Nursing a Nation

A tribute to Bhutanese nurses in appreciation of their services
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Cover photo: Nursing staff and students at Langjophaka hospital in the 1960s
Nursing a NATION

A tribute to Bhutanese nurses in appreciation of their services
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>6 &amp; 7</td>
</tr>
<tr>
<td>The beat of the health care system</td>
<td>10</td>
</tr>
<tr>
<td>Through the years</td>
<td>12</td>
</tr>
<tr>
<td><strong>Section 1 : Scenario</strong></td>
<td></td>
</tr>
<tr>
<td>Vitals of life</td>
<td>16</td>
</tr>
<tr>
<td>On-the-job training</td>
<td>19</td>
</tr>
<tr>
<td>Last of the first lot</td>
<td>22</td>
</tr>
<tr>
<td>Pioneer nurse Daw Dem</td>
<td>24</td>
</tr>
<tr>
<td>Health Infrastructure</td>
<td>26</td>
</tr>
<tr>
<td>Due recognition, due still</td>
<td>28</td>
</tr>
<tr>
<td>A dearth of candidates</td>
<td>30</td>
</tr>
<tr>
<td>Pioneers of primary health care</td>
<td>32</td>
</tr>
<tr>
<td>Nursing specialties</td>
<td>35</td>
</tr>
<tr>
<td>Uniform evolution</td>
<td>38</td>
</tr>
<tr>
<td>Bold in black, elegant in white</td>
<td>39</td>
</tr>
<tr>
<td>Along came brother</td>
<td>40</td>
</tr>
<tr>
<td><strong>Section 2 : Becoming a nurse</strong></td>
<td></td>
</tr>
<tr>
<td>What it takes</td>
<td>44</td>
</tr>
<tr>
<td>In the footsteps of a hero</td>
<td>46</td>
</tr>
<tr>
<td>Being a nurse, just as good</td>
<td>47</td>
</tr>
<tr>
<td>Advances in education</td>
<td>48</td>
</tr>
<tr>
<td>Mr EMT</td>
<td>50</td>
</tr>
<tr>
<td>A general nurse</td>
<td>52</td>
</tr>
</tbody>
</table>
Section 3: Challenges & Opportunities

Misperception 72
Quality of life 74
First responders, saving lives 76
Homage to the noble 78
Lending a Buddhist lens 80
It’s about adaption 82
Chances are... 84
More than just nursing 86
More than meets the eye 89

Section 4: Looking ahead

In the grand scheme 94
For health care upkeep 96
Quality over numbers 98
Nursing on 100
Our Kings often stand out from among world leaders, not because of the conventional leadership skills but because of their innate qualities of compassion and care.

These are unconventional ways of describing a true leader, but something we should espouse. Service from the heart is what we, as Bhutanese, should strive for, and this is relevant to the nursing profession.

The health and wellbeing of Bhutanese have progressed considerably, much so during the past six decades of planned development, which saw the introduction of modern education, roads, hydropower projects, tourism and introduction of modern medical practice, which focused on improving primary health care system.

Nurses have played a crucial role, as the backbone of the health system, in reaching out to communities, improving health and sanitation, achieving immunisation, mother and child health and other health-related Millennium Development Goals (MDGs).

In many ways, nurses in Bhutan are the epitome of compassion and care. It is so much a part of our culture and tradition.

Nurses have always been at the front, be it during the 1970s, when they worked in health care units taking services to the corners of the country or in current times of the COVID-19 pandemic, working as front-liners to curb, cure and care for people.

The roles of the nurses are expanding with innovation and technology but the fundamentals remain the same. Providing service with care and compassion will only progress the health care system into one that truly serves the people.

Dasho Dechen Wangmo
Health Minister
Foreword

This book is a realisation of the fondest thoughts, greatest appreciation and deepest regard for the providers of one of the most indispensable services in our lives, our nurses.

Although inspired by the circumstances today, that brought a stark recognition of the profession and the services it is associated with, this publication was long overdue. Like today, our nurses, sacrificing most of their comforts so we enjoy ours, are always on the line. Sworn into the profession, they will continue to be. That is the confidence our lives thrive on.

It is hoped the book, though limited by time, space and expression, ripples through time in acknowledging the selfless efforts of every Bhutanese nurse, from the initial founders of the service, to those that continue to bear the sacred torch today, to be sent beaming forward.

From those in the far end of the remotest east, to those tending to the ill in the open meadows up north and at the forefront of the sweltering foothills, their importance cannot be emphasised further.

All there is to them is the Bhutanese belief, one founded on the sacred Buddhist scriptures that they are, in fact, the very prayers (moenlam) the Buddha left, to tend to the ailing and the frail, before his parting from the earthly realm.

For lending this profession the nobility it radiates with and for the risks our nurses are exposed to everyday, a fact made evident by the pandemic, our untold gratitude to the healing hands of promise.

Dr Rui Paulo de Jesus
WHO Representative
THE START: For a nurse, a shift begins with taking over of responsibility for patient-care
Introduction

A book in dedication of the people that make up the noble profession is long overdue and timely nevertheless.

Long overdue, because the recognition of our nurses among us was taken so much for granted that it took a circumstance like the global pandemic to shine light of significance on them.

Timely, because apart from recognising the people behind the profession, the need for record, probably the first publication that exclusively dedicates itself to nursing alone, cannot be overemphasised. Some of the early founders of the profession in the initial development stages of the country, though gone, survive in a few written documents in which they are sparing mentions.

The book is enriched by the narratives and accounts of pioneers of the profession, either teaching, continuing on contract to make up for shortage of nurses, or who have retired to the solitudes.

The book, broadly divided into three key sections is an attempt at documenting the evolution of nursing in Bhutan.

It begins with the practice as it is today, complemented by the narratives of those that came before, taking us back to when it was just rudiments.

It discusses shortcomings and opportunities including education and trainings, gathered through interviews of those in the profession, from nurses themselves to educators, academics and policy makers.

The book culminates in the promises of a better tomorrow for the people in the profession in view of the technological advances, demand the world over for skills in short supply and the country’s own progression in the medical and healthcare services in keeping with the demands of the time.
When Bhutan began developing its modern health care system in the early 1960s, village girls, with little or no schooling, were recruited to serve as nurses. Hands-on training was given under an expatriate nurse, to perform miscellaneous tasks in the few hospitals.

Together with basic care and housekeeping, they also engaged in comprehensive health promotion and encouraging behaviour change, as part of the Primary Health Care (PHC) strategy, which Bhutan adopted early on.

Since the advent of modern health care, health and well-being of the Bhutanese people saw substantial improvements. Bhutanese are living longer, healthier lives, immunisation coverage is among the highest in the region and Bhutan achieved its health related 2015 Millennium Developmental Goals (MDGs). In all these gains, nurses have made significant contributions, from mother and child care to rehabilitation of recovering patients.

With the state-funded and managed health care, the development of nursing in Bhutan, as with other professions, has followed government priorities.

In the mid 1970s, when health care units were being built across for more equitable distribution of services, nurses were among the frontier workers, delivering mother and child care in the interiors. Higher specialisation of nursing began in the early 1980s with a full-fledged diploma programme just as health infrastructure was being rapidly expanded.

Today, Bhutanese nurses handle all aspects of nursing care, administration and management. The profession itself progressed in terms of health care skills and educational levels. A number of nurses have gone beyond clinical duties to take up leadership positions in nursing administration,
management, policy, research and education.

Nurses also make up the largest occupational group in Bhutan’s state-funded free health care system. This is in keeping with global trends and an indication of how modern health care systems rely on nurses to deliver services.

Although the nurse to patient ratio is at a much more comfortable position than it was decades ago, the profession is beginning to see the first trends of experienced professionals leaving for greener pastures, which will throw up new challenges. At the specialised care level, the numbers are still short.

Improving access to quality and equitable health services is a goal that Bhutan has prioritised in pursuit of universal health coverage (UHC) and nurses will continue to play a central role in this quest.

“Since the advent of modern health care, the health and well-being of the Bhutanese people has seen substantial improvements.”
Through the years

1963
- One year, on-the-job training for assistant nurses introduced

1975
- Auxiliary nurse training programme commenced

1978
- Assistant Nurse programme formalised

1982
- General Nurse Midwife training programme introduced
- First degree nurse graduated from India

1986
- First batch of general nurse midwives graduated from Bhutan
- First nurse with master’s degree graduated from India

1989
- Upgraded as The Royal Institute of Health Sciences (RIHS)

1995
- Entry level for Assistant Nurse programme raised to Class VII

1996
- Entry level for Auxiliary Nurse Midwife raised to Class X

2000
- Assistant Nurse programme phased out
- Entry level for General Nurse Midwife programme raised to Class XII
2001
- Auxiliary Nurse Midwife and Health Assistant programmes merged
- Part-time 2-year Bachelor of Nursing Conversion Programme introduced in collaboration with La Trobe University, Australia

2003
- Graduation of first batch of Bachelor of Nursing Conversion students
- Bhutan Medical and Health Council established
- Became a member college/institute of the Royal University of Bhutan

2008
- Institute delinked from health ministry

2010
- Started 2-year Bachelors in Public Health

2012
- Started 2-year Bachelors in Nursing and Midwifery course

2013
- Became Faculty of Nursing and Public Health under the newly established University of Medical Sciences of Bhutan

2014
- Started 2-year Bachelors of Science in Nurse Anesthesia

2017
- Bhutan Accreditation Council (BAC) awarded Certificate of Accreditation to the Faculty of Nursing and Public Health

2018
- In-country specialised training begins

Source: Faculty of Nursing and Public Health Development of Nursing in Bhutan: an overview, La Trobe University, Australia
SECTION 1: SCENARIO
Since the advent of modern health care in the 1960s, Bhutan has made impressive strides in the health and wellbeing of its people and nurses have played a central role in these gains. Today, nurses are the largest occupational group in Bhutan’s free health care system with a vital role in health care delivery and in safeguarding public health.
Tashi Tshering, 23, gently jabs the bulging nerve on the forearm of the dominant hand to draw blood of a Thimphu resident. All wrapped up in blue personnel protective equipment (PPE), with only the eyes visible, the final year Nursing Diploma student of the Faculty of Nursing and Public Health, has been on the frontlines in the fight against COVID-19 since the first nationwide lockdown in August 2019.

Veteran nurse Dorji Dema heads out with a three-member team from the Chumey Basic Health Unit (BHU) in Bumthang for the monthly outreach visits to four locations in the valley, to vaccinate babies and check on expectant mothers.

Brother Sonam Gyamtsho grinds some tablets in a pestle to a fine powder, mixes it with water and carefully pours it into a nasal tube of a patient in the intensive care unit of the national referral hospital in Thimphu.

From ushering in new life to caring for the dying, nurses play a central role, across the life span, in delivering health care and in safeguarding public health.

Always at the forefront, whether fighting infections or epidemics, nurses are the backbone of the health care system with a vital role in all aspects of health care. Their continuous presence and observations help doctors make more accurate diagnosis leading to better treatments.

Apart from detecting illnesses, administering medicines and treating patients, nurses also advocate for patient treatment and educate patients and public on critical health issues. They also assist in surgeries, provide mental support and perform a number of key roles. It is said that no other health care professional has such broad and far-reaching role as the nurses.

Since the inception of modern health care in the 1960s, health services have focused on primary health care and preventive aspects. Nurses, who spend the most time with patients, have been central to this strategy.

This has meant engaging in comprehensive health promotion, including information giving and encouraging behaviour change, apart from the primary responsibility of patient care. In the early days, given the acute shortage of doctors, nurses played a crucial role in patient education.
Mother and child care, vaccinations and rehabilitation of patients are other specific areas, where nurses in Bhutan have been engaged in delivering health care.

With advances in nursing training and education, as well as expansion of health services at the secondary and tertiary levels, the roles of nurses have become specialised and even more critical in the delivery of health care.

“...whether fighting infections or epidemics, nurses are the backbone of the health care system with a vital role in all aspects of health care.”

VITAL SIGNS: A nurse checks the blood sugar of a patient at the Thimphu national referral hospital.
SECOND LOT: Sister Choden (front row, second from right) with expatriate health staff during initial years of nursing
On-the-job training

It was 1966. Sister Choden, who had just turned teenager studying in Class IV in Bumthang, was handpicked for a training in the capital. She vividly remembers her father pleading with the gup (local leader) that she continue her studies in Bumthang, but it was decided. Sister Choden had to go to Thimphu to become a nurse, along with another girl from the district. Like them, two girls each from various districts were sent to be trained as nurse.

After walking for nine days through dense forests, camping nights, Sister Choden reached Thimphu. “My father dropped me at Langjophakha hospital and left saying he will return in the evening,” she said. “He did not return and I cried waiting.”

Thimphu was undergoing a lot of changes then. The first of the roads were being built, the Trashichhodzong was being renovated and most of Thimphu valley was paddy fields.

Sister Choden endured days and nights in the forest, but when she first saw a vehicle on the road, she scrambled uphill unable to fathom the strange moving metal chunk.

The hospital, where she and other girls were to be trained, was located in Langjophaka. There were 15 medical beds, an orthopedic ward and a female ward with about 10 beds. The cold labour room had two beds. Most people back then, she recalled, delivered at home but one or two would come to the hospital.

“Our duties involved mostly personal care, looking after patients’ personal hygiene, doing laundry, taking their vital, administering medicine and injections the doctor prescribed,” she said. “We started the mornings emptying urinals, giving bath to patients, assisting in toilets, ensuring their oral hygiene, cleaning wards and making beds.”

As part of the training, nurses were also required to fetch food from the kitchen for patients. “We’d bring them rice and dahl (lentil soup) in buckets.”

Two trainees would be assigned to take the clothes, bed pan and sputum mug to the nearby river bank to be washed. “The linen of bed sore
patients and delivery cases had to be soaked in water, before we could wash them,” she said.

While morning shift nurses did the washing, those of the afternoon folded the laundry.

There were no personal protective equipment likes gloves or masks.

“We were trained on the job for two years by nurses and doctors from India,” she said, adding that trainees received Nu 80, of which Nu 60 was paid as mess fee. “Nu 20 was a lot then. It would be equivalent to a nurse’s one-month salary today.”

The trainees had to work in three shifts of morning, evening and night and would get a day off on a weekend.

In the initial years, the trainees would hear about diseases like tuberculosis, small pox, measles and leprosy. “But we never handled those cases at the hospitals. Patients were kept separately in tents in the forest and were treated and cared for by doctors and compounders.”

Langjophakha hospital ran on generator and by 10pm lights were out. *Bukharis* (wood burning stove) warmed rooms.

On being inducted full time into the job, she said they were paid Nu 100 a month as salary. As civil servants, over the years, her batch of nurses couldn’t progress beyond grade seven for lack of academic qualification.

Sister Choden worked in Trashigang hospital in 1969. In 1972 she was sent to Sarpang hospital, where she worked for nine years. She then worked in Gelephu hospital for seven years.

From there she joined Thimphu hospital in 1989, mostly on Royal duty. After 44 years in service, Sister Choden retired in 2011.

Living in Bumthang with her husband today, Sister Choden, hale and hearty, which she attributes to the blessings of all the patients she cared for so far, tends to her little farm, behind a traditional log-cabin like cottage.

“It was hard work and I can’t imagine how I did it, but we managed,” she said.
IN RETIREMENT: Sister Choden with her husband Kinley Dorji outside their home in Chumey, Bumthang
The energy she sends rippling over the phone is contagious.

A clear, deep voice, occasionally punctuated by the call of the great barbet in the backdrop, takes a willing narrative of a tone to seamlessly channel memories accumulated over generations she survived to witness.

The same energy, it is evident, must have been lent to building the foundation of the country’s modern health care system.

At 78 years, Sister Namgay Dem, is a living library of vivid accounts of the nation’s evolution, given a health care bent.

A lively, frolicking 13-year-old school girl, who, given her natural ability to, on-the-spot, concoct a dance sequence, make up lyrics and fabricate tales, entertained the Royalty at The King’s court in Dechencholing.

Her father was an attendant at the Third King’s palace.

Among a few to go to school, Sister Namgay and her handful of friends would walk bare-foot from Dechencholing, where she lived, to, probably the only school then, at Deshophakha, where the National Council office is today. The name took after the little cottage that produced traditional papers on the other side of the Trashichhodzong.

One day, at an archery match, the youngest among performers at 16 years, Sister Namgay was identified by Her Majesty Gyaluyum Kesang Choden Wangchuck to train as nurse.

“Unable to juggle between nurse training and classroom learning, I left school for nursing,” Sister Namgay said.

Walking daily between her home at Dechencholing and the hospital at Langjophakha was tiring. A dormitory was created on the top floor of the two-storied traditional Bhutanese house hospital. A small space below the staircase was turned into an open kitchen. Nursing director Daw Dem was their trainer.

“The administration, kitchen, hospital and dormitory were all under one roof,” she recalled.

By 1962, after a three-year, on-the-job cadetship, Sister Namgay and her smaller than a dozen nurse team began tending to patients. Lyonpo Dr T Tobgay and Dr Craig from Switzerland, she said alternated as doctors.
“Our patients were craftsmen working on Trashichhodzong renovation,” she said. “Cases of workplace injuries is what I remember attending to mostly.”

Save for cases of goiter, which she said was quite common then, and leprosy, Bhutanese were a robust and resilient lot.

“If memory at this stage serves right, people fell less ill then,” she said. “A largely self-sufficient, sharing, caring and peaceful people we were.”

Her career spanned 36 years, taking her from Paro to Tala and Tsimasham neighbouring the southern borders, all the way to Dewathang in the east to Thimphu hospital before resigning on returning to Paro.

“It was becoming inconvenient to be pulling out children from school every time my husband or me were being transferred,” she said. She had married a compounder two years senior to her. Sister Namgay has three sons and three daughters.

From the first batch of nurses, she served the longest. She remembers her mates were either pulled out of service by their parents, or they resigned to fulfil familial responsibilities.

“They have all gone now, out of this world,” Sister Namgay said. “It felt hollow and lonely to receive no response from that batch of colleagues, with whom I otherwise spent good long minutes on the phone,” she heaved, following a brief pause.

Namgay Dem lives with one of her sons at Yoeseltse in Samtse, spending her days guarding her little backyard garden from monkeys and other animals. For breather, she takes a cab alone to Samtse town and Phuentsholing occasionally.
Pioneer nurse

Daw Dem

Daw Dem was born to a Bhutanese father and a Sikkimese mother, who had settled in Kalimpong, India. After completing her high school she enrolled for GNM training at Charteris Hospital in Kalimpong and graduated in 1960. She was attached to the Bhutan House (residence of the Bhutan agent in Kalimpong) to serve the Royal Family and it was only natural that she moved to Thimphu to continue providing nursing care. On arrival to Thimphu she worked at the Langjophaka Hospital in addition to her duties at the Dechencholing palace.

In 1963, she was entrusted with training nine illiterate women to become nurses, thus marking the beginning of formal nursing training in Bhutan. She was involved in outreach programmes and attending to deliveries in the villages scattered around Thimphu. When the hospital shifted to its present location, she continued to be in charge of nursing services. With demand for nurses increasing she began to develop the course curriculum for the different cadres of nurse training. She coordinated the training and adapted the curriculum to suit Bhutan. She travelled widely, accompanying Their Majesties and also on various study tours. She received several awards for her outstanding contribution to nursing in Bhutan that included silver medal during the coronation of His Majesty The Fourth Druk Gyalpo, a citation from the Health Minister and a letter of appreciation from Lyonpo Dr T Tobgyel. She was granted Bhutanese citizenship in 1970. She retired in 1994 as the joint director of nursing in the department of health after 33 years of service.

Credit:
Medical history of Bhutan
Chronicle of health and disease from bon times to today
Dr Tandi Dorji
Dr Bjorn Melgaard
Late Nurse Daw Dem
Photo: From family
Inset photo: From Sister Choden
# Health Infrastructure

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# Health Human Resource

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<td>Medical Technologists &amp; Technicians</td>
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<td>Health Assistants</td>
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<td>Menpa and Therapy Aide</td>
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<td>Administrative and support personnel</td>
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Source: Annual Health Bulletin 2020
Total number of nurses to caseload (first quarter, 2020)

Number of clinical nurse to Asst. Nurse

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Total 216 1,301

Number of male and female nurses

Clinical Nurses
- Male: 79
- Female: 137

Asst. Nurses
- Male: 568
- Female: 733

Data: MoH
I joined the national referral hospital in February 1976 after completing a three-year hospital-based nursing training at the Wellington Hospital in New Zealand. Then, all nursing education in New Zealand was hospital-based.

It was not until early 1980s that Bachelor of Nursing was introduced. I did a six-month midwifery programme at the Nowrosjee Wadia hospital in Mumbai in 1978.

Thimphu hospital had a handful of trained nurses from India then. A few Bhutanese, who had joined the profession following completion of some rudimentary education, made up the assistant nurses.

They really were, despite minimal education and lack of training, the backbone of the nursing services, until the new breed of in-country trained General Nursing and Midwifery (GNMs) and fully trained young Assistant Nurses joined.

Due to shortage of nurses, we were quite over worked. Given only a day off a month, daily split shift was the norm, alternating between 8am-10am and 12-4pm, or 8am-12 and 4pm-8pm. Inter-ward communication or between nurses and, the then matron, was almost non-existent. Nurses had no voice or representation at any level.

Resistance to change was another challenge then. As a staff nurse, to suggest changes in the profession was near impossible, often played down as high-fangled ideas of a foreign-trained nurse.

It was only after taking over as the matron that a few changes to improve efficiency of daily work routine, in terms of ward cleaning, inter-ward communication system, weekly indenting of ward supplies and preparedness for quick response to medical
emergencies in the wards, were initiated.

I served in both Bumthang and Tashigang hospitals, which were zonal hospitals under the zonal administrative system of the time. A Swiss doctor headed the Bumthang hospital, which, as the zonal hospital was responsible for hospitals, BHUs and all health staff of Trongsa and Zhemgang. An Indian doctor headed the Trashigang hospital.

A major difference in nursing services, particularly in Bumthang, was the inclusion of primary and community health services as part of hospital based nursing. In addition to providing immunisation and mother and child health (MCH) services, we attended home deliveries as well as house calls for chronic patients unable to walk to the hospital.

Bumthang hospital administration was conducive for better services because communication within different categories of hospital staff was excellent. As a means to keep health staff informed, motivated and interested, a quarterly newsletter, Kuenphen containing sections for learning, entertainment and news updates, was started.

One significant milestone of Bumthang hospital was the institution of Village Health Workers (VHW) programme, critical in achieving many of the country’s primary health goals.

Nursing education has come a long way, with nursing faculty incorporated in KGUMSB and several private nursing schools emerging. A handful of nurses from the first batch of GNMs have also gained PhD level education. However, given the important role nurses play in health services delivery, due recognition to nursing, through creation of a division or department in the ministry, to look into development of the nursing profession is crucial.

For greater, meaningful change in the profession, the existing system of grades and designations for nurses, to begin with, needs changing.

Ugen Doma
Former Nurse

“... the existing system of grades and designation for nurses... needs changing.”
When the diploma nursing programme was introduced in the early 1980s, getting candidates to sign up was the biggest challenge. “Then, it was very difficult to get people to take up nursing,” recalls Sister Parvati Sharma, Bhutan’s first nursing tutor who played a key role in developing Bhutan’s nursing education system. “There were very few interested and even fewer with the academic requirement and right attitude.” The first batch had 10 candidates, and it remained the largest batch for many years.

Sister Parvati had just returned from India after completing a Bachelor’s in Nursing and was attached to the programme, which had just started with support from WHO.

Back then, there was a huge shortage of nurses as the primary health care strategy had formally started and the health service facilities were expanding rapidly, pushing the demand for nursing staff. “Due to shortage of nurses, they had to do a week long night duty at a stretch,” Sister Parvati said. “The priority was to create more numbers.
Besides dearth of candidates, shortage of teaching staff and limited teaching materials were other challenges the diploma nursing programme faced in the initial years.

“At that time there was a cadre of assistant nurses (AN), who had done a certificate course after completing Class VIII and were engaged in delivering health care in hospitals across the country.

Given the shortage, nurses had limited time to spend with each patient, although they were aware of the big help it was to ailing patients to be spending time, talking to them. “Their time was used to provide medications and carrying out nursing procedures,” Sister Parvati said.

There used to be a trained and one or two trainee nurses on duty at night and little more during the day in the wards with 32 beds. “Since there was no ICU then, the serious patients were also kept in these wards. It was a challenging time being a nurse.”

Teaching basically

Besides dearth of candidates, shortage of teaching staff and limited teaching materials were other challenges the diploma nursing programme faced in the initial years.

“There were only one of two mannequins in the lab for students to learn and practice on. So we had to book in advance to be able to use them,” Sister Parvati recalled. “We made our own teaching aids to make learning sessions interesting. Every time someone travelled out of the country, we requested them to bring a specific book.”

Given the limited teaching staff and the introduction of many other courses, tutors had to teach five to six hours a day and supervise students in the clinical areas as well.

“We had no time to correct students’ assignments and answer sheets during office hours, so all of us carried it home for completion,” Sister Parvati said. “Still, I really enjoyed my time teaching the nurses and being with them at the clinical sites.”
Pioneers of primary health care

Few years from now, Senior Nurse Dorji Lhamo, 56, will retire.

She worked in various health centres in the country, conducted numerous deliveries at home and health centres, looked after the health of mothers and their children, walked long hours advocating health messages and immunised children, who have grown into healthy men and women.

After completing Class V, Dorji Lhamo went looking for a job at the Bumthang hospital. She lived in Tang.

She had seen health assistants and nurses give medicine to the sick, and this care aspect of the profession, she wanted to be part of.

She was taken in as an intern, taught to administer medicine, provide bed care and injections. “After about four months, a nurse at the hospital, Sister Ugen Doma sent me to Thimphu for training,” she said.

Sister Dorji Lhamo was from the first lot of Assistant Nurse to be trained at the Royal Institute of Health Sciences. She graduated in 1983 and started her career at the BHU in her village in Tang, Bumthang.

“...We don’t get much diarrhea cases now and cough and cold cases are significantly less.”
After serving in various BHUs and hospitals in the country, Sister Dorji Lhamo, who has a heart condition, made special request to work in the same BHU in her village. Her retired Health Assistant husband lives with her. Her children work in other districts.

Coming full circle and over a span of about 40 years in service, Sister Dorji Lhamo has seen the changes in the health care system.

When she started work in Tang BHU, which was grade II then, it was a small structure, which dealt mostly with patients coming in with cough and cold, diarrhea and skin problems.

“We don’t get much diarrhea cases now and cough and cold cases are significantly less,” she said, adding that personal hygiene of people had improved considerably. “People now have access to water at homes and toilets are better.”

While the health assistant usually visited homes for advocacy, the nurse would accompany him at immunisation trips. Deliveries were mostly conducted at homes, and female health staff were usually preferred. “Once labour pain started
I would be called and whether it was day or night I had to go,” she said.

The Tang BHU mainly catered to mother and child health and advocacy on hygiene and sanitation. Outreach services provided antenatal checkup, immunisation, cold and flu treatment, blood pressure check and weighing of children.

Earlier, without roads, the health staff made four trips for outreach services to Phrumprong, Bebzur, Kharab and Hurchi. “The caretaker would take the medicine and vaccine box and we’d walk to these locations for routine immunisation and checkup.”

Today, the four outreach clinics at Kizom, Tandigang, Gamling and Bebzur can be reached in a matter of minutes, catering to about 2,000 people in Tang.

“Back then we’d start at dawn and reach home around 9pm,” she said. “It would take us about three hours to reach Bebzur, the further outreach.”

Looking back, Sister Dorji Lhamo said she was satisfied with the kind of life she lived through her service. “I didn’t even complete my primary education, but I got a job, became independent, was able to help others in distress, and after retirement I will be getting a pension and won’t have to work in old age.”
Since 2018, nursing specialties training have been conducted within the country to meet the needs of expanding tertiary health care. The courses for pediatric and neo-natal intensive care, adult and dialysis and perioperative specialties are taught by the faculty of the nursing and public health with the nursing department of Jigme Dorji Wangchuck National Referral Hospital.

At the end of the six month course, students are sent outside the country to learn and gain experience in a different setting.

A nurse with diploma and bachelor’s degree pursues specialty courses.

Previously, nurses were sent to Thailand to study nursing specialty courses ranging from three to six months.

**Types of nurses in Bhutan**

**Clinical officers**

Clinical officers are health assistants (HAs) with additional training in clinical care and are highly experienced in health-care service delivery. They work in hospitals, BHU-I and satellite clinics.

Health assistants have a basic education of Class XII with science background and have a Diploma in Health Sciences from KGUMSB. They are licensed to perform public health programmes and treat minor illnesses in communities they serve. They work in BHUs and community health units (CHUs).

**Clinical nurses**

These nurses have a basic education of Class XII with science background and are further trained in Bachelor of Science in nursing.

In addition to doing what staff nurses and assistant nurses do, they are responsible for performing critical nursing care, holistic patient care and carrying out research for evidence-based practice. Team management falls within their responsibilities.
Staff nurses

They are nurses with Diploma in Nursing. Besides the fundamental nursing care, they take some additional responsibilities such as developing and implementing nursing care plan, assisting clinical nurses and doctors during advance life support and performing functions according to their specific responsibilities.

Assistant nurses

Assistant nurses have a basic education of Class X with an additional certificate course in nursing.

They are responsible for fundamental nursing services such as bedside care and hygiene, monitoring and recording of vital signs, assisting patients to collect samples and feeding.

Nurse composition

There are more women nurses than men, while the balance is reversed in other staff categories. The doctor-to-nurse ratio stood at 1:4 in 2016. As in other parts of civil service, the certificate and diploma holders dominate the health workforce in terms of qualification levels.

They constitute approximately 52 percent of the total civil servants under the health ministry, while only 16 percent have either a Bachelor’s (including MBBS degree) or a Master’s degree (Royal Civil Service Commission, Royal Government of Bhutan, 2015).

Staff nurses with a Diploma in Nursing enter at S1 level (two levels lower than P4). After serving for five years at that level, their next level of promotion is SS4 as per the recent reform. They can be promoted to the highest level of SS1. However, nurses are eligible to upgrade their qualification and compete for other positions.
Leading the BHUs

It was noticed in early 2000 that the Auxiliary Nurse Midwife (ANM) and the Health Assistant (HA), both of which worked in the Basic Health Units across the country, had the same roles and responsibilities.

While the ANM and the HA were both trained for the specific positions, the curriculum were similar and, at the BHU, both were involved in public health advocacy, immunisation, mother and child health and midwife roles.

The HA, however, was the head of the health unit. The ANM course was is no longer provided and some of the nurses upgraded their academic qualification to become health assistants. ANMs were trained with a certificate in nursing after Class VI and later, Class VIII.

Since ANMs were posted to BHUs, they were more involved with primary health care activities. GNM and ANs, the other two broad categories of nurses in Bhutan, mainly worked in hospitals.

BHUs across the country now have male and female Health Assistants.
Uniform evolution

1960s (trainee uniform)

1960s-2000 (GNM)

Current

Current

Model mock up
Bold in black, elegant in white

The photo of bare feet nurse trainees in green kiras often does its round on social media. A google search on nurses in Bhutan also takes one to that photo, which has often been published with articles on nurses in Bhutan.

The photo, taken in the 1960s, is of the first batch of nurses. The green kira was the trainees’ uniform. After completing the hands-on training, the nurses then wore the white kira with white belt and a black or dark blue blazer or sweater.

To this day the nurses are recognised by their uniform. The trainees now wear a mathra kira with blue tego and white wonju.

Over the years the uniform has remained the same, but today it is worn by general nurses. Those working in the operation theatre, ICU, dialysis unit or other specialised units wear coloured scrubs.

Male nurses wear white trousers, white collar undershirt with black of blue blazer.

Grooming is an important facet of nursing profession. Nurses are not only required to help maintain or promote personal hygiene in patients but also expected to be neat.

Long hair are tied into bun, with bobby pins clipped to prevent stray hair. Nail polish is disallowed. These are part of the nurse’s get up and has mainly to do with infection control.

The white hat, worn by female nurses, were done away with in the recent years. It came in the way of carrying out procedures.

The hats otherwise, differentiated nurses as assistant nurse (AN), general nurse midwife (GNM) and assistant nurse midwife (ANM).
Among a handful of trained nurses of the time, he did stand out as the only male, but that paled in the face of the dire need for additional hand and a stable one at that.

More than the curiosity of being the only male nurse, 61-year-old Singay, remembers having to clarify to patients mistaking him for a doctor.

Although that was his aspiration, Brother Singay, as he has been known since 1986 when he began his service, enrolled for the first three-year General and Midwifery (GNM) course that began in 1982.

An opportunity, the erstwhile Department of Manpower opened, had six men and four women, straight out of education, make up the first batch of trainees in Thimphu’s health school.

A better standing in the civil service, the idea of earning a salary, while gaining necessary experience and continuing to study medicine to become a doctor, all at the same time, made for the best of prospects.

“The men did not look at nursing in contrast with or favouring a gender, but rather the grade and other technical allowances it came with,” Brother Singay said. Nurses were placed in grade 11 under the manpower department’s grading of employees between one and 20.

The only male nurse to graduate from the health school that year and to join the service with four female colleagues, Brother Singay joined the OT (operation theatre) as an assistant to surgeon.

In the three years that he

“After training for almost two years in India, Brother Singay returned as the first and the only Bhutanese nurse anesthetist.”
assisted surgeons, a sore need for an anesthetist compelled him to specialise in that area. An acute shortage of the skill, filled only by visiting specialists from India and Myanmar (formerly Burma), needed a lasting cure. After training for almost two years in India, Brother Singay returned as the first and the only Bhutanese nurse anesthetist. He lent his specialist service to hospitals across the country for more than 20 years until more Bhutanese with the skill narrowed the gap of requirement in this field.

To up his specialist skill, Brother Singay took up pain management. “A majority of all patients visiting the hospital come because of some pain,” he said. “Most times, a diagnosis can’t be reached until the pain is identified. That’s where I see myself being useful.” Although he superannuated in 2017, after more than 30 years of nursing, he was reinstated on contract in 2020. Today, he occupies a room in one corner on the third floor at the far end of a maze of corridors the national referral hospital is characterised with. He attends to patients debilitated by chronic pains, who leave almost miraculously palliated at the first visit at Brother Singay’s.
SECTION 2: BECOMING A NURSE
Village girls interested in working in hospitals were the country’s first nurses. They trained on the job to perform basic nursing care. Structured curriculums and higher level trainings were introduced in the following decades but struggled to attract candidates for many years. This was partly because of the perception of nurses, the academic requirements and the challenging nature of the profession to multitask and handle long shifts.
What it takes

While government priorities and requirements have influenced the development of nursing in Bhutan, becoming a nurse has largely been a matter of choice and, in the later years, of meeting required academic criteria.

In the initial years when Bhutan was building its nursing cadre, many took up the occupation out of interest to work in hospitals and in the medical profession.

But nursing did not find too many takers for the longest time. One reason for this was that nurses were seen as helpers, whose main duties were to make patient beds, clean wards and dress minor wounds.

As government employees within the civil service, nursing was, therefore, not seen as an attractive career option. Neither were they regarded as professionals in health care delivery, although it was evident their services were essential. Even their professional development was limited to certificate-level courses.

This led to a situation, where a limited number of nurses, with minimal training, had to work long hours to keep the system running. This became glaring in the 1980s when health care infrastructure rapidly expanded.

When the diploma nursing programme, the first full-fledged training course for nurses, started in the early 1980s, it also did not find many takers. The few that signed up chose nursing over other career options the government offered at a time when the country was building human resources in various sectors. At the same time, the diploma course demanded a certain level of academic achievement, which only a few candidates met.

Since the need of the hour was to have as many nurses as possible with diploma level training, to fill up openings the expanding system created and succeed the expatriate workforce, the academic entry levels were lowered to take in additional candidates.

Only by the mid-1990s did the number of interested candidates outstrip the admissions for nursing education.
FRESHERS: First year GNM students at the Faculty of Nursing and Public Health in Thimphu
While nursing his sick mother, Ashish Rai realised that nursing was a profession that could bring him satisfaction and joy.

“There was a nurse, who took care of my mother, and in my eyes she was a hero,” he said. “I decided I had to become a nurse like her.’

It was also for his mother, who required medical attention, that he wanted to be nurse.

For that he had to perform academically. He took it up as a challenge and qualified to study science. After Class XII he qualified for the nursing programme at KGUMSB.

Currently, he is a first-year trainee. He looks at a future, where he will be in service of people and hopes to build a reservoir of memories, from which he will gain satisfaction when he grows old.

“The profession provides platform for continuous learning and growth,” he said, adding that the outlook on the nursing profession was better than before. “Unlike in the past, nurses today are given equal importance as doctors and many my age aspire to become a nurse.”

Over the past one year in the nursing college, and the COVID-19 pandemic, which has put pressure on the health care workers, Ashish said that to be a nurse, one had to be strong, not just physically but mentally as well. “Because life starts in your hands if you are working in the birthing centre or you may have to hold hands of people taking their last breath.”

Ashish is yet to begin his career. But he has envisioned his life over the next decade or so. He plans to specialise in anaesthetic, and if possible pursue BSc Nursing, followed by a PhD.
Being a nurse, just as good

As a child, Srijana Ghalley, 21, wanted to be a doctor, although she barely knew what it entailed to become one or what the responsibilities were.

As she grew up, she learnt more about the medical field. “It was my ambition to work in the hospital, and if not a doctor I definitely wanted to be a nurse,” Srijana Ghalley, who is a first year GNM student at KGUMSB said.

After completing Class XII she researched about nursing and learnt it could be as rewarding a profession, one that matched her aspirations to serve people. “I also learnt that nurses, who were viewed as caregivers following doctors’ orders was untrue,” she said. “It is not a boring job, but involves science and technology with patient care at the heart of it.”

The learning process in nursing, she said was continuous regaining efficiency, competency, honesty and integrity. “I am satisfied being a nurse although i couldn’t pursue my wish of doing MBBS,” Srijana Ghalley said. “In a decade or two I see myself specilising as a gynaecological nurse.”
When Bhutan began developing its modern health care system in 1961, nurses trained on the job without a structured curriculum. They were girls, picked from villages, with little or no education.

They learnt on the job to perform basic nursing care and housekeeping and were designated as assistant nurses (AN). In the 1970s, a handful of girls were sent outside the country to undertake the Auxiliary Nurse Midwife (ANM) programme in maternity care.

Nursing education within the country began in the mid 1970s with a certificate course for ANMs, introduced by a public health nurse educator from the World Health Organization (WHO) at the newly established Health School, which was later renamed the Royal Institute of Health and Sciences (RIHS).

The school, run by expatriate tutors, also offered courses for basic health workers (BHW) and health assistants (HA). The Assistant Nurse (AN) programme was formalised in 1978.

The big shift in nursing education began in 1982 with the three-and-half-year General Nurse Midwife (GNM) diploma programme, coinciding with the accelerated expansion in hospital infrastructure.

A number of expatriate nurse educators were recruited to help with the programme which also saw the first Bhutanese nursing educators returning from India with a nursing degree.

In 2001, a Bachelor of Nursing (conversion programme) was introduced for in-service nurses in collaboration with La-Trobe university of Australia as RIHS lacked staff to offer the programme.

The two-year part time programme, supported distance education course, aimed at preparing GNs to lead advances in nursing practice and develop staff to teach the bachelor level.

In 2003, RIHS became one of the constituent colleges of the Royal University of Bhutan. In 2013, it was renamed as Faculty of Nursing and Public Health under the new university, Khesar Gyalpo University of Medical Sciences of Bhutan.

The faculty offers a four-year bachelor course, a two-year diploma course and a two year bachelor
course for in-service nurses with a diploma. The nursing curriculum is aligned with international standards and ensures students can pursue further studies outside the country.

The bachelor course was implemented in 2015 and the first batch of 25 students, of which four were males, will graduate in December 2021.

The faculty also offers five specialised courses spread over six to seven months for working nurses. As of last year, 50 nurses completed the programme. A master’s degree programme is being developed in midwifery and nursing.

**Vigorous course?**

The curriculum is designed in a manner of growing learning and engagement. The first year begins with basic nursing, topped by medical and surgical nursing in second year.

Midwifery, paediatric nursing, mental health nursing and research make up the third year course. Fourth year courses include global trends and health, nursing issues and development of research proposal.
When Sonam Jamtsho saved the life of a teenage girl, by administering CPR, he realised the importance of his role and responsibility as a nurse, for the first time, Sonam felt he was doing something meaningful.

It was in 2005, and Sonam, who had wanted a profession in sports, as a coach, was in his third year as nurse, having completed a GNM course from Royal Institute of Health Sciences.

“It was the most satisfying feeling and my interest in nursing began to grow,” he said.

Today, Sonam Jamtsho, 44 years, has 19 years of experience in nursing. Specialised in adult ICU, he is the nurse in-charge at the JDWNR hospital’s adult ICU ward.

After completing Class XII in 1997, Sonam waited a year, hoping to land a scholarship in sport. Meanwhile, his parents had put
in an application, on his behalf, to study nursing. When he received a call informing him to appear for an interview, he was surprised, but he heeded, sat for the interview and got in.

He started work at Sarpang hospital, and during the militant flush out operations in 2002, he was trained as emergency medical team (EMT) member. “After the operations I was called Mr EMT,” he said.

He was sent to Bangkok, Thailand for a four-month training in critical care at the Boromrajonani College of Nursing. On return, he joined the ICU of the national referral hospital. “The training helped improve patient management and equipment operation,” he said.

When he initially joined, the ICU had three beds. When the new hospital opened in 2009, it increased to 10 beds. “The nursing human resource also improved from three to 13 today,” he said.

Sonam said the ICU follows the American critical care, with two batches of nurses trained. “We also provide hands-on trainings to nurses who are then placed in different hospitals across the country,” he said.

ICU patients, he said, were mostly medical cases with multi-organ failures, strokes, liver diseases, neuro-surgical cases and autoimmune diseases. “People think ICU is a place where people die, when it is actually a place where people heal,” he said. In 2020, 578 patients were admitted to ICU, of which 376 survived. “ICU patients are critical and a 64 percent recovery rate is good,” he said.

Sonam Jamtsho has put on hold his wish to pursue Master Degree. “I would have to resign, and I feel there is no point for me to leave job if I can’t work here,” he said.

“People think ICU is a place where people die, when it is actually a place where people heal.”
Each morning at the medical ward, Tshering Deki, 30 years, starts the day with a handover of the patients’ information from the night staff.

Following that, as the nurse-in-charge, Tshering guides the nurses to provide general care to patients like bed-making, personal hygiene, taking the vitals and providing medication. She is also responsible for making resources available in the ward for smooth work flow.

Paperwork for those who are to be discharged are also made ready.

As the nurse-in-charge, Tshering works the morning shift from Monday to Saturday. “While it’s a six-hour shift, I am usually working extra hours depending on patients’ needs,” she said.

Tshering started her GNM training in 2007, after completing Class XII. “My parents suggested joining the nursing profession,” she said, adding that she had, at the time, not much idea about the scope and opportunities of the profession.

In 2018, she took study leave and enrolled for the BSC nursing programme, as a private candidate, at the KGUMSB and graduated in 2020.

“I learnt extensively about nursing, new technologies and developed my skills not just in nursing but research and education as well,” she said. While nurses, who have a Bachelor’s Degree sit for the Royal Civil Service Examination, Tshering is yet to appear hers. “To pass would place me in Grade 7,” she said, adding that for the time being she was content with the knowledge she had gained and to practice her skills.

The pandemic she said, posed a number of challenges, more specifically, the human resource constraints.

As a general nurse, Tshering said she cared for patients with medical cases like heart, liver and kidney diseases, most of which were related to non-communicable diseases (NCDs). “General nurses can work in general wards like psychiatric, cabin, surgical, medical and orthopaedic, but specialised nurse can work only in their field of specialisation.”

Tshering plans to specialise too, in either medicine or nursing education. “But not just yet. So much has been entrusted on me,” Tshering said.
NURSE-IN-CHARGE: Sister Tshering Deki reports for duty at the medical ward of the national referral hospital
Taking care to the terminally ill

Seventy-two-year-old Abi Tashi sits by the window of her two-storied bungalow, her back to the winter sun, catching the rays before the shrill winds of the afternoon.

Nestled in the pine hills, with a front lawn, a kitchen garden and a brook that burbles by, she just came out of a retreat in the woods, a short distance, further up the hill, behind her house.

She is expecting a medical team, who started an hour ago from the national referral hospital, about 20km, or 45 minutes drive away from where she lives in Begana, the far northern fringe of the capital city.

“This new service from the hospital has immensely eased the trouble of having to drive to Thimphu,” Tashi’s 71-year-old husband, Cheki said.

Tashi is a cancer patient requiring regular medical treatment.

Medics visiting her is the palliative team from the national referral hospital. Instituted in March 2018, the palliative care service is taken to the people, who are terminally ill.

Three seasoned hands, who underwent a 10-day foundation course in India, a former ICU nurse, a wound care nurse and a pain management specialist nurse, make up the visiting care givers.

The team visits the patients thrice a week, spending about half-an-hour to an hour.

“We assess the patient, manage their pain, counsel them and spend time talking and listening to them,” nurse in-charge Yangden said, adding the basic idea was to improve the quality of life for patients and their families, for whom sufferings were high. “It’s a privilege to be able to help people at their weakest. Not everyone can or gets to do that.”

Besides easing the already overwhelmed hospital bed occupancy, the care, which is provided to patients within the comforts of their own homes, however, is mainly for advanced
cancer patients in Thimphu. “Since cancer treatment is available in Thimphu, we can only capture patients here,” Yangden said. Today, the number of patients the team tends to has dwindled to around surviving 60 from more than 280 when the service was initiated in 2018.

“The mere sight of these people bringing home the medical care and counselling, is psychologically healing,” Tashi says about the nurses, smiling at them, as the family sees the team off, gratitude beaming in their faces.

“The mere sight of these people bringing home the medical care and counselling, is psychologically healing.”

HOME CARE: The palliative team inspect Abi Tashi, an elderly cancer patient at Begana, north Thimphu
As a nurse trainee in the mid 1990’s, Thinley Choden was unaware of what she was getting into, taking up nursing after Class X. As a teenager, getting exposed to working in the hospital setting was a bit overwhelming.

Gradually, the routine of studying and having clinical posting, caring for patients with different diseases made her more skilled, competent and confident.

“Those days our seniors and staff on duty were always with us, guiding and supporting,” she said, adding it
engendered a deep sense of respect for them. “To witness nurses caring and curing patients, brought out the superhero manifestations of them and I wanted to be like them, giving my best, healing patients.”

In the early 2000’s, Thinley worked with the casualty department of the national referral hospital.

“Many of us rushed towards people with visible wounds, or had low or high blood pressure,” she said. “Patients who came drunk, or hyperventilating would not be given much priority, not to say that they were not attended to.”

Thinley was uneasy about this because, as a nurse, they were taught to provide comprehensive and holistic patient care. The psychological aspect of patients went unnoticed.

“I became interested in learning how to take care of patient with mental health issues,” she said, adding there was stigma and discrimination against people with mental illness.

In 2004, she specialised as a psychiatric nurse undergoing a diploma course in psychiatric nursing in India. She also completed her Bachelor’s Degree in Nursing in Bangladesh.

Today, she works with the Psychiatric Unit of the Central Regional Referral Hospital in Gelephu, which was established in 2014 with a Cuban psychiatrist, a psychiatric nurse and support from health ministry.

A clinical officer, psychiatric nurse, clinical psychologist and a clinical counsellor are in charge of the unit. The clinical officer and the mental health nurses are internationally certified addiction counsellors the Bhutan Narcotics Control Authority trained.

A majority of the cases reporting to Mental Health Unit, she said, were anxiety disorder. “We also see cases of alcohol and drug abuse,” she said. “We handle cases of attempted suicide and prisoners with mental health issues.”

The team coordinates with school counsellors to care for youth with mental health issues and with RENEW, NCWC and the village leaders to care for victims of domestic violence.

Working as a nurse for over 20 years, Thinley Choden said the job done with the best intention, sympathy and diligence was rewarding. “As the saying goes at the end of the day, clear conscience is a soft pillow,” she said.
Draw of the white dress

Attraction to the white kira, black blazer and triangular white cap was all it took for Kezang Wangmo, now 41 years, to opt for nursing.

She completed Class XI in 1997 and enrolled for Diploma in General Nursing and Midwifery course at the Royal Institute of Health Sciences (RIHS). “I didn't know much about the profession, but the uniform was attractive,” she said.

The uniform donned, Kezang was up for the challenges of the profession – studies, practices, shifts and complaints unending. “But despite all hurdles and stress, my interest in nursing continued to grow,” she said. She served several communities, having worked with BHU I in Kanglung, before joining Trashigang hospital and the Mongar Regional Referral Hospital later.

In 2010, Kezang Wangmo attended the Care of Critical Ill Child course for three months at Siriraj Hospital, Thailand. In 2016, she underwent a seven-month course in Neonatal Intensive Care Unit (NICU) care at Bangkok Hospital, Thailand.

“Since I started nursing, I took a keen interest in caring for newborns,” she said. “Witnessing the birth of a baby and the emotions stirred by the first cry of the baby, warmth of a breastfeeding mother, and mesmerising smiles of new parents fascinated me.”

As a NICU nurse, Kezang cares for infants suffering from medical complications, congenital defects, surgical problems and prematurity. “We ensure infants’ bodily functions are performing as expected, including proper breathing, blood circulation and digestion,” she said.

While seeing healthy babies are uplifting, NICU nurses face tremendous physical and emotional challenges, since infants thought stable one moment, could collapse into a coma and die the next.

“The best moments are of happy parents leaving for home
with their babies nursed back to health,” the nurse with 20 years of experience in the profession said. “Tubes and medications can be overwhelming for parents.”

The Mongar referral hospital needed the initiation of a lactation clinic in the OPD, which is missing today, but critical.

“The best moments are of happy parents leaving for home with their babies nursed back to health.”
To meet the need

With demand for nurses in the country growing, which is the case internationally, and with limited intake at the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB), private colleges and institutes have, in recent years, begun offering the course.

Apollo Bhutan Institute of Nursing was established in 2019 in Thimphu. The institute, affiliated to KGUMSB provides a three-year Diploma in General Nursing and Midwifery.

Students are engaged in community health centres at Paro and Wangduephodrang hospitals to develop basic nursing skills. In the final year, students are attached with Apollo hospitals in India.

The Royal Thimphu College (RTC) started a four-year Bachelor of Science in Nursing and Midwifery in 2018. For nursing skills and other practical experiences, students are attached with hospitals in Thimphu and Gelephu.

Arura Academy of Health Sciences, established in 2014 provides a three-year Diploma in General Nursing and Midwifery. The academy is also affiliated to KGUMSB.
Nightingale Pledge, 1935

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practise my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavour to aid the physician in his work, and as a ‘missioner of health’ I will dedicate myself to devoted service to human welfare.
Clinical leadership

Checking a patient’s vitals, their status, administering medications on time, ensuring precise dosage and determining the next course of treatment and care, may seem routine, but they are critical decisions a nurse makes.

In light of shortage of doctors in the country, nurses, who make up the largest segment of the health care workforce, take up this formidable responsibility.

However, the ability to make such decisions come with years of experience and constant application of what is studied laboriously as a course.

Building this experience begins with, what might today be considered, a basic chore of patient bed-making, turning them on the bed, feeding and cleaning them. Giving medication based on doctors’ prescriptions comes gradually, before ascending to the next level of determining which medicine to give, when and how much.

It comes with constant upgradation of knowledge, honed by constant application of it practically.

Spending more one-on-one time with patients, nurses are responsible for sustaining the health care system through services they provide, which have a life-and-death of a bearing.
As part of the civil service, nursing in Bhutan is governed by the rules and regulation that apply to all other public servants, including trainings, entitlements, remunerations and allowances.

Coming to career progression, however, nursing opens up to three possibilities. Besides continuing to practice, an administrative job with the ministry is another option. For the academically aligned, the institution of the first medical university encourages that pursuit as well.

A nurse opting to continue practicing has the opportunity to pursue higher studies to become a specialised nurse. That would be the natural way of progression, especially considering the need of the country and its shift in focus to gradually ascend to tertiary health care provision.

However, the apparent issue in this regard is the lack of recognition for specialised services. As in the case of civil servants, a higher qualification does not necessarily translate to rise in grades or a restructure of positions.

Perhaps for that reason, according to health ministry officials, calls for specialised trainings receive few turn ups.

The “tipping point” for a practicing nurse is to become the nursing superintendent at the national referral hospital and the two regional referrals, a position usually reserved for the senior and the seasoned.

Joining the administrative side of the profession is subject to openings that are few and far between. However, with intent of retaining technical professionals within their field of expertise, the jump to the administration or management side might be a thing of the past.

That leaves nurses to slant to the academic side, where, based on researches they conduct, papers they present and dissertations they publish in medical journals, they rise in the medical academic field. Given the need for local academics in the fairly new medical university, the prospects ring promising.
Once upon a time, in 1982, Bhutan decided that it was time to have its own nursing school and become self-sufficient (majority of the nurses at that time were expatriates). Amid much speculation and uncertainty, a three-and-a-half-year Diploma in General Nursing and Midwifery programme began at the health school in Thimphu in July that year.

I am proud to be a product of this initiative. Those days we had many areas to choose from and we mostly went by our interest and friend’s influence. Health school already had certificate level programmes for Health Assistant, Auxiliary Nurse Midwife, Basic Health Worker and Assistant Nurse.

Nursing, at that time, was not considered the best profession, rather a job that did not require much intellectual capacity and could be done by anybody. I remember how people would say “Oh!” with a look of disdain, before remarking, “you want to become a nurse?”.

They were right in some ways as most of our first year of training was spent in making patients’ beds, cutting their nails, bathing them, washing their hair, giving pediculosis (lice) treatment, washing bedpans and sputum cups and carrying out other hygiene care and housekeeping activities. As competencies, work complexity, patient and community interaction advanced, public opinion also changed.

Being a nurse is not everybody’s cup of tea. It entails, sacrifice, as you do not get to attend family gatherings, your child’s first day at school and go for vacation since you are working most holidays and weekends.

It involves stress, as you are worried about whether you gave the right care and enough, conducted the right procedure, whether you kept enough drugs and supplies for the evening and night shifts (in the absence of mobile phones, you will have to walk back to the hospital if you have forgotten anything).

It requires endurance and perseverance, trying to balance work and home (sometimes you are busy bringing some one’s child into this world, while your own child maybe on the verge of leaving this world).

It’s about dealing with being the contradiction of what we preach. We advocate exclusive breastfeeding for four months but we had to join work two months after delivery with no feeding.
time in between (those days maternity leave was for two months and exclusive breastfeeding for four months).

It demands mental and physical strength. Imagine staying awake when others are asleep, sleeping when it is time to wake up, and being on night duty for seven straight nights without a wink in between, on a three or four weekly rotation.

Over the years things have changed. A lot of development and progress has taken place since then; work environment has improved; competencies have enhanced; number of national nurses have increased; benefits and emoluments have improved; exposure and educational levels of the nurses have also grown. In the face of such rapid evolution, we must remember that the basics of nursing is and should remain the same.

Looking back, I feel that being a nurse has made me a better human being. It is gratifying to see someone come to us in agony and leave with a smile; the joy to help bring a new life into this world; the realisation of being alive and in good health when we see many suffering; the value of a kind word, a gentle touch and a smile. The pride among family members and relatives of your profession.

Nursing encompasses compassion, empathy, integrity, intelligence and versatility and it is the responsibility of every nurse to uphold these values.

Diki Wangmo
Registrar KGUMSB
Nursing is more than just a profession based on scientific knowledge and skills. It has to be complemented more by values of patience, empathy and compassion, which cannot be acquired through studies or training. In view of the hour’s needs and considering the prospects, I wish to specialise. Better equipped, I can go to the rural areas and practice.

**Tshewang, 32**
Dialysis Nurse
JDWNRH, Thimphu

As a nurse, joining the rest of my brothers and sisters across the country, it is a privilege to be contributing to the whole of the society’s health and wellbeing.

**Damber Kumari Pradhan, 31**
General Nurse and Midwife
Lhamoidzingkha hospital, Dagana

I have been a nurse for the last 17 years. The thing about the profession is the knowledge and experience each patient leaves you with, one different from the next. I don’t know how, but years just passed by, living a new lesson a day, a new bond forged.

**Jigme, 40**
Sr. Nurse
Yebilaptsa hospital, Zhemgang
Critical patients, difficult situations, uncertain outcomes, these are the circumstances surrounding people in the profession. But the most gratifying moments are in the fact and knowledge that you are there helping change the turn of events.

**Pema Yangzom, 42**
Nurse, Dialysis Unit
CRRH, Gelephu

It is an immense responsibility to be in charge of the health care needs of the society that is only growing and changing. The same weight of the responsibility also gives me the motivation to aspire towards fulfilling the needs no matter how challenging.

**Tenzin, 36**
Nurse Anesthetist
Trashigang hospital

No matter how draining it is, mentally, physically and emotionally, sometimes downright despairing, it is still a rewarding career. To be returning from a shift, comforted by the comfort patients feel in our hands. That is satisfying.

**Dawa Pem, 31**
Nurse
Nganglam BHU, Pemagatshel
What people say

The last seven months was marked by agonising pain. I couldn’t stand on my feet due to peripheral neuropathy. It was so debilitating that I almost gave up. But it all changed after meeting the brothers and sisters of the physiotherapy department at the Thimphu hospital. Besides treating my physical pain and immobility, their care and kindness lifted me emotionally. A bunch of miraculous team restored me to good health.

Kinley Penjor, 28
Punakha

For me, nurses are superheroes. They tolerate everything dished out on them, risk their lives and sacrifice their own comforts just to ensure the safety, comfort and wellbeing of their patients. They are amazing people, who not only helped me bring into the world my newborn, but they nursed both of us. It may not seem like much, considered normal nowadays, but they taught me to breastfeed and make diapers.

Dema Yangzom, 31
Thimphu
The job of a nurse is not for the faint-hearted. After an exhausting shift and putting everything on the line, instead of appreciation, they often return home with criticisms and hostile words. Maybe a few times, patients or their attendants do experience unpleasant moments with some nurses, but they fade in the beaming brightness of the good they represent.

**Sharmila Rai, 28**
Samtse

I thought nurses were mere care givers. I was wrong. They know so much, not just medically, but psychologically too. As an attendant of my aging father and of my expecting wife recently at the Trashigang hospital, it was such a pleasure to witness them professionally handle all kinds of patients – young, old, nagging, demanding and the dire.

**Jigme Wangdi, 32**
Trashigang

Their (nurses) are the only hands we put our faith in at times of illness. For an aged like me, nurses are saints, who sit by our grayest hours, bringing hope of better days. Sometimes I feel the pressure is just too much on them. They have to tend to many patients, helping them heal, not just physically, but emotionally as well.

**Dorji Lhamo, 76**
Bumthang
SECTION 3:
CHALLENGES & OPPORTUNITIES
The poor perception of nursing and its importance in health care delivery has been a key impediment in the development of nursing in Bhutan. While it is slowly changing, that higher level training and education will lead to more professional nurses with critical analytical and decision making skills, is still not understood. At the same time the profession is beginning to see the first of experienced nurses leaving the country for better opportunities outside.
As is the case the world over, in Bhutan too, the nursing profession suffers from poor public perception, with little value given to their contributions in health care delivery.

When nursing began with the advent of modern health care in the 1960s, the first crop of nurses, who were village girls, learnt on the job to provide basic nursing care and perform housekeeping duties.

This imagery of nursing has stuck with the profession, although training and skills of nurses has advanced and evolved through the years to handle a complex variety of duties that go beyond individual care and support to the sick and needy.

Gradually changing though, the perception that nurses are not health care professionals is still prevalent in Bhutan. Even today, it is widely assumed that nursing skills are picked up on the job and the profession does not require scientific and medical expertise.

Many still see nursing as subservient to other medical professions when in fact doctors, nurses, technicians and other health workers, are by itself different categories of the medical profession. With specific functions, they work as a team to deliver health care.

There is also a deeply held misconception that nurses just follow doctors’ orders, when in reality it is the nurse who spend the most time with patients. Nurses monitor and know more about patients’ conditions and are, therefore, in a position to provide critical information to doctors on patient response. That is why, it is said that nurses are at the forefront of change in health care and public health.

Nurses must have scientific knowledge to be able to critically observe and respond immediately when a situation demands, and this ability comes with higher level nursing education and experience. But long held misplaced notions have felt no need for nurses to seek higher education, which has in a way, blocked the development of more professional nursing services in Bhutan.
AWAITING SERVICE: Patients outside consultation rooms of the national referral hospital in Thimphu
Quality of life

Bhutan yields highest scores in quality of life among Asian nations

The general assumption is that hospital-based nurses in more developed economies have a better quality of life and job satisfaction than nurses in developing economies because of better medical expertise, remuneration, resources and working hours.

However, a study of hospital-based nurses of five Asian countries, of varying economic status, found that the quality of life of nurses is not linked to the country’s economic status.

The study published in 2018 surveyed 3,289 nurses from Japan, Thailand, Malaysia, Bhutan and Singapore to assess quality of life, job stress and demographic data to identify key determinants of quality of life. Stress coping abilities and life satisfaction were strongly related to quality of life in relation to job stress.

Bhutan, despite its status as a developing country with nurses of comparatively lower professional qualification, longer working hours and lower remuneration, with majority of them being married (more domestic work pressure), yielded the highest scores in quality of life followed by Malaysia, Thailand, Singapore, and Japan.

Bhutan also reported the best stress coping abilities, while Japan reported the lowest. This ability is attributed to the psychological mindset of the Bhutanese that happiness comes from within, through meditation and simple lifestyle, rather than from material possession or money.

According to the study, understanding the differences in nursing environments and cultures adds richness to the global examinations of the diversity of health care teams and in identification of internal problems.

For example, the main problem in Malaysia was that nurses were young and lacked degrees. Whereas, in Thailand, the nurses were older, therefore the need to produce more young nurses. Bhutan had fewer registered nurses (with undergraduate qualification) and limited equipment. Although, surrounding material and economics were favorable in developed countries, psychological strength
seemed to be firmed in developing countries. The study notes that hospital nurses work under stressful environments associated with emotional fatigue and work burnout. As a predominantly female dominated profession, maintaining work-life balance is a major issue globally. Improving the quality of nurses’ lives is, therefore, crucial as it directly impacts the quality of patient care and its outcome.

"Bhutan also reported the best stress coping abilities, while Japan reported the lowest."

The study was a joint effort of the Department of Clinical Nursing, Akita University Graduate School of Health Sciences, Japan; Alice Lee Centre for Nursing Studies, National University of Singapore; Department of Nursing, International Islamic University Malaysia; Department of Nursing, Chiang Mai University, Thailand; Medical Education Center for Research Innovation and Training, Khesar Gyalpo University of Medical Sciences of Bhutan; Department of Nursing, Khoo Teck Puat Hospital, Singapore; Nursing Division, Akita University Hospital, Japan; Department of Management Science and Engineering, Akita Prefectural University, Japan; Akita University, Japan.
Serving as first responders in emergency situations, where quick thinking and informed action can be the difference between life and death, is standard practice in the life of a nurse.

Brother Krishna Singh Mongar has, for example, responded to numerous life threatening situations, from villagers traumatised by severe physical injury to post-delivery complications, in his 26 years as a nurse.

One such incident occurred in Dagana in the summer of 2001. One evening, a villager showed up at the district’s grade I BHU, seeking help for his wife who was facing post-delivery complications. He had come from Samay village, an hour’s walk from the BHU. It was past six and raining.

Bringing the patient to the BHU in the rain and then taking her to Damphu hospital in Tsirang, a 115km journey through a terrible stretch until Sunkosh, was out of question. With the sole BHU doctor out of station, nurse Krishna and the caretaker set out for Samay village in the rain as night fell, with a bag of emergency medicines and equipment.

When they reached the village an hour later, the patient was semiconscious, and her vitals had deteriorated. The patient was put on IV drip and all the cold and blood stained clothing removed to restore body temperature.

Once the vitals improved after the third bottle of drip, given within the first half hour, the patient was drained of urine and the retained placenta, which had caused the bleeding, manually removed with control cord traction procedure.

When the responders left the village with the patient carried in a handmade gunny sack stretcher by a few village volunteers, it was past midnight. By then the recovered mother had started feeding her new born. She was referred to Damphu Hospital for blood transfusion the next morning.

An even more serious case Krishna recalls took place in the winter of 1999 in Sar pang hospital. It was seven in the evening with a nip in the air when a villager, from across the porous southern border, arrived at the hospital pushing a cart.

In it was a young woman in a state of shock and breathing heavily. Her body was cold, with no pulse,
no blood pressure. “She was already in the process of dying,” recalled brother Krishna. The woman had given birth at two in the afternoon and had begun to experience heavy bleeding. A hammer had been tied to the umbilical cord to prevent the placenta from going inside.

Oxygen and IV fluid was immediately administered to resuscitate the patient who was cleaned and kept warm. All this was done within an hour by the team of two sisters, a doctor and support staff.

After two units of blood was infused and the vitals improved, the patient was drained of urine and the placenta removed. By 9pm, the woman feebly asked about her baby. The next day, her husband came to the hospital with a bag of rice and held on to the feet of the hospital staff to express his gratitude. “It was deeply emotional moment for all us,” Krishna said. “It keeps us going.” The woman was discharged the following day.

PRACTICED HANDS: Nurse In-charge of Punakha Hospital Brother Krishna Singh Mongar attends to a liver and kidney patient
A well established health care system is characterised by a well-developed health human resource workforce. Modern medicine is moving towards more sub-specialisation and organ specific speciality. Advances in health care technology and growing knowledge in medicine over the centuries ensures a state of the art practice of medicine.

The delivery of these health care services is possible only with the profession of nursing being at the forefront of any health care workforce. Nursing is a profession within the health care system focused on caring for individuals, their families and the community at large so they can attain and maintain optimal health.

Nursing has come a long way in Bhutan. The Auxillary Nurse Midwife course was first instituted in the country in 1975 at the, then, Thimphu General Hospital as the health school.

This was followed by the introduction of General Nurse Midwife course in 1982. In 2013, the nursing institute was upgraded as the Faculty of Nursing and Public Health under the country’s only Medical University, Khesar Gyalpo University of Medical Sciences of Bhutan, which offers various nursing courses. It caters to the ever increasing requirement of nurses within the country. The competency of our nurses is at par with any of the finest trained abroad.

The major pool of nurses in the country consists of general nurses. Based on their place of work, there are also few nurses who are specialised in intensive care, anaesthesia, dialysis, endoscopy and more. Retention of these specialised nurses in their area of expertise has become extremely important to assist in the development of tertiary care health services in the country.

The hard-earned specialised skills should be groomed and further developed over the years. Bhutan’s three-tier system of health care ensures nurses working at the very base of the health care system, which is our primary health care centers.
This gives an important opportunity for our nurses to play a crucial role in patient management, especially where there are no doctors in some primary health care centers, which adds to their competency levels.

The importance of an emotionally intelligent nurse cannot be over emphasised. Being at the fore front of health care and dealing with patients over a protracted period of time, nurses are best placed to understand patients better.

They can play a crucial role in the team to provide a healing environment for the patient through their patience, understanding and empathetic approach.

This can win the admiration of a sick person, which is not only life changing for the patient but truly a rewarding experience for the care giver too.

Bhutanese nurses have the competency to live by the above ideals and also those set by Florence Nightingale, the pioneer of modern nursing, and are well respected in society for their hard work and dedication for a healthier Bhutan.

Dr Phub Tshering
ENT and Head Neck Oncosurgeon
JDWNRRH
Lending a Buddhist lens

So long as sufferings, illnesses and diseases exist, I shall return as a healer (menpa), a caregiver (neyog), a medicine.

A prayer to that effect, the Buddha was believed to have said according to the expounded transcripts (tenchoe) by his pupils and scholars (jengue) of the time, who made notes of the teachings he orally transmitted (kanjur).

Doctors and nurses are, therefore, believed to be emanations of the Buddha himself, or bodhisattvas, delaying their attainment of nirvana to help the suffering. In other words, doctors and nurses are basically a realisation of the Buddha’s prayer.

That’s the reason behind people, including doctors and nurses themselves, saying those in the profession need not renounce the world to practice Buddhism. In their practice comes alive the teachings.

In the same transcript, also is the reference to three realms, servitude to which takes one closer to attaining enlightenment through accumulation of merits.

Although regular recitation of prayers, chanting mantras, prostrations and circumambulations do accumulate merits, prayers to the Buddha, his teachings and likewise in the bodhisattvas is believed to reap one of the greatest merits.

Respect and love for parents and teachers through service to them is as big a gainer of merit.

Arising from the Kanjur itself, tending to and caring for the terminally ill, by giving medicines and treating them is an opportunity to actually practice what Buddhism represents, compassion. The merit accumulated through such services, is as significant, if not more as the first two.

The services of our doctors and nurses fall in this category. They do not have to go out of their ways to practice Buddhism. Through their services to the ailing and the ill, they are a living embodiment of Buddhism. We believe them to be jangchu sempas (bodhisattvas).

Yeshi Tenzin
Lam Neten, Haa
Pillars of the health system

Health care service delivery lends itself to a multi-dimensional structure. It’s a team effort and the nurses sit at the core of this system. They are the pillars behind the success of the free health care system we have, supporting doctors that are in short supply, caring for patients, ensuring their psychological and physical wellbeing.

It all comes down to delivery of services on the part of our nurses.

As an independent regulatory body, the medical council works towards ensuring the standard of our nurses based on the requirements we set for them in the institutes they study, whether within the country or outside, type of courses they undergo and following them through their assessments.

Therefore, we constantly review, verify and validate nursing curriculum in the country to make sure they are in keeping with the global standards but not limited to the requirements of the country.

For instance, we now cover interpersonal development under the professional and ethics component of the nursing curriculum. It was based on complaints we received against our nurses, which have mostly to do with, not so much their professional conduct, but personal issues with patients or their attendants.

We also see to it that they hold themselves to the highest professional and ethical standards.

The council also considers concerns related to our nurses. It is evident they work beyond prescribed schedule for prescribed returns prescribed by the civil service regulations. We bring these issues to the surface by communicating them with relevant authorities so we can thrash them out based on a multi-sectoral and inter-governmental approach that these issues merit.

If the nation’s health system is to evolve, if it ought to serve our changing and growing demands today and in future, the nurses must be given the recognition due to them, in education, skills and experience along with associated perks.

Kinga Jamphel
Registrar
Bhutan Medical and Health Council
In this unparalleled global public health emergency across the world, nurses stand as we always do, at the front line. Nurses generally become nurses because of the desire to help people regain and maintain optimal health.

I am a registered nurse in Canberra, Australian Capital Territory. I worked in JDWNR Hospital from 1997 to 2007, eight years in Intensive Care Unit and two years in general ward.

The skills I gained during my work in Bhutan allowed me to contribute to the delivery of nursing care with more confidence and greater insight. I believe, whatever area of nursing, the qualities required are the same. To be caring
and compassionate along with good communication and listening skills is imperative.

It has been 13 years since I worked in Australia as registered nurse at the general surgical ward with high acuity. My team of nurses are from all over the world. It is amazing to work with multicultural background and share one goal as nurses, “To serve the sick and needy”.

Nursing in Bhutan, I am sure, is much more developed than before. Back then, there weren’t clear hospital policies on nursing procedures, save for a few SoPs in ICU and some wards. Still then, all nurses in Bhutan had the knowledge and skills to deliver the care needed for all kinds of illnesses and develop creative and innovative solutions to various challenges facing the profession then. It is also encouraging to learn that Bhutan has now standardised nursing interventions in health care facilities.

In Australia, every hospital has its own policies, which makes it convenient for us to refer when nursing procedures are in doubt.

Back then in Bhutan, the scope of practice vis-à-vis a nurse’s education background, competence to perform and permission by law, was unclear. For instance, Assistant Nurse, General Nurse Midwifery and BSc nurse, all performed almost the same job, although each category were trained for certain years with different qualifications. It was common for an Assistant Nurse to run a ward, evening or night shift with 32 patients and practice within the scope of GNM or BSc nurse.

In Australia, a multidisciplinary team of pharmacist, social worker, dietician, occupational therapist and physiotherapist in every ward is the norm just to ensure every aspect of a patient’s care and needs are catered to. It is also a requirement for every nurse to fulfill a set of mandatory trainings - face-to-face or e-learning - every year as per the hospital policy and Australian Nursing/Midwifery Registration Board. The idea is to stay abreast of the evidence-based nursing and technology.

The evolution of nursing doesn’t stop. Nursing is an industry of adaption as much as it is about compassion.

Kanjur Wangmo
Registered Nurse
Canberra, Australia
Working round the clock with sick patients exposes our nurses to highly infectious illnesses. They risk it all just so the rest of us are safe. That is what the pandemic has brought to light. Little wonder the world celebrates the profession and the people that compose it.

Workplace hazards, such as exposure to flu germs and other forms of bacteria and viruses, are everyday threats to the nurses, likewise exposure to chemotherapy drugs and sterilising agent.

But the long-term damage is done to their physical and mental state.

Most nurse suffer from back pain from long hours of duty that require their standing attention, lifting and transferring patients and...
the overall physical nature of providing care.

The recent trend of experienced nurses leaving to work abroad is a growing cause for concern. It means more workload for those that remain, putting additional pressure on the staff, who have to take up additional shifts and man more wards.

The greater long-term strain on the nurses come from all manners of traumatic situation and events that cause them emotional distress. There is no telling what turn a regular, routine work just might take. As a matter of keeping people’s faith and belief in the profession, the need to live up to the hopes and expectations of patients, sometimes hinging almost on a hairline, weighs the heaviest.

While these are some of the risks and challenges facing the profession, it is not without opportunities either.

Globally, there is shortage of people with the kind of knowledge and skills the nurses bring. In other words, there is great demand for them.

All our nurses ought to do is keep upgrading their knowledge to stay up to speed with the latest technological advances in the medical world, along with evidence-based scientific findings and studies.

Even within the country, with emphasis on tertiary health care gaining pace, based on people’s demands, it only spells greater opportunity for our nurses, who are willing to specialise and embrace a lifetime of learning, which this profession is all about.

We are talking unbound opportunities for our nurses.

Tandin Pemo
Nursing Superintendent
JDWNRH
More than just nursing

A peek into Mongar Regional Referral Hospital that caters to one of country biggest regions in term of size and population. Nursing Superintendent Phuntsho Norbu lets us into the roles of nurses, who tend to patients referred from the six eastern districts of Lhuentse, Mongar, Pemagatshel Samdrupjongkhar Trashigang and Trashiyangtse.

Tests, escorts, laundry and more

Nurses here multitask. Besides patient care, they are responsible for transportation of patients from various communities and villages of the eastern districts. Paperwork, like recording reporting and indenting supplies, are a norm.

Besides regular inpatient nursing, nurses here also cater to other allied services like outpatient (OPD) screening services; emergency medical response during mass casualty; escort patients to higher referral centres; carry out non-communicable diseases screening; conduct tests – ECG, endoscopy, CT, CSSD - and provide laundry services. They lead the infection control and medical waste management programmes, develop SOPS
for quality services and mentor student nurses on attachments.

**Hurdles in opportunities**

One challenge is definitely coping with the growing health needs of our patients and better. It puts immense strain on our nurses. To hear a patient is unhappy about our services is to affect our morale.

We have to stay up-to-date with the ever-changing clinical guidelines.

Keeping experienced nurses in their field of specialisation is another challenge. For reasons that disallow transfer of specialist nurses to hospitals in need of them is working against nurses taking up specialisation. The other reason discouraging nurses from pursuing higher learning is the denial of paid leave to do that.

Having a formal nursing body in our country would be a boost to the profession. Nurses are not well represented at the policy level. We would like to see a nursing division/department within the health ministry.

**A stake in the greater wellbeing**

Nurses have the ability and skills to influence people and I see opportunity for nurses to improve the general health of our people. Nurses can go beyond hospital care and reach out to people and create awareness on healthy living. If we keep our general population healthier, it'll translate into occasional hospital visits, which, in turn, will translate to significant savings to our government coffers.

**An enriching experience overall**

This year is my 10th year at the Mongar regional referral hospital and so far, our shared experiences as nurses, have been fulfilling. One of my responsibilities as nursing superintendent, besides monitoring and supervising nursing services, is to oversee the support staff working in different units.

I enjoy the privilege of travelling to other district hospitals and interacting with nursing colleagues to discuss our broad experiences drawing from the vastness of the six eastern districts.

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<td>Three on study leave</td>
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</tbody>
</table>
MRRH nurse-patient ratio

* Nurse to patient ratio differs from general ward to specialised units. It changes with patient load.

**Specialised nursing services**
- Neonatal care
- Pediatric ICU
- Adult ICU
- OT scrub nurse
- Hemodialysis
- Obstetric
- Endoscopy nurse
- Echocardiography nurse
- Computed tomography nurse

**General nursing services**
- Medical
- Surgical
- Orthopedic
- ENT
- Eye
- Pediatric
- Gynaecology/obstetric
- Emergency services.

Source: MRRH
Multiple roles of nurses

As direct patient care givers, nurses here are responsible for disease prevention, health promotion, treatment and rehabilitation of patients. They also manage wards and units, provide health education to patients and public on various health issues and mentor juniors nurses and nursing students attached with us.

Growing demand for better care

Public demand for better patient care, which is only ever-growing, is a challenge. Anything short and public discrediting follows.

While more nurses are specialising, there is still need for knowledge and skills in other specialised units that are run by 50 percent trained staff.

Medical emergencies are challenging, for nurses have to do more within limited time, and so is coping with stress during disease outbreak, like the COVID-19 pandemic.

Central Regional Referral Hospital Nursing Superintendent in Gelephu, Sarpang, Amber Bdr. Gurung talks about the roles of nurses in serving the six central districts of Bumthang, Dagana, Sarpang, Trongsa, Tsirang and Zhemgang.
Better days around the bend

With recent developments in the health sector, knowledge and skills enhancement in specialised areas are a reality now. As a way of addressing public’s growing demand for better health care services, nurses have the opportunity to specialise in areas of interest. It also encourages a culture of research and innovation.

The COVID-19 pandemic, however stressful, was also an opportunity for nurses and other health care workers to practice and develop skills in working with patients, being part of the surveillance, monitoring, testing, and developing SOP, which have all helped improve our health care services.

Giving the regional best

Patients receive primary to tertiary level care at the hospital here. A large percentage of the patients can avail of their overall health assessment, investigation and receive treatment. As the referral centre for district hospitals of Bumthang, Dagana, Sarpang, Trongsa, Tsirang and Zhemgang we strive to provide the best possible treatment and care to further refer only a few cases to the national referral hospital in Thimphu.

On duty, any given day

For nurses, weekends and government holidays are normal working days. The leave they are entitled to gets accumulated. The issue has been discussed at biennial health conferences and also within hospitals. Some form of compensation, in allowances, to make up for the lost weekends and national holidays has been our proposition. This will address the shortage of nurses or nurses leaving for long duration on their accumulated entitled leave.

It is also about time we have nursing homes or elderly care centres in Bhutan. Our society is becoming more nuclear with more younger population that are employed. That leaves aging parents at home for long hours without anyone to care for them.
CRRH nurse-patient ratio

* Number of patients in the ward/units keep changing every day. The nurse to patient ratio is calculated from the month of Feb 2021.

Specialised nursing services

- Dialysis
- Adult ICU
- Pediatric and neonate ICU
- Operation theatre

Source: CRRH
SECTION 4:
LOOKING AHEAD
In view of the growing need for nurses, a few of the tertiary institutes within the country have begun offering courses in BSc nursing. Specialisation in nursing has begun, with some services already being offered. More nurses are being encouraged to specialise in preparation for the multi-speciality hospital that is to come. A department within the ministry dedicated to addressing concerns and interests of the nurses, will be a fulfilment of a much-awaited need.
In the grand scheme

This government gained the mandate of the people based on the trust and faith in improvements it would bring the country and its people through advances in health care services.

At the heart of health care are the nurses. Long due their recognition, theirs was the service first recognised as the government took office.

Making up about one-fourth of the health workforce, therefore, rightly recognised as the backbone of the health care system, even hereafter, to look after their welfare is crucial for a successful and dependable health care system.

Currently, the nurses are represented at the ministry by a small nursing programme, which will soon be upgraded to a division of nursing and allied health.

The division will look into, not just the system’s requirement of nurses, but the nurses’ requirements too, representing them at the ministry for policy outcomes. The division will also look into the welfare of the allied health care workers like technician in various fields.

As health system evolves, the competency and capacity of nurses have to evolve. There had to be continuous enhancement of knowledge and skills. For example, to provide opportunity to health workers like technicians, a Bachelor’s Degree in Public Health was introduced in KGUMBS last year. It’s an opportunity for health workers from any background to upgrade their academic qualification, and a stepping stone for further studies.

The division will also look into specialisation requirements, which is another opportunity for nurses. While nurses will continue playing critical role in primary health care services like immunisation and mother and child health in the communities, with advancements in nursing field and plans of establishing various specialised and tertiary hospitals, there will also be a need for specialisation.

The infectious disease hospital, for which we’ve mobilised resources, will require nurses specialised in infectious diseases. Similarly, there will be other opportunities in tertiary health centres.

To stay abreast of the latest technologies and changes in nursing
field, the division will also facilitate platforms for nurses to exchange ideas, discuss innovations and peer learning. A nurse taking care of nomadic community will be different in its approach from a nurse taking care of patients in an urban centre.

The establishment of the division will provide the due respect that the backbone of the health care system deserves.

The upgrades in the profession and the greater representation within the ministry, eventually opens up far greater opportunities for the health professionals, especially our nurses, who will gradually fit into the grand scheme of realising a decent multi-speciality hospital for ourselves.

- "... greater representation within the ministry, eventually opens up far greater opportunities for the health professionals, especially our nurses."
The first of Bhutan’s health care workers were the Health Assistants (HAs). They were sent to different and most remote parts of the country with basic knowledge accessible at the time, skills available then and the most rudimentary of equipment affordable.

Owing to their relentless efforts, joined by the nurses shortly, many diseases that were a major cause of morbidity and disabilities have been eradicated or eliminated.

For example, from small pox to polio, if it wasn’t for these unyielding front-liners and their unshakable determination to take their services to the far-flung, scattered communities of the rural population, these diseases would still be prevalent today.

The present-day laurels in steady improvements in the maternal and child mortality, including in the adult, we owe to the selfless services of these health workers, who were driven by people’s faith and belief in them for promises of a better health care.

We owe the modern day medical marvels to the endeavours of these people who took immunisation to the people and ensured not a single Bhutanese was left out.

Today, we have to consider how to promote these critical group of unsung heroes in terms of professionalism and skills. Status quo is not an option in the face of ever-increasing and changing needs of the people in keeping with advances in the medical field, especially in technologies and specialisation.

To bring about that transformation, we cannot leave it to just policy makers and the medical professionals alone. It is all of our collective responsibilities to help enhance the growth of this profession for a greater health care system for ourselves.

As a partner to the country through its health system, WHO will, based on available scientific evidences, continue providing technical support in matters of enhancing skills and improving techniques.

Our nurses have to keep pace with the advances in medical technologies, knowledge and skills.
Anywhere in the world, countries may celebrate technological progresses and their growing numbers of doctors and specialists. But a good health system is entirely dependent on the forces behind them all, the nurses.

“We owe the modern day medical marvels to the endeavours of these people who took immunisation to the people and ensured not a single Bhutanese was left out.”
Quality over numbers

For a health system to improve, human resource component is critical and when we talk about health human resource, nurses are indelible. But our focus should be quality before numbers.

The shortage of nursing professionals is felt across the globe, not just in our country. Quality can be maintained through implementation of existing regulations, which requires strict criteria during pre-training selection, maintaining quality of teachers and curriculum during training along with proper monitoring and supervision. Provision of continuous medical educations after their recruitment is as essential.

Ensuring quality of nurses is crucial considering the growing number of them graduating from various nursing institutes from within and outside the country.

The evolution of nurses shows an upward trend, with the country having only on-the-job trained assistant nurses in the 1960s to nurses with Diploma, Bachelors, Master and doctorate degrees now.

The field of medicine is rapidly expanding and with plans to establish specialised medical services in the country, through creation of new centers, or upgrading the existing one, it is evident that we need to have more health professionals, including nurses specialising in various fields.

However, we do not get enough candidates to take up these specialised courses we announce. Probably these are more stressful jobs with about the same benefits as the regular nursing jobs.

To improve the nursing services in the country, we are trying to strengthen the nursing programme at the ministry. A draft nursing strategy has been prepared in consultation.
with relevant stakeholders, which once finalised, will guide the programme in strengthening the country’s nursing services.

The profession is such that it requires constant motivating. Apart from observing nurses’ days and organising nursing conferences, many senior nurses have been recognised during major national events for their service to the country. However, more activities need to be organised to recognise their services.

Nursing profession is not always the career of choice for many of the best performing high school graduates. Many of them are probably unaware of the opportunities in the profession and its importance. We need to create more awareness on the profession as part of our career counselling in schools.
Nurses and midwives comprise the largest component of health care workforce in Bhutan and play a crucial role in providing quality patient care. However, the potential of this profession has not fully been realised and gets little focus in strengthening this workforce. Moreover, there is lack of awareness and understanding on what nursing and midwifery entails as they work round the clock providing care.

In general, nursing is portrayed as following doctors’ orders, providing personal care and feeding, tasks deemed as ordinary as the chores at home. If nursing were as simple as that, nurse shortage should not be an issue and can be addressed easily.

However simple nursing care may seem, it has scientific principles and art associated with it, which mandates a nurse to undergo specific training like any other profession to acquire the knowledge and develop skills to provide competent, safe and quality care.
As health care providers, nurse-midwives have unwritten contractual agreement with our patients, who entrust their lives and confidence, while availing of health services. Therefore, nurse-midwives have moral responsibility to live up to their expectation, comply with professional standards and code of conduct at all times while providing care.

Nursing and midwifery is an integral part of the health care system in Bhutan. The policies that shape the health system affect nurse-midwives in all aspects of their work.

Thus, the need to provide a platform to hear their voices and concerns when forming policies by a nursing representative in the Ministry of Health. Re-establishing the nursing unit with provision to become a department will enable provision of undivided focus to strengthening this workforce and recognising it as a profession rather than something subservient to medical profession.

To improve quality of patient care, the existing system of care provided by nurse-midwife, irrespective of level of qualification (certificate to masters and in future PhDs), needs revamping. Two categories of nurse-midwife workforce, instead of many categories would be a way to go. They should, however, be defined with enabling career ladder, clearly outlined job responsibilities, scope of practice (for certificate, diploma, degree and doctorate degree holders) and ensure its implementation accordingly.

As nurse-midwives, we have an important role to play in promoting health and wellbeing of our people. With easy access to information through internet, increasing demand and greater awareness, there has to be a shift in the traditional nursing and midwifery practices to research-based system. Nurse-midwives in Bhutan must, therefore, develop research skills for evidence-based decision making in clinical practice, management and education.

Research will not only empower nursing and midwifery in promoting professional recognition but also contribute to cost effectiveness and enhancement of quality of services.
AT THE END: A nurse’s shift begins with the first call of duty
17 December, 2020: His Majesty The King with health ministry representatives. The *Druk Thuksey* (The Royal Order of Bhutan) Medal recognising an institution was awarded to the Ministry of Health for its extraordinary services to the nation during the COVID-19 Pandemic.