

APPENDIX I

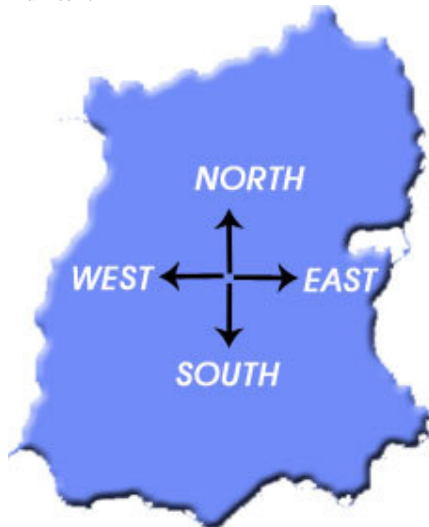
Gangtok, the capital of Sikkim, has one 300 bed state hospital Sir Tashi Namgyal Memorial Hospital (STNMH) with a Nursing strength of only 118 Registered General Nurses, two holding the DCHEA from Calcutta, one Post Basic BSc., two currently enrolled in the IGNOW Post basic BSc. Program.

Considering patient numbers exceed 300 and 200 more beds are in the process of being added, and then considering the number of Nurses on Maternity leave, long term leave, extended sick leave in addition to those on annual and casual leave the staffing situation at any time is well below 100 RGNS to cover 3 shifts 7 days per week.

With a total of 98 2nd level Nurses, ANM's, also entitled to long leave, maternity leave, sick leave, annual and casual leave, then the Nurse patient ration cannot be considered anything like adequate.

That some ANM's hold Charge Nurse positions is a desecration of the Indian Nursing Council, International Congress of Nursing and WHO requirement that all second level Nurses should work under the direction of 1st. level Nurses who are required to take full responsibility for all Nursing staff in their particular area.

In the state of Sikkim, there are 147 Primary Health Sub Centers, (PHSC), 24 Primary Health Centers (PHC), 4 Community Health Centers (CHC) and a 400 bedded Central Referral Hospital cum Medical College run in collaboration with a medical group. There is one Leprosy hospital at Sajong, Rumtek.



From the information presented in the body of this resume titled **Accountability** and in light of the preceding and subsequent information contained in this appendix, it is clear that Nursing With A Difference interacted only with Nurses in the key institutions in the State.

This was regretted as being the first Nurse to visit Nurses in Sikkim it highlights:

1. The deprivation of a large number of Nurses, particularly 2nd Level Nurses who are thrust out into the remote areas inadequately prepared for their very great responsibility, if the Health Service policies are to become effective.
2. The urgent need for professional input and encouragement by Nurses for all Nurses.
3. The fact that while the Ministry of Health and family welfare have provided PHC's it would appear that in a State with such rich resources, and with such major community health needs that more attention to the professional development of all Nurses engaged in this all important service is an urgent priority.

How wonderful when every Nurse in this richly diverse State of Sikkim is encouraged to claim the intervening real power of God (not religion) to become better equipped to help the widely scattered population, only 76 people per sq. kilometer, but having 5 main languages, English, Lepcha, Bhutia, Nepali, Limbu plus at least 20 other languages is no small challenge! Peoples of various cultures, religions, animism and traditions respond in different ways to health issues, all of which present a serious challenge to every Nurse. Each Nurse needs to be provided with that which will strengthen and encourage her.

EAST DISTRICT

HOSPITAL, PHCs AND PHSCs

NB: ALL PHCs ARE 10 BEDDED

SLNO	PHC	PHSC
1	RANGPO PHC	
2		BHASMEY PHSC
3		CENTRAL PANDAM
4		DUGA PHSC
5		PACHAK PHSC
6		MAJITAR PHSC
7		WEST PANDAM
8	DIKCHU PHC	
9		RALEY KHESI PHSC
10		MIDDLE CAMP
11		TUMLABONG
12		SUMIN
13	MAKHA	
14	SAMDONG PHC	
15		PENLONG
16		LINDOK
17		LUING
18		TUMIN
19		PANGTHANG
20	SONG PHC	
21		SIMIK LINZEY
22		RUMTEK
23		MARTAM
24		RANKA
25		REY-MINDU
26		KHAMDONG
27		DAMGEYTHANG
28		RANIPOOL
29		PAKYONG
30	ASSAM LINGZEY	
31	AHO PHSC	
32	PHADAMCHEN	
33	BARILAKLHA	
34	CHANGEY SENTI	
35	PABUIK NAITAM	
36	NANDOK	
37	SYARI 38	
38	RHENOCK	
39		RORATHAN G
40		ARITAR
41		SUDUNGLAKHA
42	MACHONG	
43		TAREYTHANG
44		BARAPATHING
45		LINKEY
46		MAMRING TAZA AMBA
47		LOWER BIRING
48	RONGLI	
49		GNATHANG
50		LINGTHAM
51		NORTH REGUQ
52		ROLEP
53		SOUTH REGU
54		PHADAMCHEN
55		LAMATEN
56		SUBANEY DARA

DISTRICT HOSPITAL, WEST/COMMUNITY HEALTH CENTRE,

1	RINCHENPONG	
2		BERMIOK
3		DEY THANG
4		SAMDONG KALUK
5		ZEEL HATIDUNGA
6		YANGSOOM CHINGTHAN
7		BOOM
8	SENEK	
9		MAGNAM KARJI
10		KONGRI
11		GANGYAP
12		LEGSHIP
13		SAKYONG
14		NAKU CHUNGPUNG
15	SORENG	
16		CHAKUNG
17		DODAK
18		KHANI SHERBUNG
19		THARPU
20		PAKKI GAON BUDANG
21		ZOOM
22		SINGLING
23		BURIAKHOP
24		CHUMBONG
25	SOMBARIA	
26		OKHERY
27		DARAMDIN
28		RIBDI BHARENG
29		SIKTAM TIKPUR
30	MANGALBAREY	
31		RESHI
32		NAYA BAZAR
33		KAMLING
34	YOKSUM	
35		GERETHANG
36		THINGLING
37		MELLI ACHING
38		RIMBI
39		NAMBU
40		DARAP
41		PELLING
42	DENTAM	
43		HEE-YANGTHANG
44		UTTERY
45		KARMATAR FAREK
46		RADHU KHANDU
47		BONGTEN
48		LINGCHOM

NORTH DISTRICT HOSPITAL, MANGAN - PHC AMDPHSC

1	PHODONG	
2		PHENSONG
3		NAMOK
4		KABI TINGDA
5		TINCHEM
6		RAMEYTHANG
7	CHUNGTHANG	
8		LACHEN
9		LACHUNG
10		NAGA

DISTRICT HOSPITAL SOUTH/COMMUNITY HEALTH CENTRE

1	NAMTHANG	
2		RATEY PANI
3		PERBING
4		KATANG BOKRANG
5		MANI RAM BHANJYAN
6		PHONG BHANJYANG
7		KABREY
8	MELLI	
9		CHIDAM/SADAM
10		SUMBUK
11		TURUK PANCHGHAREY
12		MELLI DARA
13	RAVANGLA	
14		KEWING
15		POLOK
16		TINKITAM
17		JARRONG
18		SADA PHAMTAM
19		NA.MLUNG RALONG
20		THINGLI
21		RAYONG TINGMO
22		SANGMO
23		TINGMO
24		LINGZO
25	TEMI TARKU	
26		BERMIOK TOKAL
27		BEN
28		DAMTHANG
29		CHIYA DARA(JOUB-CHE
30	JORETHANG	
31		WOK
32		NANDU GAON
33		DARA GAON SALGHARI
34		OMCHU

The prevention and control of common infections is not through medication any more than are the more publicized afflictions of Drug Addiction, AIDs and Alcoholism The skills of effective community health do not come in bottles or publicity or periodic medical surveillance. .It comes through long hours of patient wise counsel that is seen in the life

Appendix II

The Military Nurse

The life of a Military Nurse can be viewed as three dimensional.

Dominant is the reality of war with all its gruesome outcomes, from which the very necessary social functions merely provide a brief interlude but no real relief. As wife and mother, duty takes precedence and where job satisfaction is lacking home and family problems are compounded. Her equilibrium cannot be maintained without the constant regeneration of her mental, physical, emotional and spiritual energies that enable her to balance the demands and responsibilities.

The following poem written by a Military Nurse is but one expression of grief that must be hidden with a stoic smile by Military Nurses.

War Wounds

1. He walks off the chopper bleeding,
In his relief at being out of the fire zone
he has forgotten that he hurts
Or that he was in terror.
2. The shell fragment is too large
it has invaded his heart, his lungs, his liver, his spleen
He will not survive the night.
3. In order that another,
who has a better chance,
might survive,
she must remove this patient from life support equipment.
Her professional smile calms the other patients,
Hides the anguished murderer inside.
4. Each wound receives the surgeon's scrutiny
this we will close, this we will drain,
this entire area must be removed.
The eye surgeon, the chest surgeon, the orthopedist.
Each focuses on his own plot
Forgetting for a time
their common ground.
5. Infection sets in.
The wound becomes a greenhouse
for exotic parasitic growths.
6. Wounds heal from the bottom up and from the outside in.
Each must be kept open,
must be probed
and exposed to light
Must be inspected
and known.
7. She sits at the side of the road
offering to sell stolen oranges
to the jeep riders passing by.
She does not name herself wounded.
Two rockets blew away her home
and rice paddy.
Her husband is dead.
Her son has been drafted.
Her baby will never cry again.
8. He wheels his custom chair
through the crowded bookstore.
He focuses on narrow aisles and tall shelves
avoiding images
of jungle trails and buried mines
Of leaving in the mud
His legs
and his left hand.
9. In rage he shatters another window with his fist
The glass shards never cut deeply enough
To cleanse the guilt.
10. She is afraid to trust again.
Her days are haunted
By the texture of blood
The odor of burns
The face of senseless death;
Friends known and loved
Vanished
Abandoned
She sits alone in the darkened room
Scotch her only hope.
11. He stares at the gun he saved
turning it over and over in his tired hands.
He is desperate to stop the sounds
and the pictures.
12. Wounds must be inspected
and known.
Must be kept open
and probed
and exposed to the light.
Healing is from the bottom up
and from the outside in.

Reconciliation is the greatest challenge and the greatest gift to mankind.

Nurses are in a unique position to aid the process of reconciliation in the world.

The power of reconciliation has to be received before it can be administered by Nurses.

Jesus said "I am come that they might have life and have it more abundantly." John 10:10

Appendix III

Priorities to Address Global Nursing Shortages Announced

GENEVA, 29 March 2006 - The findings of a two-year study addressing the worldwide nursing workforce crisis were released today by the International Council of Nurses (ICN) and the Florence Nightingale International Foundation (FNIF). ***The Global Nursing Shortage: Priority Areas for Intervention*** identifies top priorities for action in addressing the shortage of nurses worldwide.

“We are seeing serious adverse impacts on the health and well-being of populations in both developed and developing countries due to the nursing shortage. The health related Millennium Development Goals, and development initiatives in general, are jeopardised by inadequate investments in human resources and ineffective actions to develop and sustain a strong health workforce,” according to Dr. Hiroko Minami, President of ICN and FNIF.

“The political will to address the critical issues contributing to nurse shortages remains weak in most countries, despite a growing recognition of the critical issues” stressed ICN and FNIF’s Chief Executive Officer Judith Oulton.

1. Macroeconomic and health sector funding policies;
2. Workforce policy and planning, including regulation;
3. Positive practice environments and organisational performance;
4. Recruitment and retention; addressing mal-distribution within countries, and out-migration; and
5. Nursing leadership

The report points to critically needed improvements in the work environments of nurses and capacity-building in health human resources planning and management. The report also highlights the need for greater national self-sufficiency in managing domestic supply and demand, and for enabling fiscal environments supportive of nursing workforce development and improved public infrastructures (e.g. roads, clean water, electricity, information and communication technologies).

ICN denounces unethical recruitment practices that exploit nurses or mislead them into accepting job responsibilities and working conditions that are incompatible with their qualifications, skills and experience.

ICN and its member national nurses’ associations call for a regulated recruitment process based on ethical principles that guide informed decision-making and reinforce sound employment policies on the part of governments, employers and nurses, thus supporting fair and cost-effective recruitment and retention practices.

Credible nursing regulation: Nursing legislation must authorise the regulatory body to determine nurses’ standards of education, competencies and standards of practice. Regulatory bodies must ensure that only individuals meeting these standards are allowed to practise as a nurse.

Access to full employment: The provision of quality care relies on the availability of nurses to meet staffing demand. Nurses in a recruiting region/country and seeking employment should be made aware of job opportunities. If necessary, health stakeholders (especially government and employers) need to explore policies that would facilitate nurses’ active participation in the workforce, e.g. family-friendly environments, reinsertion programmes.

Decreased supply	<ul style="list-style-type: none"> ➤ Reduced student pool (i.e. general education level) ➤ Increased career opportunities for women ➤ Ageing nursing workforce (e.g. retirement, lighter workloads desired) ➤ Ageing nursing faculty ➤ Increasing number of mature students with reduced potential years of professional practice ➤ Decreased funding of nursing schools and heavier financial burden on students ➤ Past government decisions to reduce nursing student positions ➤ Reduced number of nurses interested in academic careers and teaching positions ➤ Increased family carer obligations, e.g. care of an elderly parent ➤ Poor working conditions, including pay ➤ Increased career opportunities outside the health care sector, including better pay and working conditions ➤ Lack of accommodation, transport ➤ Occupational health hazards ➤ Nurse burnout ➤ Inadequate support staff ➤ Poor image of the profession as a career
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Examples of new minimum nurse-patient ratios

Recently, action has been taken in Victoria (Australia) and California (USA) to set mandatory upwardly adjustable minimum nurse: patient ratios. Such ratios are seen as ways to:

- Ensure safe and quality patient care
- Recruit and retain nurses by the bedside

In 2001 Victoria implemented mandatory minimum nurse: patient ratios in all public sector facilities. The minimum ratios vary to meet the needs of different units and shifts. Healthcare institutions are categorized into different levels according to acuity of care, size and location. For example ⁷ :

Type of Unit	Hospital category	a.m. shift	p.m. shift
General Medical/Surgical Ward	Level 1	1:4 + in charge	1:4 + in charge
	Level 3	1:5 + in charge	1:6 + in charge
Ante/Postnatal	All levels	1:5 + in charge	1:6 + in charge
Operating Theatre	3 nurses per theatre (1 scrub, 1 scout and 1 anaesthetic nurse) This may vary up and down depending on pre-determined factors		
Post Anaesthetic Care Unit / Recovery Room	All shifts 1:1 for unconscious patient		

Improvements reported since the implementation of the ratios are ⁸ :

- More than 3000 extra nurses employed in hospitals
- Decreased staff turnover and absenteeism
- 25% increase in candidates for nursing schools
- Public approval of the State government has increased

Sikkim Nurse's Response

When key Sikkim Nurses come together at the Throne of Grace and prayerfully review their specific needs before the God of Justice and Mercy. When these same Nurses set a strategic plan that works towards the ideal in time frame stages and clearly documents the justification for each step.

When these same key Nurses have taken time at the same Throne of Grace to pray for the Secretary of Health and all the powers that be in Government, set a time and proceed together as a united front in Nursing to support and strengthen the Joint and Deputy Director's hand believing that our Father in Heaven sees, hears and answers 'What so ever you ask in My name believing', will in due course find a new found respect and relationship in the Health Services.

When these same key Nurses fail not to uphold the Joint and Deputy Director in prayer as they stand their ground in the interest of Nursing and patient care, in the same way that Moses and millions of others have been strengthened and supported through unfailing prayer until the victory has been won.

Those who pray together in the Spirit of God not only bring strength and encouragement to those for whom they intercede but are actively helping to stay the forces of evil.

Increasingly they themselves receive an increasing depth of peace, insight, wisdom and fortitude that contributes to further strengthening true Nursing advocacy.

Appendix IV

Injustice to Nurses.

Hospital agrees to burn damages

PEMA LEYDA SHANGDERPA

Gangtok, June 24: Manipal Central Referral Hospital is willing to pay Pinki Singh damages for the thermal burns she received while undergoing surgery for bilateral tubectomy.

"It was an accident and not intentional. We have initiated action and the person will be compensated ultimately," said R. P. Singh, the dean of Manipal Institute of Medical Sciences and the referral hospital,

Pinki was admitted to the referral hospital on January 7 and operated on the next day.

S.K Singh, Pinki's husband and an army jawan stationed in Sikkim, said the operation, which was supposed to last around half-an-hour, pulled on for more than three.

"She was wheeled out in an unconscious state and kept in the intensive care unit though doctors had told me before the surgery that she would be kept in the general ward. She was supposed to remain in the hospital for a few days, but because of the burns, was released after two months," he said.

Pinki's right leg, which suffered 12 per cent burns, has not healed. She still uses a crutch to walk. Recalling the incident, Pinki said: "When I regained consciousness, I felt a burning sensation in my legs and saw they were burnt to the bone."

Singh has sought Rs 10 lakh as compensation from Manipal Group for the "grave negligence" that has "crippled" his wife forever.

"Even Rs 1 crore will not bring my wife back to normal, but the attitude of the hospital authorities there led me to ask for redress," Singh said.

The hospital authorities had reportedly told her that a "blower" in the intensive care unit, kept very close to her leg, had caused the burn.

Though the hospital has stuck to its "blower theory", four nurses, who were suspended on March 13 after the incident was reported by the media, spoke against the institution.

They said they were not aware of any blower being there in the intensive care unit and Pinki's husband supports their view.

"It was only when I took my wife to the Eastern Command hospital in Calcutta that they diagnosed the wounds as thermal burns that could have been caused while she was in the operation theatre," he said.

"They kept my wife in the hospital for two months though they did not have a burn specialist. The doctors even performed, an operation on the deep burns on her knee without my consent," Singh said.

The dean, who met Singh at the military hospital at Libing army cantonment, said they were meeting a panel of doctors to find out the extent of damage so they could ascertain the amount to be paid as compensation.

Promises are, however, not what Pinki is looking for. She has threatened to initiate legal action if the compensation is not made "soon".

Down through the ages Nurses have suffered for Medical mismanagement even to the point of unjustifiably losing their registration to practice. Money power and prestige is the weapon Satan uses to perpetuate injustice and oppression.

How well I recall the disgust of a very able Nurse Administrator after spending 3 days in court for one of her Nurses, a woman of integrity, who lost her registration. The Doctor who everyone knew was guilty could in those days pay \$1000.00 per hour? The Legal system sadly is no defense for true justice and mercy.

What is behind the power Nurses need?

Political astuteness is important but it has significantly failed all over the world.

Money power has not achieved the value and worth expected. I well recall discussion with Nurses who having lived in real luxury ended up walking miles to leave what had been an oil rich country with all the prospects and glamour. They could only carry the barest necessities for the immediate needs of their children in addition to carrying the baby.

Knowledge power in Nursing over the past 20 years has resulted in more BSc. Masters and PHd degrees than ever in the history of Nursing. But Nursing service is at its lowest since the Sarah Gamp days with criminal activity by Nurses rearing its ugly head in every nation.

Social status the key Nurse in a major institution, married to a Doctor – when discussing the marriage of their son this learned Doctor stated with pride ‘we didn’t ask any dowry, why should we she is a Nurse and earning X? A Nurse whose husband was appointed as Brigadier in great distress had to give up Nursing which she loved as it was too much of an embarrassment in her husband’s position.

World view may dominate but it only has power to drag Nurses down. Unless the world view is recognized for what it is, a view controlled by the god of this world Satan and his angels, unwittingly Nurses will allow it to keep them from asking and receiving every resource needed to be effective from the Sovereign God our Father in Heaven before whom we all took our pledge.

Religious fervor Nurses while becoming increasingly occupied with the rituals of religion state quite freely that religion has not helped Nurses or Nursing.

What Nurses Need

- ✓ Alertness that leads to political astuteness
- ✓ Knowledge that increases professional competence
- ✓ Social acceptance arising from a generous informed and caring mind
- ✓ Authority that comes from a quiet confidence and perseverance with expectation
- ✓ Faith that works through divine wisdom, spiritual alertness and effective fervent prayer.

Power in itself is one of the most destructive forces in this world and in the Health Services of the Nations.

What then is the real power behind a Nurse?

More powerful is the ‘**Nursing View**’ that is imbedded in our pledge taken before the God who created us, our patients, the institutions of marriage and of Government, and who through Nurses brought Nursing out of the dark ages to which we are fast returning.

Therefore a **truly professional Nursing View** will be recognized as ‘**The Kingdom View**’. The Kingdom View enables Nurses to identify the demonic forces operating within Nursing and the Health Services to break, kill and destroy every effort directed towards genuine good.

What then is the ‘Kingdom View’?

When the disciples asked Jesus to teach them how to pray (**NB this** is the only thing recorded that they asked Him to teach them) Jesus taught

**‘Our Father in Heaven
Hallowed be Your name,
Your Kingdom come,
Your will be done
On earth as it is in heaven’.**

Thus it is by God’s power i.e., the Kingdom power that the Kingdom of God comes on earth.

Does the Kingdom of God offer what Nurses need?

It offers every Nurse who wants to receive

- ✓ Understanding of both the Kingdom of God and the fallen world in which we live and work.
- ✓ Freedom to enter into the Kingdom of God and to received from the riches of its storehouse
- ✓ The ways and means of overcoming the pervasive negative influence of the Spirit of the World
- ✓ True success and the way to attain it with its different manifestations
- ✓ True success and accomplishment with right motivation and faithfulness.
- ✓ Encouragement to be truly and deeply ambitious with guidelines on how to strive for true success and accomplishment in life.

The Nurse's pledge when understood and appropriated to oneself gives each Nurse the freedom to draw on the resurrection power that God is waiting to give each one.

The battles that Nurses have for every little thing is in reality not so much against the men in high places as the principalities and powers of evil that are working in them to destroy Nursing and the health services.

Therefore, it is understandable that Nurses depending on the weapons of the world can ever only meet with failure. But Nurses who draw on the Kingdom Power will receive a greater wisdom to deflect, combat and overcome the prevailing negative forces. The reason being that behind all the negative human behavior the 'world view and therefore world power' dominates.

As all Nurses consciously learn and actively seek first the Kingdom of God in Nursing, God's Will and wisdom in all decision making, true justice will become a reality. Nurses will have the joy of having all other needs met and things added to them.

Nurses will have the joy of being God's instruments in bringing holiness, health and healing through the whole process of Nursing to each patient and person with whom he or she interacts with.

God does not wave a magic wand but He does work in and through His chosen willing vessels. Each Nurse has been chosen by Him. Let us bring our willingness to Him so that His resurrection power can flow through us

Without fanfare Nurses and Nursing will be seen to be what it is meant to be a significant part of the Kingdom of God on earth as it is in heaven.

There is no other way that Nurses will ever be able to rise above the wrong in our own lives and profession or the gross injustice perpetuated against Nurses and Nursing Services.

May Every Nurses in Sikkim

Realize their dream through the power of the Kingdom of God.

Be greatly encouraged as each tiny bud and blossom of their dream becomes a joy to behold.

Find herself an integral part of a great revolution and revival in every aspect of good Nursing

Know for sure that their greater reward awaits them in the Kingdom throughout eternity.