



## EDITORIAL MESSAGE

### Beyond the Bedside: Mobilizing India's Nursing Workforce for a Vikasitha Bharath

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#### Introduction

In the year 2021, the World Health Organisation stated that investing in nursing is not a cost, but an incitement, for universal coverage as well as Global Health security. India developed an ambitious vision of a Vikasitha Bharath. An aerial view suggests that a critical paradox persists, wherein we have over 3.3million registered Nurses. However, their potential as Primary architects of Public health remains untapped within the hospital settings. Post the pandemic, as we navigate further, we constantly strive towards Sustainable Development Goals. It is necessary to highlight that underutilisation of these goals is not only a constant issue in the workplace but also a major National Strategic Gap. It is undoubtedly mandatory to harness and secure the full spectrum of nursing power which is the need of the hour for Nation Building.

#### Current landscape

A rough sketch of the current landscape of Public health domain is highlighted by a stark clinical community disconnect. The National Health Mission enlightens and envisions nurses for major Frontline Roles Additionally there are tertiary and curative roles that also exist. Sharma et al. (2019) documented that over 70% of India's nursing workforce is employed in private hospitals, focusing on inpatient care, with limited structured community engagement. Few research studies term this as a missed opportunity as the Advanced Practice Nurse Roles into chronic disease management and primary care continues to remain underdeveloped and not well defined. A massive lack of proper systemic frameworks,

Pathways stemming education and policy obliges to transit nurses from mere episodic illness responders to proactive community health leaders, especially pertaining to rural and unreached areas of the community.

#### The Need for Change

The rationale for a paradigm shift is urgent and multifaceted.

##### 1. The Demographic and Epidemiological Imperative:

The dual burden of communicable and non-communicable diseases instantly requires preventive and a solid community anchored approach. Nurses are uniquely positioned for this. Few evidences from a research study conducted in Kerala yielded that various nurse led community programs provide a significant impact to the society fostering improved blood pressure levels, medicine compliance thus significantly tapering cardiovascular factors.

##### 2. The Health Equity Imperative:

The vulnerable section of the society face hardships pertaining to health care access. The nurse Practitioners have a major role in bridging this gap. A supportive study by Bhattacharyya et al. (2020) in tribal areas of Chhattisgarh showed that mobile health units staffed by nurses increased antenatal care registration by 40% and immunization coverage by 25%, showcasing their role in reaching the last mile—a core tenet of *Vikasitha Bharath*.

##### 3. The Economic and System-Strengthening Imperative:

A major cost-effective strategy is task shifting. This is utmost for health care resilience. Significant research studies done by Rao et al. (2023) signifies modelling the impact of nurse-led primary care clinics. This estimated a potential 20-30%

reduction in unnecessary specialist referrals and associated patient costs. The public health capacity thus gets more sensitised to an efficient, accessible and sustainable health care delivery system.

### **Our Journal's Approach**

The main aim of our Journal is the recognition of a critical juncture in Public Health sectors. This establishes commitments to generate a scholarly aspect which is majorly needed for a significant transformation. This commits to being the scholarly engine for the transformation. Our motive is to actively curate Knowledge to build major evidence-based practices that would stimulate Nursing led Public health in India.

### **Call to Action**

In the recent years, India's health budget has shown a significant upward trend transforming vision into reality concerted action from the various Stakeholders. There has been a tremendous change in the Union Ministry Budget Allocation launched by PM-ABHIM. This initiative was determined to emphasise and harness the various levels of care. With reference to this trend, the new Budget proposed for the year 2026 is estimated to be within ₹1.15-1.25 lakh crore accentuates digital health, preventive care, and pharmaceutical self-reliance.

#### **For Researchers:**

Researchers play a massive role in conducting and implementing the robust researches focusing on extensibility and economic growth.

#### **For Institutions (Government & Regulatory):**

The apex bodies like INC and State health departments play a pivotal role in revising the curriculum for various courses periodically. There must be standing policies to formally recognise and generate career paths for nurses.

#### **For Funders (National & International):**

Promote the extension of support for digital tale health services for better equipped and accessible care extending to the remote populations.

#### **Summary:**

In alignment with VikasithBharaths Vision, "Beyond the bedside" points that, Nurses are the major contributors for Nation development. A major setback is that irrespective of the number of nurses,

majority of them are involved mainly with tertiary care rather than primary care. This message emphasises that reformation in nursing education Policies is the need of the hour and this advocates for Collaborative and an integrated Approach between Policy makers, researches and the funders.

### **Conclusion**

A Swastha Bharath and a Vikasitha Bharath are exclusively interlinked. It is time to unlock the multifaceted potential among the Nursing workforce. With this we are focusing in a future where nurses are to be valued for their extended and expanded roles in reforming the society.

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