think the nursing faculty can or cannot provide direction and support for nursing as a profession in Nepal?

SNF3: Q7: Yeah nursing uhh...

PR: Q7: How can you support it as a profession?

SNF3: Q7: As a profession uhh to produce the quality nursing. We we support for the intellectual and the teaching. We support them, we facilitate them and we try to produce the quality nurses.

PR: Q7: And what what are some of the barriers to nursing as a profession?

SNF3: Q7: Some of the barrier that's autonomy you know the conflict between the physicians and girl nurses. Uhh they don't want to gives all the authority or some some of the uhh nursing job they can do by themselves no need for doctor or physician order. These things also they sometimes if something happen they blame the nurses. That's why they don't want to take the all the responsibility. I think there is some uhh coordination between coordination and cooperation between the doctors and the nurses. I think the barriers.

PR: Q7: Is there any other barriers you see for nursing as a profession?

SNF3: Q7: uhh other is uhh. I think that is the one thing.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved? How can you improve?

SNF3: Q8: Uhh in the hospital side also you know there is no monitoring system the from the Nursing Council, uhh higher authority. Uhh they should monitor properly. And, the policy also is from the government side also they should make the standard the how many nurses, uhh how many one nurses how many patients they can take care. There is no standard rule and regulation and the hospital uhh manager hospital uhh who are the hospital owners they want to pick minimum number of the nurses in the ward. And, they cannot provide the standard care because one nurse sometimes should should look after I think thirty, forty patients the one shift the medical ward. That is very difficult to manage. Standard is not maintained and standard policy is not implemented. That's why it is a problem to standardize the nursing care.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

SNF3: Q9: Yeah, uhh for the improvement of the nursing education the faculty should be qualified. Uhh uhh Nursing Council they make the rule and regulation. But, implementation is the problem. Because, uhh uhh many many institution they they started already started the master program. But, they don't have the faculty and infrastructure also they don't have. And, similarly for the bachelor of nursing we have the BSc nursing four years and two years post basic bachelor nursing and for that also we need the master faculty, but we don't have enough master faculty. Uhh that is the problem for uhh nursing.

PR: Q9: Can you think of any other ways that nursing education could be improved?

SNF3: Q9: One is the faculty, second is the exposure, practical exposure area. The problem is the hospital. And, even in the hospital also I already told you the one nurses or two nurses they should look after the thirty, forty patients. Means, the student what they see what they observe they will follow the same thing. That's why the learning is the problem.

PR: Q10: In what ways can nurses collaborate or work with nursing faculty to improve health care in Nepal? How can you work with...

SNF2: Q10: Nurse and the faculty. That means service side and education side?

PR: Q10: Yeah, yes how can you work together to improve....

SNF3: Q10: Yeah, we can give in... inservice uhh training. We can provide things as a faculty for the service provider. We can teach the inservice education and the higher education also. They are ??? nursing they can get the bachelor nursing. We can collaborate like this. Even for even for the student also the hospital and the educational center they should be collaborate. And, their motive also to teach the student because future nurses are their student. That's why they should collaborate.

PR: Q10: And, how can you improve health care overall in Nepal together?

SNF3: Q10: Yeah, that means uhh if we change our manpower that means they will be qualified and they can give the good service. And, sometimes uhh as uhh institution take our student in the community and, how student also uhh provide the service to them. And, if we take in the hospital also in the hospital with the supervision of the teachers or supervisors to provide the care for the patient. Somehow student care is the standard care and staff they cannot provide the standard care because of the overwork, overwork nurses they cannot do. Collaborate and we can give good service.

Appendix Y

(SNS) Nursing Supervisor 1 Transcript

Unknown: May I give my introduction to you?

PR: No. No. No names.

PR: Q1- How would you characterize the current state of nursing education in Nepal?

PR: What do you think the current state...

SNS1: In Nepal nursing is uh a good education but uh according to the practical it's not (what you say) uh it's not satisfied job. Here we have to study uh lots of things um but is practical it's not (what you say) not matched. What we study in practical that does not match.

PR: Do you... What do you feel are the biggest challenges for nursing education?

SNS1: Uh, here we do the practical in human beings, right, but in your country that is not allowed. Am I right?

PR: No, it is allowed.

SNS1: We do practical uh...

PR: We do direct patient care when we are in my country.

SNS1: In uh in uh PCL level also? ????? All levels?

PR: All levels as soon as you start nursing school.

SNS1: That is also here in Nepal, but uh there is not certain criteria uh like ah ah punishment like this are not here. So I think it's uh not good as from your country.

PR: And what other challenges do you see for the nursing education?

SNS1: Here, uh, there is no uh security for nurses. That is the main problem. Because, when dealing with human being it's not so easy. Sometimes right thing also happens, sometimes wrong thing also happens. If the uh patient party did anything to the nurse there is no nurses uh rights to fight with them. If we uh are the member of that NAN (Nepal Nurses Association) then we'll that then they will provide. If we are not uh uh that registered in NAN then there will no any action, they will no they will not take any action to the patients' party. And here also there is no security. Because we don't have a

uh uh danger bell, you you got there bell for to call number. (PR: Yeah uh huh.) Here there is no. We have to call, call them in that period if anything wrong happen that will be...so it is very hard here.

PR: Q2- To what extent do you think the nursing education is consistent throughout all schools or programs?

SNS1: Schools programs?

PR: Yeah, are they consistent? All the same?

SNS1: Uh in schools program there is also uh little bit knowledge. Little bit uh knowledge uh given to the uh uh the uh students also in nine and ten. There is....

PR: But, no no in the nursing schools.

PR: Is the program the same in TU, as PU as KU?

SNS1: No, no. No, no, no.

PR: Okay.

SNS1: As the like uh the syllabus is same there is no difference between syllabus, but in uh price there is highly difference because uh practical that practical is all different. I have finished my nursing in uh private college and we do the practical in Bir Hospital that is the government hospital of Nepal and midwifery we did in Thapathali Hospital that also a government hospital uh and uh but we have to pay lots of money. We, for three years we nearly finish six lakh or something for PCL level. BN is different. BN nearly four lakhs. But in BN practical is not so uh good as PCL, but we did in Army Hospital but uh it's not good as PCL level. Government also same thing. It's, they have the same syllabus, they do, uh they do the study in uh what Nepali level right. And they do the practical where we did same. But their price their price is so low. They only pay since like uh forty thousand or something for one year. That is so different.

PR: Would you, are there's one program that you would recommend over the other?

PR: Like, would you recommend TU over PU over KU over private?

PR: Would you recommend one or the other?

SNS1: That's

PR: Do you prefer one or the other?

SNS1: Government.

PR: Government.

SNS1: Because Nepal uh education from the government college uh is good. They will high chance to get a job. (PR: Umm). They have got uh Tribhuvan University College to get that's the difference. We get from the CTVT. That is not so recommended. But, the work and education is same. Experience is same.

PR: Q3- Do you think there are adequate standards for the nursing education system in Nepal?

SNS1: No. There is not. I don't think so (laugh). Because ummm for practical we needs uh lots of instruments that is not provided by the colleges. They take uh money. They take uh fees. They take uh different, different for uh uh for uh practical. Different, extra and for teaching and learning they take extra. Right. But we have to pay other money also. We have to buy the paper, pens, like a transparency papers, different chart papers for ourselves and for transportation also. They will not pay. They just take money from they took the money from us but they did not. That is the one problem.

PR: And what would you consider adequate level of education?

PR: In yourself.

PR: What do you think is adequate level?

SNS1: Uh, they uh according when they take uh took money from us they should provide uh the sufficient instruments, sufficient uh this, what we call copies and everything. And uh to have a certain uh uh like a certain time. To be uh like uh, we are doing practical from uh seven to one. Right. But they, there is no uh like uh a teacher to look after us. If we do like then we can if we don't want to do it we want to ran away from there we can't. There is no ????? but not in PCL level, but in uh like uh bachelors level. But we do the job and we and we study. That's why.

PR: Q4- In what ways are you confident or not confident in nurses educated in Nepal providing care for patients after finishing nursing school?

PR: Are you confident that they can care for the patients?

SNS1: Yes. We can. We care for the patient confidently uh because uh uh like uh we have done the practical in uh government hospital where we have lots of patients. But uh one we for one sister there is more than ten or fifteen patients to whom we have to look

after ????, specimen collection, blood draw, everything. That's why uh the practical is and there is not so rules and regulations right. The senior staff will????just order us. They don't do follow-up. And that's why practical good.

PR: But do you do you feel generally um safe in letting all nursing graduates take care of patients?

SNS1: Yes. But sometimes not.

PR: And why not?

SNS1: Because sometimes over confidence uh?????. ??????. My thought.

PR: Q5- To what extent and in what duties are nurses in Nepal are given or not given autonomy when pro.. providing patient care?

PR: When are you given authority or not given authority?

SNS1: For us, for nurses?

PR: Yeah. Yeah.

SNS1: We don't have authority to prescribe medicine or give medicine without doctor order. That is the main problem. And to uh give uh minor medicine also we have to wait for a doctor. We have knowledge. If the patient is doing vomiting then we can give uh the patient antiemetic, but we don't have a right to prescribe the medicine. That is the problem. Sometimes, doc...uh in our hospital there's only one ??? doctor there in emergency right. And we are working in uh wards and I, and I'm working in OT. There we have to do OT. We have to look after OT. We have to do scrub and we also have to look after the postop patients and sometimes we have to ??? patients. There are three kinds, right. And if patient is uh doing vomiting we have to call doctor then. We cannot, we are not allowed to give antiemetic.

PR: No standing order?

SNS1: Yes.

PR: So, um what things can you do as nurse?

SNS1: Me?

PR: Yeah, when providing patient care?

SNS1: Give them psychological support and we just try to the doctor, we try to call the doctor up.

PR: But, but, in general what kind of things can you do in your everyday care of patients?

SNS1: We used to, we at morning morning care we give. You know about morning care. And sometimes we're uh allowed to do dressings also, also we do dressings and sometimes when we ??? patient the operation mainly in ortho surgery doctor allow us to do suture. Sometimes. But, not... If we are if we are interested then they will then allow. That's all. Otherwise, we don't do any ??? things.

PR: Okay.

PR: Q6- In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

PR: Are you recognized as members of the world health care community?

SNS1: No.

PR: Why not?

SNS1: I haven't heard about this.

PR: The global health care community. It's all nurses together providing care for people. In the world. (Ta china/Do not know).

SNS1: I don't know.

PR: Okay.

PR: Q7- In what ways do you think that nursing supervisors can can or cannot provide direction and support for nursing as a profession in Nepal?

PR: How can you help support the profession of nursing?

SNS1: As a supervisor?

PR: Yeah.

SNS1: Uh in our hospital only?

PR: No. In general.

SNS1: In general okay. As a supervisor uh there is a team. Like uh different different uh post. Different uh post. We have to like uh uh look to all of them????to ask how them. Sometimes uh uh how you say. Can you repeat the question?

PR: Yes.

PR: In what ways do you think nursing supervisors can or cannot provide direction and support for nursing as a profession? How can you....

SNS1: ?????

SNS1: Okay. Working with uh different different people like uh I am the supervisor. I have to look after the uh to my junior right. I have to look after my junior. And sometimes uh there is main uh in during duty. Nobody can give their uh full-time to the hospital like uh we have to work six hours here. And uh uh sometimes they feel ill, sometimes they have a family problem right. For that then I just ??? what to do. Like uh sometimes I uh manage the duty like calling others. And if there is any problem like sometimes some sick happens in uh in ward that time I just uh look uh look what is what is right what is wrong and I took and I took decision what to do. My staff is wrong and I have to give uh them uh suggestion or uh punishment what I have authority to do, I do that. As a supervisor uh I am uh I am like a team leader. At that time if any problem uh create in my uh supervision uh I just manage it.

PR: Q8- In what ways do you think the profession of nursing in Nepal can be improved?

PR: How can you improve the profession of nursing?

SNS1: Profession?

PR: Uh.

SNS1: Uh nursing uh nursing is very good in Nepal, but uh title only good. As uh as uh profession it's a little bit hard to do do work. Like uh uh there is different different problem arrives by doing the things right. So, uh for that uh like uh rules and uh ??? should be proper. And many for nurses the main problem is one of children okay. Because they uh uh they always do the same work at morning they care they do the uh morning care, and uh take the vital signs, medications, uh attend the uh like a round of the doctor. Same, same, same thing right. And uh one person and lots of pressure like uh I am the supervisor of OT I have lots of pressure on me. Because I uh have to look uh after the uh six staff nurses. If any problem create any problem arise to them ??? told me. And I have to collect ??? here. And sometimes they listen to me, sometimes they

don't. And I don't have, sometimes there will be no uh people on work administration area. At that time the problem arrive....

PR: On your own.

SNS1: Yeah. And uh like uh instrument there is the problem also, and I have told you about that. And uh and uh we don't have sufficient supplies. We don't have. At that time uh we have to??? lots of problems from doctors. They will tell to us how uh and our staff also told us, told me, not us, me. For this type, uh like uh, for nurses there should be like uh what we call, if they the good thing they should uh like appreciate them in correct way. And if we do the mistake then then they should punish me me by talking, not embarrassing me to others. That is the main problem. We don't have, we have to work a lot. Sometimes uh one teacher and we have to look after all like twenty-eight something like something patients. It's not an easy task. Because sometimes one patient fall out sometimes other visitors. And only one sister cannot do the all cannot perform all the things right. So, we study that for one sister four patients or three patients minimum right, but in Nepal that is not. For one sister there is sometimes twenty in ratio. So, for, to like uhh maintain a nursing standard, not only written things should be given, that should that thing should be followed in practical also. If they do like that and they appreciate to whom they do a good job and punishment to the whom by judging not by listening to others. If they if the government of our if the nursing uhh to maintain the nursing standard. If they do the things they should be started from hospital and not from other side right. Then only then will the nursing standard me maintained. In Nepal there is the main problem is the burn out syndrome burn out because we just studied for three years, we just invested lots of money but we did not get job we have to do volunteer. For three months, for one year. Some nurses are like uhh sitting home they don't go for a job. Because for volunteer they have to pay to the hospital, for transportation, for lunch, for transportation that's ? Because here in Nepal there are lots of lots of nursing colleges nowadays, like a business. Not providing a good education. People think that it's a business. They earn lots of money from the nurses. Three years in one ? there is forty students. From forty students they will earn minimum like four lakhs. We have to pay four thousand for one month.? Then donation one lakh something. It's like a business. It's not like the product the good nurses. No. If government, if government or something wants to make the standard of nursing then they should think about it. There should not be lots of nursing colleges. For one year minimum limited nurses should be taken out from the colleges. It's very hard to get a job.

PR: Q9- In what ways do you think can the nursing education system in Nepal be improved?

SNS1: Nursing education. There is uhh Education which is provided is okay don't need to, there is no there is no like uhh changes to be done. Government and private that should be same. Like uhh education same everything the same, no difference between?. In first year we do practical like medication items it's okay. In second year we do Gyne practical and third we do the management of the hospital. Okay. But now now the syllabus has changed. But comparison to before the syllabus and uhh rightnow it's like uh now it should be like the first one. Because now first practical, second Gyne uh and third year the management in the second year. That will be a little bit because she will not get sufficient knowledge about the patient. I think management uh done in third year.

PR: Q10- In what ways can nurses collaborate with nursing supervisors to improve health care in Nepal. How can you work with nurses to improve health care?

SNSI: One thing we should uh like uh do the meeting with nurses. I think once a month. Because when all people gather together and say their problems right and they can actions or experience to hash out and do their work properly. Alone we can't do. The girls say problems to me and like uh remain on me. So, if we do the meeting monthly all nurses gather then it will be good. From sharing experience can be sharing and we will get knowledge how to solve the problems. By getting the experience also that works. That thing is not possible? I don't know, we are not doing like that. Two, three months we get gathered, we just talk, we don't have teamwork is not like. Different people came. They went out from the hospital and we don't know who is the person also. There in emergency different new doctor came uh and we are not introduced to them. That that makes a problem to us too to deal with them because we do not know. That's a new doctor and we do not know. At that time it is a little bit hard. So uh introduction program and like uh meetings that will help also to do the work properly in my opinion.

(SNS) Nursing Supervisor 2 Transcript

PR: Q1- How would you characterize the current state of nursing education in Nepal?

PR: What is your view of the current state?

SNS2: As nurses?

PR: Of the education.

SNS2: Nurse uh I think nursing today nursing education is uh not appropriate as uh, uh need as, as appropriate as uh the demand of the international level. Cause in Nepal there is, there is no uh so much faculty and so much uh, uh options like psychiatric nursing,

community nursing???. There are limited options to choose and uh uh area of practical is also limited. So I think uh we need to improve nursing education.

PR: And, what do you think are the biggest challenges for nursing education in Nepal?

SNS2: Biggest challenge is uh the quality uh quality service qual... area of practice. Because, there are lots and lots of nursing colleges uh but, there is no any no such uh area of practice like uh ????, ??? nursing, childhood nursing, psychiatric nursing. There is limited area of practice. But, there is, there is lots of colleges. So, I think there is a mismatch between uh area of practice and uh, uh supply and uh, uh demand and supply is a mismatch. There is uh, uh limited job opportunity also. I think that is challenge.

PR: Q2- To what extent do you think that the nursing education system in Nepal is consistent throughout all programs?

PR: Is it consistent throughout all schools?

PR: TU, PU, CTVT?

SNS2: Uhhh.

PR: Are they the same?

SNS2: No. Uh, the syllabus of the different, uh, uh different universities, uh also different like TU, PU and CTVT here and also KU also. We have KU also. And, uh, uh I think the uh syllabus, syllabus is different and uh ??? I don't know????.

PR: Okay.

PR: And, is there one uh school that you would prefer over the others, like TU, PU, KU, CTVT?

PR: Do you prefer, is one better than the other in your view?

PR: What would you recommend?

SNS2: Uh, I think uh TU is the best. Everybody wants to ????? getting ??? from TU. There is high competition. They prefer to another.

PR: Okay.

PR: Q3- Do think there are adequate standards for the nursing education system in Nepal?

SNS2: No.

SNS2: Uh, standards for nursing education do not meet, cause uh the governing body, the supervisory body is not effective. And, uh any, any person who wants to open nursing college they can open. There is no any uh rules and regulation and not any governing body. So, I don't think...

PR: And, what would you consider adequate level of education for nurses?

PR: What do you think needs to be included in a adequate education for nurses?

SNS2: Uh, first of all uh first of all, we have to uh look, look after the international record and then uh and include other syllabus, and curriculum should be revised properly. And, uh we have to provide nursing education at international level and included uh more for psychiatry, more for child health uh. Uh, we have uh just focused adult nursing only and we have to provide other.

PR: Q4- In what ways you confident or not confident in nurses educated in Nepal providing care for patients after graduating from school?

PR: Are you confident that new graduates can provide good patient care?

SNS2: Upcoming graduate?

PR: Yeah, new ones.

SNS2: Uh, I don't think they are sufficiently, not confident.

PR: Are you confident can they, that they can provide care?

PR: Do you feel they're prepared to provide care?

SNS2: Not that uh, not that much confident. But, they can uh, uh provide uh service for some instance, but not as a confidently. Because, uh they have very limited, uh very limited practical practicum. And, uh very limited, uh very limited uh course. So, they are not so confident. I think, I personally think.

PR: Q5- To what extent and in what duties are nurses in Nepal given or not given autonomy when providing patient care?

PR: When are you given authority?

PR: Are you given authority for some things and not for things?

SNS2: In Nepal we are not uh that much autho.. authorized to provide uh nursing care. Uh, by example, we have to uh wait for doctors' orders. Uh, we have to, we have, we just uh, we are just doing for nursing care, back care, oral care, and uh if, we don't have that much authority to provide care like emergency cares.

PR: Q6- In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

PR: Are you recognized as members?

SNS2: No, we are not, and I am not.

PR: Do you understand?

SNS2: Yeah.

PR: Okay.

PR: You don't feel that nurses are recognized as members...

SNS2: No, we are.... Uh, we are recognized if we get uh, uh for the education in foreign country. And foreign uh, like uh short courses. After that the government, uh other than uh, uh, other than this level we are not given recognition.

PR: Q7- In what ways do you think that nursing supervisors can or cannot provide direction and support for nursing as a profession?

PR: How can you provide direction and support for nursing as a profession in Nepal?

SNS2: Uh, in hospital?

PR: In general?

SNS2: In general. As a nursing uh supervisor uh we are just uh mid-level manager and we have to make uh some plans, plan, and it uh, direct and evaluate the, evaluate the, some work and some patient care provided by the uh other staff. And, as a nursing supervisor uh... I didn't get question?

PR: How as a nursing supervisor can you support and direct nursing as a, as a profession?

PR: How can you help the profession of nursing?

SNS2: I can help nursing profession by just uh making good plan, and supervising the uh, my subordinates and juniors. Doing uh quality, providing quality of service. And, uh just follow the rules and regulations of hospital. And, uh follow the code of conduct and nursing ethics.

PR: Okay.

PR: My eighth question is, in what ways, or also, what do you think are some of the barriers to the nursing profession in Nepal?

SNS2: The main barrier is like uh, that there is no any uh, uh recognition. Uh, evaluating system, like uh, no any rewards. No uh any uh, uh promotion. And uh, and uh nursing is always comes under someone. They are, they are not uh fully authorized, they are not uh, they are not in the ????, high level post. They are also uh, just ah, they are also governed by others, and so they are not full authorized.

PR: Q8- In what ways do you think the profession of nursing in Nepal can be improved?

PR: How can you improve the profession of nursing?

SNS2: First of all, uh, to improve the profession of, of nur... nursing uh nurses should uh lead the gov...government also. Uh, they must, they must support for nurses also in the, just like uh Health, Health Ministry. There should be nurse uh, nurse uh to leader, or to lead and to advocate others efforts. And uh, nurses should included in uh management level, in hospital management, or in nation-wide. Nurse should also be included. Then nursing profession improve.

PR: Q9- In what ways do you think the nursing education system in Nepal can be improved?

PR: How can we improve the nursing education system in Nepal?

SNS2: How can we improve?

PR: How can you improve the nursing education system in Nepal?

SNS2: We improve the nursing education, first of all uh, uh the uh NAN, NAN, Nursing Association in control in approving all the nursing colleges. Uh, uh, they should be very much sensitive to give uh the permit, uh the permit to give permission to open the nursing education. Because, there is everywhere nursing colleges and they did not giving the quality education follow standards. So, uh so timely and uh regularly monitoring and uh,

uh evaluating the colleges, nursing colleges. And, uh give uh positive feedback or give uh punishment ????.

PR: Q10- In what ways can nurses collaborate with nursing supervisors to improve health care in Nepal?

PR: How can you work with nurses to improve health care?

SNS2: Uh, to improve the health care nursing as a supervisor, we work, with like, we should participate all the nurses in the decision making and we should know that their area of interest and their level of education and, and uh what they want and their job satisfaction. If they are satisfied or not. And, we have to listen their problems and uh ????. Okay.

(SNS) Nursing Supervisor 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

PR: Q1: What is your view of it?

SNS3: Uh, nursing education in Nepal?

PR: Q1: Yeah.

SNS3: It's a good uh nursing education in Nepal. But, uh it's uh, uh nursing education is uh nowa... nowadays there are so many, nowadays there are so many institute????? education of nursing. But, in uh but in future nursing education is uh not uh good. In uh, all nurses because uh nowadays if completing uh nursing education, nurses also coming for being a volunteer. Yeah, for many, many days, many months and also one year also they are. But, they don't get the job. Yeah. Now.... nowadays, now they are frustrated, they ???? frustrated. And, sometimes they say that uh "if I got a job or not." Yeah, they, they say that also. And, uh I think it's not ?????.

PR: Q1: What are the biggest challenges for the nursing education in Nepal?

SNS3: Means what?

PR: Q1: What are the biggest problems for the nursing education in Nepal?

SNS3: Yeah. It's a job. It's not getting a job. For the job. Uh, one other thing, like uh they do lots of volunteering, they I?????. They uh do volunteer, like volunteer, without salary they do. Uh, and so that they not satisfied I think...

PR: Q1: Okay.

PR: Q2- To what extent do you think that the nursing education system in Nepal is consistent throughout all programs?

PR: Q2: Are the programs all the same from TU, PU ,KU?

PR: Q2: All the systems the same?

SNS3: Yes. Yeah, all the, all the systems the same I think, yeah. But, uh it is uh, but is uh valuable TU, TU is valuable, not is CTVT. It is uh much better. But, better I think better is CTVT. Yeah. And uh, not TU. As a same both are equal I think, yeah. I think that both are equal. CTVT and TU. Both qualification, both uh curriculum is same. And practical also, but TU practical is better I think. TU's practical is better because, they have own hospital. There are so many uh dif...different conditions, diagnoses uh?????. But, in uh hospital in CTVT and in the little, little hospitals, that the uh community hospital, they won't practice in community hospital, in small, small hospital, there is not enough to get uh chance to do practice there. That's uh I think that uh TU is better to do practice in.

PR: Q2: Okay.

PR: Q3: Do you think there are adequate standards for nursing education system in Nepal?

PR: Q3: Is the standards adequate?

SNS3: Nnnno.

PR: Q3: And why?

SNS3: Uh, I think in uh, about the adequate uh system that is uh.... In TU I think it's better. Maybe adequate. But, in CTVT I don't think it much better, yeah. Because, uh fac...there are adequate instruments there to uh to study there. But, here in CTVT then all about all uh CTVT then small, small. There is no educated machines there is not educated uh instruments there to study there. Uh, but, uh in teaching ????? teaching standards CTVT yeah, ?????. There is so much difference.

PR: Q3: And, what would you consider adequate level?

PR: Q3: What would you like included in nursing education?

SNS3: Uh, nursing education I think uh they know it's like uh, they know the mission, about the mission they know very well about it looks like. Only in the books only, not in uh, in books they study like that uh teaching plan. But they not how to, about the CT scan they know only, about machine CT scan and computer tomography they know. But, how to apply, what to work is that, they don't know anything, yeah. I think uh if, if possible then they know the deeply to go the machine console, know about the CT, uh what the machine that, that machine what work that, they know better, I think. So, good.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for patients on graduating from nursing school?

PR: Q4: Are you confident that new, new nurses can provide care?

SNS3: Yeah uh, new nursing care providing uh...????.

PR: Q4: Like taking care of patients after finishing school.

SNS3: It's not good I think. Uh maybe uh maybe uh some they are, I think, some hospital are there giving ICU, they give uh care there. But, here uh there is little bit uh in general ward. And, they do not uh provide the care. It's better, but not much better, yeah. It's not much better. They not give uh, nowadays uh there are uh so many peoples coming ????, nurses afraid about that, I think, yeah. Uh, but, they give uh care????? it's not good I think. There is not the care. Nursing students, nursing uh staff uh giving the care is not better. But, in ICU, I see, in other hospital, they give care uh. Me also doing care in uh in uh post wa... in a postop operative ward in another hospital. When I go, when I do the, the job then I all care provide them. But, uh and uh now uh sister now, now ????? nursing posts, they, they also give uh care them, yeah. They also doing uh care. Uh, but, uh ??? in general ward, I think that's uh no uh some, some care, some care are giving provided uh for patients. But, uh sometime lack, I think???

PR: Q4: Okay.

PR: Q5: In what extent, and what duties are nurses in Nepal given or not given autonomy when providing patient care?

PR: Q5: When are you given or not given authority?

PR: Q5: What things can you do or not do?

SNS3: Yeah, uh autonomy is uh, that uh if uh if the infected patient are there, then uh, I think uh, nursing is uh they do all care. If it's infected and it's uh not infected. But uh, I think uh any (laugh), ????

PR: Q5: What do you have authority to do, versus not authority?

PR: Q5: What can you, can you do without direction or with direction?

SNS3: Not uh, ???uh, since uh, I think uh, if there a visitor out there, patient have all visitor, they care uh, they give uh care them. If uh, we also nursing staff also give uh support them, yeah. Uh, there is uh one, one uh, they is not fully dependent, yeah. And uh, I think????? (laugh).

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community?

PR:Q6: Are you recognized?

SNS3: Yeah. Because, uh first global uh, uh, global warming ????

PR: Q6: Global health care community. Are you a member a member of the global health care community?

SNS3: Yeah, of course. We are in community, maybe chance, maybe chance there in the hospital, to spread the disease also in community, yeah. So, that uh if should be uh handling waste management would be good and then less chance, less chance to go the infected in community.

PR: Q6: I'm asking you if you feel you're a member...

SNS3: Yeah.

PR: Q6: ...of the global health care community?

SNS3: Yeah.

PR: Q6: Not how you provide the care.

PR: Q6: How you feel if you are a member....

SNS3: Yes.

PR: Q6:of a global health care community?

SNS3: Yes.

PR: Q6: That means, do you feel like you are a member of the world health care community.

SNS3: Yeah.

PR: Q6: Yeah.

SNS3: Yes uh, if I member there, yeah, yeah, if I member the global community then I think, I think uh hospital also is, hospital also is, is one uh, one of the uh attaching global, also it's uh also attaching global, yeah.

PR: Q6: Okay.

PR: Q7: In what ways do you think that nursing supervisors can or cannot provide direction and support for nursing as a profession?

PR: Q7: How can you provide support and direction for nursing as a profession in Nepal?

SNS3: Profession in Nepal...(laugh), yeah. If I supervise?

PR: Q7: As a supervisor. How can you provide, support?

SNS3: Support nurses?

PR: Q7: As a profession.

SNS3: As a profession...uh.

SNS3: As a supervisor, if I, as a supervisor I ?????? yeah. But, yeah. If uh the nurses take uh any uh post of the job, then uh I also ??? that uh any care as uh nurse, better care, and that the uh, uh, uh ??? like that.

PR: Q7: And what do you think are barriers to the nursing profession in Nepal?

PR: Q7: Challenges and barriers. Things that are in the way, obstacles.

SNS3: Yeah. Barriers. Difficult for nurses for nurses uhh if any uhh... That nowadays diseases diseases are there spreading much and much many disease okay. Uhh so that time ? I think....

PR: Q7: How does the disease become a barrier for nursing as a profession?

SNS3: Q7: Yeah uhh you see uhh nurses are on uhh uhh if nursing uhh give to how to give care to the patients. They give everytime. And uhh they don't think if infection or deep infection yeah. If uhh spreading nowadays uhh like disease Ebola like. They don't know how what's that ? patient people are arriving from out. And then, they do all the care then. And, after that they know and uhh in emergency they do all the care. And last

time they what the disease is that? And they know after that after caring after that they know what the Ebola ?. Already they attack they ? our body they take uhh our body. And then they but I think uhh first nursing nursing first they do when all they uhh first they know much better. Uhh plus disease out there. Then they handle better carefully yeah.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved? How can you improve the profession of nursing?

SNS3: Q8: Yeah uhh I think there are so much uhh institutes are there. Uhh and uhh maybe they should not uhh open just uhh little bit uhh reduced the institutes. Because, uhh uhh after completing uhh courses they do not get a job. There are so many nurses out there in Nepal so that if possible they can reduce the institutes in my view in my opinion. And, then uhh if reduce uhh institutes then so less stu..nurses are out there and they get uhh easily to get a job. In a hospital in anywhere yeah.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved? How can we how can you improve the nursing education system in Nepal? What needs to be done?

SNS3: Q9: I think uhh the nursing education ? uhh uhh may uhh to take uhh yeah the nursing education I think is uhh just uhh theoretical is less and then practical is more ?. Because, uhh nursing institute is care only yeah. And uhh much care is going on not uhh theoretical yeah nowadays yeah ?. Theoretical also is needed also needed but I think practical also much needed. Not as much as as much theor... uhh theory theory uhh as a ? practical is much needed nowadays uhh. But uhh nowadays I think uhh all the nurses uhh nowadays the ? care careless and ? what's going on yeah. Both are equal going very equal but care is needed much I think. Is the practical they and and not in a small hospital they take in a big hospital yeah. There are so many patients are there in our uhh critical patients are kept in a one uhh one uhh one side uhh only one bed one bed one room. And then whaa then then I think that is better yeah.

PR: Q10: In what ways can nurses collaborate with nursing supervisors to improve health care in Nepal? How can you work with nurses as supervisors to improve the health care in Nepal?

SNS3: Q10: Yeah uhh in Nepal first nurse uhh in uhh supervisor I think in my opinion uhh if there is a nursing uhh uhh uhh health uhh health uhh what's that nursing I think nursing as uhh uhh ?? government ?? as a nursing has uhh ?? who have job there ??. Nurses have uhh insurance yeah it is better. If it's taking care of insurance nurses

insurance then ? uhh all nurses are take care better. Take uhh patient care. They don't afraid that what's that ?? for the for the future it's okay. I is my insurance is there be there so that I am giving care ???.

PR: Okay. Are there ways you can work with nurses to improve the health care in Nepal?

SNS3: Q10: Yes, yes uhh ??? they uhh yeah uhh if they uhh yeah uhh. I'm sorry can you repeat that question?

PR: Q10: How can you as a nurse supervisor with nurses work together to improve health care in Nepal in general?

SNS3: Q10 Yes, yes. In general? Uhh ? uhh me as a supervisor we also give uhh care uhh we also have to work. It's not nurses also giving all the care. We all are doing all uhh are gave gave more responsibility if we take uhh responsibility of each uhh care of the patient then I think it is improving well I think yeah. And they don't think that uhh uhh ??? they don't think that in their minds and they take uhh care well. If I supervisor then I also do it because my also I have to I have to I also take a model, I have to be a model, do a model yeah. That's as supervisor that's a one thing that's a that's a patient that has the infected ? infected they do well I am also going as a roling model. They roling model then they also doing. They also think they will help us.

Appendix Z

(SPI) Physician Interview 1 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal and what are the biggest challenges for educating nurse?

SPI1: Q1: In my view I think that uhh nursing like uhh at different hospitals like in different departments like uhh they have their own duties. Like uhh they have their own talent. Like uhh they should show the talent according to the department. Here I got to see a lot of nurses who have real good skills too. Uhh here in my intern I have learned a lot of things from them too. Like I have taught a lot of things to them too. Likewise, uhh I think like categorizing them but I can't uhh really categorize them. Because, according to the department they have a different type of skills too. So, I think like uhh in some hospitals like uhh in **** Hospital, ??? Hospital, like in different hospitals I have seen like uhh they have uhh like uhh different types of skills too. Like I have seen a drastic change in uhh like uhh might be due to like uhh different institutions too. Might be due to uhh different models too. That uhh some or less I have seen like they have some are good. But some are like in growing stage. Like I have seen lot of nurses like in first year second year, second year who are like in growing stage. They also like uhh they have uhh like quality of learning more like that. I have seen more interest in them. Likewise uhh in compared to others like I have been I have learned from like previous time. Like that. In compared to that also ? I thinks It's good. It's fine. Because academically uhhh like according to the like uhh if they are like uhh if they have completed their third year like that. Actually not so much we are very confident. Like that in the surgical areas like uhh in medicine like in burn care like that. But uhh what what one things like you know Nepalis like uhh according to department like I think there must be like something special training to them too. Like something it's like in behind them also I think so. Like that.

PR: Q1: What do you think are the biggest challenges for nursing education?

SPI1: Q1: Biggest challenge for nursing education? The biggest challenge for nursing education uhhh can be like uhh uhh like ? like uhh they have to do a lot of practical knowledge ? I think so. They have to get like uhh training in every three years like that I think so. I have I have seen posting also like uhh like every year they might they must be having like practice like if they have working in the emergency department they have to get uhh like experience uhh they have to get like training in particular things like uhh like working in DC like doing ?. Trying to help like uhh how to like umm doing some blood... Right now I am working emergency department so I have seen like in a hospital I have seen like making what things like uhh they maa they must be having like special

training how to support like emergency cases like someone who is coming in shock and someone who is coming in stroke someone having heart attack someone like that uhh. But, and also like uhh like poison cases, how to handle that cases like that. I think they must get some special training every two years or three years I think so. That would be good for us as well as for them too. Like uhh not only the nurses would have the training, but I think the doctors should also have training for that.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs or schools? Is it the same throughout all schools?

SPI1: Q2: Throughout the schools I think the courses are same. I uhh there might be lot of difference like in teaching techniques. Like uhh I think there might be difference between their like practical schools. Like visiting different hospitals like that. I think like uhh some good institute get used to like good hospitals. Some small institute maybe getting used to small hospitals. I think like they might be getting less practice uhh they might see like less patients like that. So, the difference I think for like is like visiting like big hospitals and visiting small hospitals that's makes a big difference for them.

PR: Q2: And, would you recommend one of the programs over another? Would you recommend TU over KU over PU?

SPI1: Q2: Uhh according to the program I think so like uhh for them like uhh they have a link for different hospitals. So they might be sending them for specific hospitals and I think uhh like every nurses are not getting like adequate practice...

PR: Q2: Do you think one...

SPI1: Q2: According to the institute or according to the program. I think that if every nurses get uhh like uhh same knowledge, same education, same practice then it would be better I think.

PR: Q2: Yeah....

SPI1: Q2: Like not making a difference between KU and PU.

PR: Q2: But, currently yeah....

SPI1: Q2: Running the same program would be best.

PR: Q2: So, currently do you think any of those are the are better then the others? Is TU better than PU...

SPI1: Q2: Uhh somewhat the same.

PR: Q2: All same.

SPI1: Q2: Yeah.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal? What do you think is an adequate level of education? Do you think their standards are adequate?

SPI1: Q3: One difference I have seen is like PCL nursing and BS nurse. The difference I have seen is like uhh although they work the same but BS seems to be a little of uhh like having little bit of like knowledge like that. But PCL nursing also seems to be little bit higher passing their third year like that. Like having equal to BSN. I have seen a lot of nurses. Only depends upon them how they uhh like how they have interest. It depends upon their interest. Some nurses they don't have interest some nurse... Like I have seen main thing is the interest. It depends upon their interest.

PR: Q3: What would you consider adequate level of education?

SPI1: Q3: Adequate level of education? Uhh like...

PR: Q3: In nursing?

SPI1: Q3: In nursing? Adequate level of education like uhh number one there should be like every every institution should have a similar course, number one. Number two is uhh they should have a practice in every hospital like uhh if that is to get to work in that hospital then that other to also get must get to work in that hospital. So that basis the levels of the nurses will also be increased as well as the same and it might be helpful for our country to like uhh they won't be lacking anything. Like after they finish after they complete their session like that. I think that is the correct thing. Uhh they have similar education as well as similar practice if they get to work in same hospital. Uhh that would be great.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school?

SPI1: Q4: Can you repeat the question?

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school? How confident are you of new graduates providing care for patients?

SPI1: Q4: For care for patients?

PR: Q4: On first graduating?

SPI1: Q4: First graduating. I have seen some nurses like uhh who have just graduated this is uhh really great I have worked with some nurses. But uhh some nurses seems to be like uhh they are still like lacking something. But uhh once they graduate like some nurse who have graduated they have been really confident. But uhh sometimes they might be lacking something. But I have seen uhh like new graduate have new energy they have got like new energy for working like that. Sometimes uhh like new graduates seems to be a little bit of active as well as uhh intelligent and uhh nurses who are ? I've seen like that.

PR: Q5: To what extent do you think do you feel nurses in Nepal are given or not given autonomy when providing patient care in Nepal? When are they given or not given authority when providing patient care? What types of things can they do or not do? By themselves with their own authority. Without somebody from higher up saying something.

SPI1: Q5: Yeah like uhh giving uhh medication like that. Like to have like that don't have authorization like adding some medication like that. They don't have authority like doing some like uhh? IV ? uhh without asking doctor like that. And one thing good about uhh nurses like uhh they are twenty four hours with the patients. With the patients and they are taking the vitals and all like. Due to that uhh like again time to time they are integrating with the doctors like the condition of patient is going like that. Like this drug this drug is having like uhh allergy things like that. That thing they have authority like uhh telling about uhh the condition of the patients and how the patients is doing well with their medications and taking their weight and taking their vitals every twenty four hours every three hours every twenty four hours ? hours. And also like uhh they also have authority like uhh cleaning the patients every day, changing their bed sheets like seeing the ward and like uhh is the doctor coming or not. Is the doctor taking the like taking his rounds and has doctor missed his round or not. Like uhh they had on video saying like you have problem to take round like that. They also have the authority like uhh sometimes uhh doctors might be wrong in some case. They have the authority to say like doctor this is wrong like that. In case the doctor is wrong. Uhh and also like they can they have the authority of giving the emergency medications. If the if the doctors are not ?. And all of the things is like they do authorities of adding other medications honest amounts like doctor. ? the symptoms.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community? Do you feel they're recognized as part of the world health community?

SPI1: Q6: I think they haven't they are slowly rising in this thing I think. They are slowly rising this like uhh becoming worldwide and that. I have seen our nurses are going to U.S.A. and sometimes they are going to Australia like that sometimes going to Canada. They also like becoming like uhh I am also like amazed like they have uhh like passed they can pass the exam like in U.S.A or Australia. And really amazed like they are doing good they are doing very well like that. I think slowly uhh like uhh Nepali nurses are also being like globalized. Seems so.

PR: Q7: In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal? How can you provide the directions and support for nursing as a profession?

SPI2: Q7: Uhh In what ways we can do or we cannot do directions? When like uhh like sometimes our nurses like they come like uhh in first year second year okay. They come like uhh visit us. At that time they are only in the studying years learning years. At that time like uhh sometimes the patient can busy like that don't have time to like uhh give the directions for the nurses who are just beginning who are just beginners like that. But uhh there are also some doctors some physicians who like teaches nurses like that. You have to do like that you have to do like that. Uhh even in my uhh like practice I also like like to teach the beginners like that. Like I also have teach taught lot of nurses a lot ? like paramedics like right here in our hospital ?. Like they are only just beginners so we should teach them. Like if you teach a procedure surely they will do surely they will understand they will like uhh they will have respect for you too and that teaching has not gone to waste too. And, you are not going to like uhh like uhh you are going to have a like by a teaching like she is going to help some person somewhere like that. So, have some physicians like teaching the nurses giving the direction you should use like that you should use like that though they have learned in their practice in their book sometimes they might forget like that. Sometimes giving direction is also good. And, some physician like that I think like uhh some physician don't give direction. They just sit there and just like tell how to give the medication like that. So it is better to tell them like like this medication do can do this type of adverse effect. So you can make them informed that surely next time they'll understand makes type of so they'll be aware of that and they'll be checking every few minutes every time like that. Because we doctors are not remaining twenty four hours because sisters are remaining. So it is good to give them directions.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved?

SPI1: Q8: In what ways can it be improved? As I have told you earlier like they must have the same level of education not only in context to Nepal. Like it must be like like related to your countries like that. It must have the sylla... syllabus mixed with your country as well as Australia as well as different country so that uhh they can be globalized one thing. And, the practice like what types of practice and what types of practical knowledge they get here as well as what types of practice they get in America and Australia and the UK and Canada like that. They must be exposed in that things also. If that things uhh that types of like it can be like uhh in video like uhh that type of practice is done in U.S. like. And other thing what one thing is like you know Nepalis we don't have the right amount of equipment and you can see in our hospital uhh I don't want to complain about our hospital. But, our hospital is like not a lot of equipment and lots of things. I think you have visited our hospital right now. You do that things also that haven't been in touch in like that kind of practical knowledge. So if that things would happen ? uhh that surely our nurses would be ?.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

SPI1: Q9: Uhh this is the same question I think that you just asked me.

PR: Q9: No, that's the profession...

SPi1: Q9: Uhh yes the profession, education....

PR: Q9: Profession versus education.

SPI1: Q9: Uhh how can you improve the education? Same like same thing uhh I have to say the same thing. Uhh what have like education knowledge number one the practice. Uhh number two like the syllabus as I have told you earlier. If the syllabus would be same and if they have been updated at times like uhh. They have to get updated. And that kind of updated education if they have been like provided in our Nepal that is great I think so. I think uhh like nowadays everything has been updated like medications like using different generations like that. Before we used to use first generation now we are using fourth generation. Like that uhh if they had been updated ? it would be great I think so.

PR: Q10: In what ways can nurses collaborate with or work with physicians to improve health care in Nepal? How can you work together?

SPI1: Q10: Uhhh. In the hospital or in anywhere in health post the main thing is to give a good care or to give a good health to a patient. There must be a bond between a doctor as well as nurse. If there is a bonding between doctor and nurses as well as other attendants or workers uhh surely the patients ? can be better, healthy, fine and they can be they can get well soon. I think uhh like number one there should be a good bonding like it can be like in conversation when or it can be in like uhh like uhh number one thing is conversation is also very important. Like, psychologically you should like uhh psychological is also very important. Nowadays uhh not only in our country but worldwide they are increasing the psychological problem. Number one you should make the patient psychologically well. That is by the doctors as well as by the nurses. So, there must be like bonding between the doctors and the nurses like doing the medications, how to treat such patients. Like some patients have like ? like uhh according to his uhh disease he might be having some kind of psychological problem. So, we can ask the sisters to nice to such patients we can ask. We can also tell the doctor like the patient is like this like that. Like uhh there must be a bond then that will be great. If there is no bond your hospital is not going to work nicely.

(SPI) Physician Interview 2 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

SPI2: Q1: Uhh I would say currently uhh as far as my knowledge there is uhh bachelor of nursing course and PCL nursing course I guess. And, I would say uhh the nursing course uhh compared to the U.S. like I've seen my cousins are studying in the U.S. Compared to compared to the to the west the nursing education is I would say the theory portion is not much emphasized uhh. Yes we do have like lot of hands on practical knowledge and uhh the uhh the senior nurses they train the junior nurses very well and in terms of patient care in terms of many procedures. But, when it comes to theoretical knowledge uhh I think they are still lagging behind. And uhh they are you know like they do have basic human anatomy and physiology courses. But, I don't think it's very clinically oriented. They need to have more of CME's I would say. Uhh yes that is pretty much it. On the practical side they know they know all the procedures. They are very well trained I mean (cough) they are I think well trained than us physicians in terms of for example opening an IV line and you know you know and take care of patients. But, uhh I would say in terms of theoretical knowledge they aren't uhh quite able to apply theoretical knowledge on uhh clinical applications. And, they don't pretty much know about the clinical ? and you know how to apply knowledge to the practice. And, so I think there needs to be they need to learn more of clinically oriented course.

PR: Q1: What do you think are the biggest challenges for educating nurses in Nepal?

SPI2: Q1: I would say uhh I guess that uhh real good nursing school I would say. Because uhh they are not really well trained ? compared to the other countries. And, still at a basic level uhh they still have lectures uhh you know in the in the nursing classes. Lectures, they copy notes and they ask the same thing in in test. It's just rote memory. They're not actually applying anything. So uhh yes I would say uhh what was the question?

PR: Q1: What are the biggest challenges for ...

SPI2: Q1: Yeah challenges I would say many multimedia resources. Uhh because uhh there have been a couple of you like uhh we had like advance and basic life support training programs here but it's not it's only in Kathmandu and not elsewhere. They need to have lot of uhh you know hands on training uhh in terms of uhh first aid and you know also theoretical knowledge which can be applied. And uhh, I think like they need to get into research as well. And (cough) I would say like uhh nurses in in Nepal they are just they just follow the directions of the doctors. Whereas, outside Nepal you know they are there are various nurses like registered nurse, nurse practitioner as well. It is not so in Nepal. So, if if if we we could be able to you know train nurses uhh to be able to practice and prescribe medicines and you know do the basic uhh patient management I would say it would be very helpful especially in the rural communities.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all schools? Are they the same? Are all the schools the same?

SPI2: Q2: I would say more or less they are the same. Umm like I said umm they are they are taught basic human anatomy and physiology and basic disease process but it's just like uhh like the med schooling system in Nepal where uhh students don't mix directly with the mentors and the teachers. They don't ask questions frequently. So, they just learning what this uhh this teacher is saying. So, I think there is not much uhh you know uhh to be like they are not they don't speak for themselves and uhh they don't ask questions so (cough).

PR: Q2: Are, would you recommend one program over the another? Like TU over PU over KU? One of the other programs?

SPI2: Q2: (Cough) Uhh I'm not sure. I mean umm nurses I I work with I think they are from TU I think I think in terms of practical knowledge they are very good. But in terms of theory they I I find them asking like various basic questions and they get really confused with the medications and uhh the mode of actions of medications. And, like

even even lot of like the nurses they get so much so confused with the terminology like basic you know disease name and like there's lot of lot of spelling mistakes around. I have to correct them and you know yeah they need to learn more of uhh the theory portion.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal?

SPI2: Q3: I would say no. No because umm in terms of uhh patient care like they just follow the doctors. But, they are not so uhh able to work independently on their own. And, uhh I mean just for example like if if there is a patient with very high fever they they ask us what to do next. So, uhh you know like I think nursing education should be upgraded to a certain extent that uhh they they would be able to manage a lot of simple cases simple medical cases by themselves and be independent so.

PR: Q3: What would you consider an adequate level of education? Satisfactory level of education for nurses in Nepal?

SPI2: Q3: Uhh I don't know exactly...

PR: Q3: What things would you like to see in a adequate level...

SPI3: Q3: Okay. I I mean uhh I I would like to see like nurses they understand basic uhh process of disease. They should be knowing uhh they should be able to explain the patients relatives like I mean the patient about like about simple diseases that are very common around the India region. And, then manage those sort of cases by themselves. And, also I would say uhh they they should be you know some research going on around. And, I think they should be there should be a system of nurse practitioner in Nepal as well. You know. Yes.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school?

SPI2: Q4: Right. So, in terms of like I said uhh in terms of umm various procedures like opening an IV line umm and like opening an IV line I would say and basic dressing and suturing of wounds I think they are very they they get a lot of hands on exposure especially in the rural areas where they are the primary you know health care providers. So, in terms of the those cases they have seen a lot of cases but they need to learn how to manage it properly. They they need to learn like what protocols are and you know. So uhh, in terms of uhh how they manage (cough) simple straightforward cases I think I am satisfied with that. But, the things that they don't know much about uhh many many

commonly prescribed medications, their side effects. Uhh I think they they be they should learn how to uhh counsel uhh patients as well. Counseling is very much lacking in Nepal. So, I think they should be focused on that as well.

PR: Q5: To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care? What things can they do versus not do?

SPI2: Q5: Right. So, almost all the cases uhh all all of the umm procedures that the nurses are obli obligated to do they are done under the doctors guidance. For example just in case of a fever if they want to give paracetamol they need to ask the doctor straightaway they can't decide themselves. And, uhh and in like many other cases they need to follow the guidance of the senior consulting physician as well. So...

PR: Q5: What things can they do on their own?

SPI2: Q5: Uhh on their own? Yes, uhh they can open an IV, they can do many procedures like suture removal, providing basic first aid care, uhh giving umm IV sol... IV medications to patients, injections, tetanus injections. And, many trained nurses are able to deliver babies in the rural community. Trained health care, trained birth attendants. And, many surgical nurses also are very you know experienced in assisting major surgeries as well. So, I would say uhh given the proper opportunity and given proper learning atmosphere and CME's I think the nursing education would be very good would be very good in Nepal in coming days I would say. And, even the nurses they are very eager to learn I mean even in the rounds I try to explain some of the drugs and some of the disease mechanisms they don't understand. They are I find them very eager to learn. So I think yes, yes...

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community? Do you feel they're recognized as part of the world health community?

SPI2: Q6: Umm, Nepal uhh the nurses I mean as a health care provider I mean in the rural areas they are very well respected and people consider them as uhh health care providers. But, but, uhh in the cities around umm they are just considered like someone who gives just gives the presri...pills and injection solutions. They just someone who just follows the doctors' orders. So, I mean we have I think we have to change those those aspects.

PR: Q6: How does that affect them as members of the global health care community?

SPI2: Q6: Umm, I mean like uhh I I don't understand the question. You mean you mean like global?

PR: Q6: Yeah, the world. Are they recognized as members of the world health care community?

SPI2: Q6: Yes, of course they are. They are because uhh I mean in in every hospital we like the first one we the patient and the patients relatives they contact are the nurses. So, the nurses have a have a position in the society, but uhh I think they are just considered as like someone who follows the orders of the doctors. So, I think we need to change that. We need to upgrade their education level so that they can be very well respected and they can work ?. (Cough)

PR: Q7: In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal? How can you as a doctor provide the direction and support for nursing as a profession in Nepal?

SPI2: Q7: So, uhh I think that we should umm in my opinion there should be a separate course as if not just a nurse but someone practicing nurse as nurse practice or registered nurse who can who can take basic history, do basic physical exam, prescribe, you know do the primary care needed. And, only in case of critical conditions consult the doctor. So, for that I think we we need to set-up a new uhh course, I would say, a new course. That would enable nurses umm to get some sort of uhh sim education similar to uhh our undergraduate education. Like rigorous uhh basic medical science, followed by clinical science and then and then uhh I would say yes just just similar to a junior doctor. I think they should get a get a good training as a junior doctor yes.

PR: Q8: In what ways do you think that the profession of nursing in Nepal can be improved? How can they improve the nursing profession?

SPI2: Q8: Umm. Yes, again I would say like uhh we should improve the uhh quality of the education of of nursing in Nepal as a whole. For that I think uhh we should uhh start a new course I would I would say as a nurse practitioner. And also I mean uhh there should be lot of uhh continuing medical education for the nurses. Uhh I think that's it.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

SPI2: Q9: Same question?

PR: Q9: No it's the...

SPI2: Q9: Oh, educational system uh uh. Uhh I would say they should improve the basic umm medical science taught in medical school should be included in the same manner in nursing education. Because, uhh in nursing education uhh they are not taught so rigorously the the basic anatomy and physiology. So, they should be taught very uhh in detail uhh like the medical schools. And, so they can get a good understanding of the pathophysiology of disease and you know after been to exposé they can properly ? the disease and manage the patient properly. So, uhh guess I would say there should be a lot of teaching sessions in in community hospital, nursing hospital, teaching hospital for the nurses. And, a lot of them I think should be you know uhh a lot teaching should be uhh conducted by the physicians and the and the department the department faculties themselves. And, I think that those things would help improve the nursing quality education.

PR: Q10: In what ways can nurses collaborate with or work with physicians to improve health care in Nepal? How can you work together?

SPI2: Q10: Yes, so uhh you know uhh speaking of specifically like just in the hospi... in the hospital just in the hospital I would say umm you know while taking rounds we should uhh we should improve their their you know what they think as well. In the rounds especially here in Nepal it's only doctors and the junior doctors talking and nurses just follow the orders. But, I would say you know taking the nurses' opinion because they know so much a.. about the patients. We stay like just for few... few few hours on the ward, but we just run around here in the ER and up there. But, they have been taking the nurse actually are taking care of the patients like it's around the clock. So, I would say they know much more about the patients compared to us. You know. So, I mean I ? we should address a lot of concerns uhh you know asked by the nurses. And, like they have just I see like in when when I am in duty like lot of nurse they have like specific comments like this patient is this patient have this this symptoms for so long why is the doctor so... A lot of times we ignore those comments I mean like okay whatever you know. But, I think they have seen those patients for for so long time. They have better idea what the patient is... So, I would say the nurses should be you know equally uhh they should be they should be outspoken they should speak in the round as well and we should you know encourage them to speak in the rounds. And, you know even uhh after the rounds I think we should have a small session you know. Like could be like the senior nurse and the nurses who is taking care of the patients, the junior doctors and the senior doctors and discuss accordingly you know like what what how can we manage the patient properly. That's specifically so and probably I would say due to the nursing

education I would say you know bring up a new entirely new course for the nurses. And, this this particular nursing courses course syllabus has been there for like a lot of years now I think we should change. The core curriculum I would change.. The core curriculum I would change.

(SPI) Physician Interview 3 Transcript

PR: Q1: How would you characterize the current state of nursing education in Nepal?

SPI3: Q1: Current umm state of nursing education right? I think that nursing education has been like umh sort of business in Nepal right now. Like they are opening the hospital like small small clinics and then expanding in in the umh hospital and then they join the nursing college but the quali... quality is not umm not so good I think in my opinion. Uhh and I have studied in umm China I didn't study I didn't pass I mean study here in Nepal my ? so I don't have much idea but as far as I have seen during this three three years of my work in hospitals I have found that the quality is not so good. Uhh maybe some hospitals they have private hospitals they have but the government hospitals umm I don't they are providing good education for umh nursing students I guess.

PR: Q1: What do you see as the biggest challenges for educating nurses in Nepal?

SPI3: Q1: The biggest challenge I think umh firstly umh umh in nursing education first umh they umh they they also go from basic to the higher level right. And umh the challenge it's like umh the big government, the big government policies, everything are everything depends on government policies right that that right they have our government still has not been educated for proper education. Like umh proper guidance to ? the patients. Even even if the student even if the nurse are interested they have they have been like able to do properly. So, it's all about government policies and all depends on that I guess.

PR: Q2: To what extent do you think that the nursing education system in Nepal is consistent throughout all programs all schools? Is all the programs the same?

SPI3: Q2: Uhh I think the contents are same but they are not doing it. Similar in the in the same way. They they they do at umm on their own whatever they like I I guess. I don't know properly as I said that I have I have not studied here. If I had studied here I I would have gone through the like umh the nursing education program also side by side. We we we we would have been correlated. But I have not studied here but umm I think it's not as similar in every every place every institute.

PR: Q2: Are there one program that you would uhh recommend over the other? Like is TU better than PU is better than KU?

SPI3: Q2: I can't say that exactly. But, people say like TU is uhh better than KU. Uhh but I think it depends on the the thing also have different uhh uhh colleges, villages right and uhh affiliated uhh college nursing college uhh institute they have different and it depends sometimes some institute are better than uhh KU institute are better than TU and some TU institute are better than KU.

PR: Q3: Do you think there are adequate standards for the nursing education system in Nepal?

SPI3: Q3: I don't think so (laugh). Because like I have said already it depends on government policies. Only providing education is not adequate. Because uhh theory maybe they will be they will like uhh they understand nursing students but they have to do it practically as well. But for practical purpose we don't have enough materials, enough equipment. Even if we have if we have patients maybe we can do some caring and uhh all the nursing stuff. Uhh but, I don't think that uhh the quality is uhh better in Nepal. Because uhh like even uhh even when we have equipment uhh like uhh in our hospital our hospital is not that big but we are providing service as much as we can and we are doing our best but sometimes we fail for that because we don't have much equipments uhh uhh comparing to the other ho... other private hospitals right. In for in in that thing also uhh nurse, nursing students, nurses they lack like and also sometimes the theories I guess because even the small small small uhh things small uhh like pharmacology, pathophysiology uhh they are just uhh given the basic uhh they are just taught the basic things. And, sometimes they I think they need to learn even more I think.

PR: Q3: What would you consider an adequate level of education for nursing?

SPI3: Q3: Adequate level?

PR: Q3: What would you think what do you think would be adequate level? Satisfactory level of education?

SPI3: Q3: Satisfactory level?

PR: Q3: What would you include?

SPI3: Q3: Like uhh theories I I I think they are more umm umm uhh they are more focused in only practical things, giving medicines, opening veins IV lines, they are more

focused on that thing only I think. I should I think we should give them a little bit more advanced uhh uhh education in theories as well not only practical. As far as I have seen they do the works they do the good works but their knowledge is not adequate. That's why it depends on themselves as well how much they how much I don't know uhh as far as I have seen they are just taught the basic things. Very basic things only. Some some some students it depends on person also because uhh when they are interested they try to learn more. But, even if they are taught only basic things and they are not interested in the like uhh to go more deep they don't have any knowledge. They can work but they don't have knowledge. But, I think uhh we should uhh pre... pressure them for like de... for deep knowledge as well. And, education education wise not only the basic things but furthermore knowledge yeah furthermore knowledge.

PR: Q4: In what ways are you confident or not confident in nurses educated in Nepal providing care for your patients on graduating from nursing school? How confident that they're prepared after finishing nursing school to take care of patients?

SPI3: Q4: Yeah uhh in case of taking care of the patients uhh I think they are competent I think they do the good work.

PR: Q4: Are you confident of them caring for the patients?

SPI3: Q4: Yeah. Because as far as I'm not I don't know uhh everyone, but as far as I as I work here and other teaching hospitals in case of caring the patients they are doing the good job. I am confident in that. But, as I have said that uhh not not good not good knowledge. They do the good job but not much knowledge.

PR: Q5: To what extent do you feel nurses in Nepal are given or not given autonomy when providing patient care in Nepal? When are they given authority versus no authority? Which things do they do?

SPI3: Q5: They are given authority for caring...

PR: Q5: Yeah. Which things can they do with authority and which things do they need somebody else's instructions?

SPI3: Q5: I think that uhh for the as I have seen only for the like sanitations, and the caring patients, and making beds these things they are given authority. But, but for providing the medicines, and uhh sometimes we we have to give not we I mean they have to give they also have to give sometimes in uhh absence of the doctors duty doctors sometimes they may be alone but they are not given that authority to give the emergency medicines. They need they wait for doctors' advice and then only but they don't do that.

But, I think they should be given some kind of emergency medicine they should be allowed that like for emergency drugs. Sometimes we can wait but sometimes when are not there when the doctors are not there they should be like uhh given authority to provide the drugs right there sometimes in need in need.

PR: Q6: In what ways do you think nurses in Nepal are or are not recognized as members of the global health care community? Are they recognized as members of the larger community?

SPI3: Q6: Uhh actually I don't have idea about this but as uhh as I think but uhh they are not recog... recognized no. Maybe some NGO's, INGO's they are, but uhh overall if I look and uhh talk about overall they are not recognized. I don't think they are being recognized.

PR: Q6: And why do you think they aren't recognized?

SPI3: Q6: There are many nursing students and uhh uhh like we have in Nepal we have like uhh uhh uhh we have many students but we have like uhh job problem right job problem. And, uhh as far as uhh when I see and talk with the sisters nurses and uhh I don't find like uhh that there is good opportunity in Nepal in Nepal. And, mostly they uhh the students they are they go abroad for the uhh for the jobs and everything. For the opportunity and if it were in Nepal itself I don't think there would be many people abroad. That's why I don't think they are being recognized.

PR: Q7: In what ways do you think that physicians can or cannot provide direction and support for nursing as a profession in Nepal? How can you provide the support and direction for nursing as a profession?

SPI3: Q7: I think more communications and uhh more communications and uhh like uhh uhh teaching them well like uhh when in hospital uhh we have we need to have more communication. The first thing is communication and a good relationship right. So that we can uhh uhh whatever uhh uhh they do the works they do the works but we have we obviously have the uhh wider knowledge deep knowledge that thing but we don't work. We don't actually work (laugh), but they work. That's why the good communications is required between us. Between the nurses and physicians like that. But, in context of Nepal as I told earlier due to government policies doctors are busy on their own. They are working two, three, four hospitals, rounding care from here to there. They don't even have the proper time for patients and how can they have time for nurses. So there is no good relationships. Even if the like even if the uhh relationship is good it is like hi hello uhh just like that. But, we should like have more communication give knowledge time to

each other so we can discuss the cases and discuss the uhh uhh topic and do the things and taught teach them the things and learn things from them, I mean nurses. Main thing is communications (laugh).

PR: Q8: In what ways do you think that the profession of nursing can be improved in Nepal? How can the nursing profession improve itself?

SPI3: Q8: Profession not education right?

PR: Q8: No, profession.

SPI3: Q8: Nursing profession. It depends on uhh it depends on hospitals I guess. Nursing profession. In my opinion or like....

PR: Q8: Your opinion.

SPI3: Q8: Right uhh profession of nursing. Like first of all they themselves they they more focused serious about their own profession right. And they have uhh the nursing profession they should have more uhh compared to other professions I think nursing nurses, they have to be more polite, they should have more like good relations with people and more publicity and that way uhh they can like share things and if they have all these policies they can have good relations with the patients as well as doctors and like that.

PR: Q9: In what ways do you think the nursing education system in Nepal can be improved?

SPI3: Q9: I think when when the government policies are improved it it will be improved itself. This is be little more strict and uhh then when the government uhh in cases of like uhh education government education system if they are improved it will improve everything I guess. But, they are not like uhh they ha... have been opening the nursing institute for the business purpose. If they do like this I I don't think it is going to improve anyway. Because, neither the uhh system in Nepal will improve neither it will improve nor the nurses themselves. They just go visit visit their friends, playing cards and don't do anything. Like, we should provide more uhh technical poli... policies and not only focus on education, practical also and provide advanced equipments and provide like adequate uhh uhh there may not be patients at hospitals sometimes because everytime there may not be patients. But, we should like provide them adequate equipment and uhh it should uhh ? do like uhh even if they are not busy they can do some of the things communication and then the CM classes, practicals, and presentations, everything, like that. But, the government my focus is on government.

PR: Q10: In what ways can nurses collaborate with physicians to improve health care in Nepal? How can you work with nurses to improve the health care together?

SPI3: Q10: It's like the same questions as before right?

PR: Q10: Sort of.

SPI3: Q10: They should of... I think my answer is same like uhh main is communications right and good relationship. And, uhh the main thing is if the government uhh if uhh uhh tell tell tell it tell it frankly like I told you like uhh doctors have been working here and there two, three, four different places. They must give time to each other. Their patients, their staff, their nurses and everything, everything ?. If uhh we get like good salaries or or if we have good umm salaries our government providing us uhh like we are giving them tax and they are not providing us anything instead right. That's that's why we have been working here and there and there. If we work in one hospital then we can focus more on that thing. We can focus on our hospital in one hospital and then uhh teach teach uhh nursing students, nurses whatever we know right. Whatever we know and we will have enough time. And, we will have good communication and we will be know what is like what has been lacking. What has been lacking and what we do we need to focus on more. These things are lacking actually in Nepal. But, ? the main uhh I would focus on the government policies and then communications and good relationships with the physicians¹²³ and nurses that's all.

Appendix AA

Survey Instrument

Please place a check (X) mark in the box that most closely reflects your opinion about each statement. Choices include: (1) strongly disagree, (2) disagree, (3) neither, (4) agree, and (5) strongly agree.

Likert Scale Survey for Staff Nurses

Questions	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5
1.I think that nurses in Nepal are considered professional members of the health care community in Nepal.					
2.In my opinion nursing in Nepal is recognized as a profession by other health care providers (physicians, nursing supervisors, nursing faculty) in Nepal.					
3.The nursing education in Nepal is consistent throughout all programs.					
4.Standards for nursing education are currently present in Nepal.					
5.On completing nursing education in Nepal I felt that I was prepared to provide patient care.					

Questions	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5
6. In my opinion the current nursing education system in Nepal meets international standards set by organizations such as the World Health Organization.					
7. I think that nurses who complete their nursing education in Nepal meet knowledge standards set by organizations such as the World Health Organization.					
8. I think that nurses who complete their nursing education in Nepal meet nursing skills standards set by the World Health Organization.					
9. As a nurse educated in Nepal I feel that I can seek international employment and participate as a members of the global health care community.					
10. In my opinion nurses in Nepal are recognized as members of the global health care community.					