



WHAT IS THE CONTRIBUTION OF PRIVATE TRAINING INSTITUTIONS ON NURSE PRODUCTION AND AVAILABILITY IN RURAL AREAS?

Background

Nursing shortages are a critical health workforce challenge and are likely to be exacerbated in coming years by changing population demographics and healthcare needs. As pressures grow, shortages will intensify the unequal distribution of nurses both within and between countries.

Currently, many countries are experiencing a rapid expansion of private nurse training institutions. These institutions have the potential to contribute positively to local and national health systems by increasing the supply of nurses, possibly even in rural areas where shortages are most severe. However, little is known about private training institutions (e.g. their syllabus, the quality of training, how they are regulated), or about the job choices of their graduates.



About the research

RESYST Consortium conducted research in Thailand, Kenya and India (Tamil Nadu state) to examine the emerging role of private nurse training institutions and how they compare with public institutions in terms of: resources and financing, the quality of teaching and students and students' exposure to rural health. In India and Thailand, the research also investigated differences between graduates' employment choices and their likelihood of working in public or private facilities after graduation. Study methods included: a cross-sectional survey of public and private institutions, document reviews and key informant interviews.

1 Private nurse training institutions are unlikely to reduce nurse shortages in under-served areas.

Many countries face their most acute shortages in rural and remote areas; however, the evidence shows that most private training institutions are set up in urban areas, which have better general infrastructure and more prospective students. In India and Kenya, nurse shortages are severe countrywide, not only in rural areas. While private sector institutions do produce nurses to work in these countries, a significant proportion migrate to work in richer countries.

2 In most contexts, public sector institutions are best placed to respond to a country's health workforce requirements.

Public nurse training institutions that have strong links with Ministries of Health and professional associations, are more likely than private institutions to:

- Align student intake and training programmes with changing population needs;
- Maintain healthcare standards; and
- Set-up training schools in rural areas and collaborate with the public healthcare system to place trainees or graduates in under-served facilities.

3 In some countries there is poor absorption of nurses into the public health sector.

In Kenya there is not enough funding in the public health sector to employ nurses that are trained in the country, leaving many unemployed. This disjuncture between production and recruitment is one reason for the high levels of migration. Similarly in India, only a small proportion of trained nurses go on to work in the public sector, although the problem is not only due to a lack of funding as the number of nurse vacancies in the state is high; rather, it is caused by inadequate workforce planning.

Nurse Recruitment Board list for Tamil Nadu state, 2015

Sl No.	Name of the post	Post Code	Total No. of posts*
1	Nurses	—	7243

* - Out of 7243 posts, for 6792 posts only woman candidates are eligible to apply.



RESOURCES

- Nurse training institutions project webpage for full list of resources at <http://resyst.lshtm.ac.uk>
- Workshop report: Can the private education sector help overcome nursing shortages? A synthesis of evidence from Thailand, Kenya and India (Tamil Nadu state)

