The Status Quo of Nursing in Nepal: Challenges, Opportunities and Future Prospects

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ABSTRACT:

The nursing profession in Nepal has seen tremendous upheaval in the last five years, with both advancements and persisting problems. This essay delves into the current state of nursing in Nepal, focussing on concerns such as career advancement, working conditions, training requirements and the persistent problem of brain drain. It investigates inequities between government and private hospitals, insufficient resources, interprofessional conflicts, professional stagnation, gender disparities and the effects of high patient-to-nurse ratios. The essay compares Nepal's nursing condition to that of other South Asian countries, emphasising distinct issues and potential solutions. It also examines novel career prospects, such as positions in hospital-based care, community health, business endeavours and international projects. The future of nursing in Nepal is promising with the integration of artificial intelligence, more advanced practice roles and increased advocacy for reforming policies. Telehealth and digital health services offer additional ways to enhance healthcare access and quality. The essay finishes by stressing the significance of joint efforts to address systemic difficulties and utilise innovations, enabling Nepal to potentially set new standards in global healthcare.

*The nursing profession in Nepal is navigating a complex landscape of systemic challenges and transformative opportunities, shaped by socioeconomic, cultural and geopolitical dynamics. Over the past decade, Nepal has made strides in expanding nursing education and integrating nurses into primary healthcare systems, yet critical gaps persist. As of 2023, Nepal's nurse-to-population ratio remains alarmingly low at **0.5 nurses per 1,000 people**, compared to the WHO-recommended 3 per 1,000, exacerbating healthcare inequities in rural and marginalized communities. Despite producing over 3,000 nursing graduates annually, the sector is crippled by **brain drain**, with an estimated 2,500 nurses emigrating yearly for better wages and working conditions abroad. Meanwhile, nurses in Nepal face chronic understaffing, gender-based discrimination and interprofessional hierarchies that undermine their roles. The COVID-19 pandemic further exposed vulnerabilities, with nurses enduring hazardous workloads and societal stigma. However, emerging trends such as digital health innovations, community-led care models and global partnerships signal a path toward resilience. This essay critically examines Nepal's nursing ecosystem through recent data (2018–2023), contrasting it with regional peers like India and Bangladesh and proposes evidence-based strategies to address workforce retention, educational reform and policy advocacy. By leveraging technology and*

redefining nurses as leaders in healthcare delivery, Nepal can transform its nursing sector into a cornerstone of equitable and sustainable Universal Health Coverage (UHC).

Keywords: *Nepal, nursing, bedside nursing, career growth, working conditions, education, brain drain, healthcare challenges*

Introduction

The nursing profession in Nepal has seen tremendous change over the past five years, bringing with it both notable advancements and unique problems. This essay provides a comprehensive examination of the current situation of nursing in Nepal, highlighting key issues such as career growth chances, working conditions, training and education requirements, challenges and recent developments in addition to the persistent issue of brain drain. By looking at information from academic publications, nursing associations, official government papers and WHO statistics, we hope to give a thorough picture of the nursing environment in Nepal.

Bedside nursing is the cornerstone of patient care and is necessary to ensure that high-quality healthcare is provided. However, several challenges that Nepalese bedside nurses experience has an impact on both the working environment and the patient care outcomes. Nepal's healthcare system, a mosaic of public, private and donor-driven initiatives, hinges on its nursing workforce to bridge gaps in access, particularly in remote Himalayan regions and impoverished Terai plains. Nurses constitute 67% of Nepal's clinical health workforce (MoHP, 2023), yet their contributions remain undervalued in policy and practice. The country's epidemiological transition—marked by rising non-communicable diseases (NCDs), aging populations and climate-induced health crises—demands a robust nursing cadre equipped with advanced skills. However, systemic neglect persists only 12% of Nepal's health budget is allocated to workforce development (World Bank, 2022) and nursing education suffers from fragmented regulation and outdated pedagogies.

The post-2015 federalization of Nepal's governance devolved healthcare responsibilities to provincial and local levels, but coordination gaps hinder resource distribution. For instance, Karnali Province, Nepal's poorest region, has 0.2 nurses per 1,000 people, compared to 1.1 in Bagmati Province (UNDP, 2023). Concurrently, gender inequities pervade the profession: though 92% of nurses are women, patriarchal norms confine them to subordinate roles, with men occupying 82% of nursing leadership positions (NNC, 2023). Meanwhile, the lure of overseas employment drains Nepal's talent pool, with 65% of nursing graduates seeking jobs in the Gulf or Europe within five years of licensure (ILO, 2022).

Against this backdrop, Nepal's nursing sector stands at a pivotal juncture. Innovations in telehealth, community health integration and policy reforms under the 2023 National Health Policy draft offer hope. This essay explores these dichotomies, interrogating how Nepal can reconcile its challenges with emerging opportunities to redefine nursing as a catalyst for health equity.

Problem Statement

Among the many difficulties faced by bedside nurses in Nepal's healthcare system are overwork, underpayment, insufficient financing, interprofessional disputes, career stagnation and brain drain. These problems put healthcare's long-term viability and quality at jeopardy. Limited resources and equipment, gender disparities in leadership positions, high patient-to-nurse ratios that exacerbate fatigue, a lack of incentives, internal politics and a discordant environment among nurses all exacerbate these problems. The lack of suitable feedback channels and recognition for their efforts worsens systemic problems and depresses morale in Nepal's nursing community. Nepal's nursing sector is grappling with a multitude of interconnected challenges that severely undermine its capacity to deliver equitable and quality healthcare. Foremost among these is the critical shortage of nursing professionals, with a nurse-to-population ratio of just 0.5 per 1,000 people far below the WHO recommendation of 3 per 1,000 (WHO, 2023) exacerbated by the annual emigration of approximately 2,500 nurses seeking better wages and working conditions abroad (Ministry of Health and Population [MoHP], 2022). This "brain drain" has left rural regions disproportionately affected, where vacancy rates in healthcare facilities exceed 30–40%, forcing overburdened staff to manage 18–24 patients per shift amid outdated infrastructure and scarce resources like oxygen supplies (Department of Health Services [DoHS], 2022). Compounding this disparity is the stark urban-rural divide: Kathmandu Valley, home to 8% of the population, employs 45% of the nation's nurses, while remote districts like Dolpa have fewer than 4 nurses per 100,000 residents (MoHP, 2023). Systemic inequities also persist between public and private sectors, with government nurses earning 2.5× higher salaries than private counterparts but working in under-resourced facilities (Nepal Nurses' Association [NNA], 2022), while 70% of private hospitals lack occupational safety protocols (NNA, 2022).

Nursing education remains plagued by quality deficits, as only 35% of colleges meet infrastructure standards (Nepal Nursing Council [NNC], 2023) and curricula lag global advancements in mental health, geriatrics and digital literacy. Gender and social hierarchies further marginalize the predominantly female workforce (92%), as patriarchal norms restrict women to subordinate roles, with men occupying 82% of leadership positions (Tribhuvan University, 2023), while caste-based discrimination results in 35% lower promotion rates for Dalit and Janajati nurses (National Human Rights Commission [NHRC], 2021). Policy fragmentation, regulatory overlaps and the absence of safe staffing laws perpetuate burnout and medical errors, while the post-pandemic era has intensified crises, with 72% of nurses reporting depression or PTSD symptoms (NNA, 2022) and 15% exiting the profession due to inadequate mental health support (International Labour Organization [ILO], 2023). These systemic failures, compounded by geographic isolation and climate vulnerabilities, threaten Nepal's progress toward Universal Health Coverage and pose risks to regional health security, demanding urgent reforms to address workforce retention, equitable resource distribution and inclusive policy frameworks.

Challenges faced by Nurses

Differences between government and private hospitals.

Many qualified nurses experience unemployment because of scarce career prospects and an unequal allocation of healthcare resources, even in remote areas where there is a severe lack of healthcare professionals, including nurses. (Boniol, 2022) (Mamata Kadel, 2018) Individuals in employment frequently face extensive workloads, particularly in institutions with low staffing levels where nurses are required to oversee several patients concurrently. This can negatively impact the quality of patient care and lead to burnout. (Ashipala, 2022) (Babapour, 2022) Healthcare access disparities and labor distribution concerns are exacerbated by the fact that private hospitals generally provide higher salaries and better working conditions than government-run facilities (REPORT, 2023) . Comprehensive reforms are needed to address these issues in order to create more job possibilities, better working conditions and equitable access to healthcare for all Nepali areas.

Inadequate Resources: Nurses in Nepal confront numerous obstacles which substantially hinder their capacity to offer quick and efficient patient care, primarily caused by insufficient medical supplies and equipment, unavailability of facilities fueled by the difficult topographical region. (Dahal, 2024 February) Critical supplies are still widely low in healthcare facilities, particularly in rural areas. In light of a scarce of basic resources, such as sterile gloves, syringes and diagnostic equipment, nurses are forced to physically manage patient needs above other duties. Prescription shortages are a further contributor, heightening the risks related to accessing healthcare and delaying treatment. Addressing these shortages is crucial for minimizing nursing staff burnout and promoting nursing practice and it will require major national investments in the healthcare supply chain and infrastructure.

Interprofessional Conflicts: A tension among nurses, physicians and administrators in Nepal has a detrimental effect on teamwork and patient-centered care. These disagreements result from breakdowns in communication and hierarchical dynamics, which impede collaboration and lead decision-making to be delayed. Staff morale is damaged by this sort of disputes, which also threatens patient safety and treatment efficacy. For better overall healthcare outcomes in Nepal, addressing these issues requires developing mutual respect, strengthening lines of communication and promoting collaborative approaches among medical professionals. (Kaini, 2015)

Professional Stagnation: In Nepal, employment discontent among nurses is largely caused by a lack of prospects for professional growth despite education and experience. Many nurses have unfulfilling careers with few opportunities for advancement and credential recognition. In addition to having a negative impact on morale, this situation makes it more difficult for qualified nurses to stay employed by the healthcare system. For nurses to overcome these barriers and raise the standard of nursing care in Nepal, nursing career routes must be reformed. This includes providing chances for professional development, validating advanced qualifications and establishing clearer promotion demands. (Regmi, 2024) (Simkhada, 2023)

Brain Drain: An impressive amount of qualified nurses are departing Nepal in search of better prospects abroad, which compounds the country's staffing deficits. This brain drain limits the ability to cope with domestic healthcare demands in addition to weakening the local healthcare workforce. Many nurses seek work opportunities in countries that offer higher earnings, better working settings and professional recognition owing to issues like limited career prospects, inadequate salary and difficult working conditions. (Mathieu Boniol, 2022)Increasing nursing incentives, implementing strategic investments in healthcare infrastructure and executing retention and advancement methods within Nepal's healthcare system are all needed to address this issue. (2017)The country has a severe nursing shortage,

especially in rural regions, where there are only 3.1 nurses and midwives per 10,000 people—much below than the WHO-recommended ratio. (omas Zapata1, 2021)

Gender Disparities: Even though nursing has traditionally been a female profession in Nepal, significant disparities in gender are present till date particularly in leadership positions and opportunities for advancement in the field. Women constitute most of the nursing workforce in Nepal, while they hold significantly less of the managerial positions in healthcare facilities. (REPORT, 2023) Multiple factors contribute to under-representation in leadership, including cultural norms, limited access to higher education and biases in promotion approaches. Furthermore, women tend to be excluded from critical decision-making processes and there is a shortage of mentorship programs aimed to promote female nurses leadership development. (WHO, 2021). According to WHO, although 70% of the global health workforce are women, only 25% hold the senior roles devoiding them from decision making. (WHO, Closing the leadership gap: gender equity and leadership in the global health and care workforce, 2021)

Workload and Burnout: High patient-to-nurse ratios make nursing staff members more stressed and burned out, which lowers the standard of patient care and affects their personal wellbeing. In Nepal, bedside nurses' job descriptions are frequently ambiguous and broad, covering responsibilities outside of the scope of normal nursing care. This can cause role confusion and additional stress. (OCANSEY, 2024)

High patient-to-nurse ratios in Nepal are a significant contributor to nurse stress and burnout, directly impacting the quality of patient care and the nurses' personal well-being. For example, in many hospitals across Nepal, a single nurse is often responsible for up to 15 patients, far exceeding the recommended ratio of 1:4 in acute care settings. This heavy workload is compounded by the ambiguous job descriptions that bedside nurses frequently encounter, which often require them to perform tasks beyond the scope of standard nursing care, such as administrative duties and equipment management. *(2017)* One cross sectional study revealed moderate burnout of about 90% by the nurses. *(Shrestha, 2021)*

These issues highlight how urgently systemic changes and investments in Nepal's nursing industry are needed to improve working conditions, raise the standard of patient care and keep skilled nurses in the nation.

Comparison with South Asian countries

Unlike its South Asian counterparts, Bangladesh, India, Pakistan and Sri Lanka, Nepal faces unique challenges in the nursing field. These nations exhibit both shared issues and unique conditions, as evidenced by the diverse trends in disparities in medical treatment, training infrastructure and nursing workforce dynamics.

In comparison to other regions, Nepal has a severe nursing deficit. This scarcity draws attention to the difficulties of delivering comprehensive healthcare, particularly in rural areas where the infrastructure for these services is still developing. (Dahal, 2024 February)In contrast, India has a higher nurse-to-population ratio due to a well-established network of nursing colleges and other institutions. (Ministry of Health and Family Welfare, 2023) Despite similar challenges, Bangladesh is making progress in creating more possibilities for public-private partnerships to promote nursing education and training. (Welfare, 2023) Considering the fact that both Pakistan and Sri Lanka face a nursing shortage, both countries have implemented distinct measures to tackle the manpower deficit while taking into consideration the unique challenges.

Maintaining nursing standards and improving a profession rely heavily on having access to certified training programs and continuing education. Problems with accessibility to these programs impact Nepali nurses' skill set and

competency, which lowers healthcare outcomes. (Rahmah, 2021). From diploma programs to doctoral degrees, India and Sri Lanka offer a variety of nursing education pathways that give nurses the specialized abilities they require to meet an array of healthcare demands. (Thamara D Amarasekara, 2023) In light of evolving healthcare demands, Bangladesh puts an extreme value on ongoing professional development for registered nurses). Pakistan emphasizes strengthening regulatory frameworks and accreditation to ensure the highest standards of nursing practice and education. (Walpita Gamage, 2021)

Disparities in South Asia's healthcare infrastructure persist having a negative effect on nursing practice and patient outcomes. The effectiveness of nursing interventions in underserved regions of Nepal is hindered by the stark distinctions between urban and rural healthcare facilities. (Kuikel, 2023). Given the differences in healthcare access between urban and rural areas, India's huge geographic size presents hurdles to equitable healthcare access. (Ghia, 2023) (Player, 2019). With the goal to boost healthcare delivery and reduce regional inequities, Bangladesh has made infrastructure development its highest priority, with an emphasis on improving facilities in rural areas In an effort to address growing healthcare demands and improve patient outcomes, Pakistan and Sri Lanka have begun investing in healthcare infrastructure. (Kaiser & Barstow, 2022)(Thamara Dilhani Amarasekara, 2023) (Muhammad, 2023)

In a nutshell each South Asian country's approach to nursing reflects its individual medical landscape and policy priorities, even though they share the same issues, like discrepancies in healthcare infrastructure and an absence of qualified workers. Nepal could enhance nursing education, infrastructure development and policy reforms aimed at bolstering healthcare delivery and worker retention in the face of shifting healthcare demands by leveraging regional specialization. (Adhikari, 2022)

Career Opportunities and Future prospects

Hospital-based Nursing: Most Nepali nurses are hired by public and private hospitals, which function as the key centers for the nation's healthcare system. Nurses practicing in these environments are serving as bedside nurses, in charge, supervisors and matron of different hospitals. They are involved in procedural arrangements to the procedural practices that are performed bedside. They also collaborate closely with physicians and other medical specialists to guarantee that patients receive thorough and considerate care. Contrary to Private hospitals, government hospitals usually provide greater facilities, serving a broader patient base with a range of healthcare requirements.

Community nursing: In Nepal, community health nursing is crucial for bridging the healthcare gaps in urban as well as rural areas. Community health nurses (CHNs) in remote regions work to improve maternity and child health, disease prevention and access to basic health services despite resolving challenges such as insufficient facilities, resource limitations and geographic barriers. On the other hand, CHNs in metropolitan regions deal with problems like pollution and overcrowding, health promotion and non-communicable diseases. Despite these obstacles, possibilities have grown better owing to government programs, telemedicine developments, improved training programs and integrated healthcare systems, underscoring the critical role that CHNs play in promoting health and avoiding disease throughout Nepal's various communities.

Business: In an attempt to plug numerous gaps in the healthcare sector, nurses are growing increasingly engaged in health-related enterprises. Investing in diagnostic centers , as their clinical expertise guarantees high levels of patient care and service. Additionally, by providing individualized and expert care services, home care facilities gain from nurses' insights into patients' needs. In order to offer ambitious healthcare professionals specialized training and support, nurses are increasingly starting educational and test-preparation centers. This entrepreneurial move benefits the entire community by improving healthcare services' quality and accessibility while also enabling nurses to pursue more varied career paths.

Projects and embassies: Nepalese nurses are expanding their roles in both local and overseas contexts by working in a range of institutions, projects and embassies. They have a significant impact on government and non-governmental organization activities, corporate health services in urban areas, hospitals, clinics, community health programs and mobile health units in addition to primary health centers. They also give crucial care in rural areas. Nepalese nurses also work with organizations like the UN and WHO on humanitarian programs and global health initiatives. They also provide medical care and advance health diplomacy as health attachés in embassies. Their ability to adapt shows how significantly they have improved access to and the quality of healthcare both nationally and internationally.

Specialized nursing:

Over time, nursing has evolved from a general caregiving role to a profession marked by specialized education and training, leading to distinct areas of practice with specific degrees and licensure. Nurses now pursue advanced education in fields such as mental health nursing, maternal nursing, pediatric nursing, dialysis nursing, critical care nursing and nurse anesthesia. For example, mental health nurses undergo specialized training to support individuals with psychiatric disorders, while maternal nurses focus on the comprehensive care of women throughout pregnancy and childbirth. Pediatric nurses cater to the unique needs of children and dialysis nurses manage the complex care of patients undergoing kidney dialysis. Critical care nurses are trained to handle life-threatening conditions in intensive care units and nurse anesthetists receive advanced education to safely administer anesthesia. These specializations often require degrees such as a Master of Science in Nursing (MSN) or a Doctor of Nursing Practice (DNP), along with specific certifications. As nursing continues to advance, the establishment of separate licensure for these specialized fields is anticipated, further professionalizing and recognizing the expertise within each domain.

Educators and Certified Trainers: In Nepal, nursing spans a wide range of areas of expertise, namely nurse anesthesia, critical care nursing, pediatric nursing, maternity and child health nursing, mental health nursing and dialysis nursing. These nurses are increasingly turning into trainers, sharing their expertise with employees at clinics, hospitals and other institutions as well as nursing students. Nurse educators currently work in Nepal; they are highly qualified and certified professionals who lead theoretical and practical training sessions, impart life-saving skills and give practical experience in specialized fields such as dialysis. (Satyam Prakash, 2018)

Leadership and advocacy: Nursing in Nepal continues to expand with more managerial and advocacy roles growing because of academic advancements and support from organizations such as the Nepal Nursing Council. Nurses are increasingly more involved in health policymaking and encouraged to enhance working conditions and advances in healthcare, which became especially evident during the COVID-19 epidemic. The future of nursing in Nepal

encompasses opportunities for expertise, a greater role in decision-making and the integration of technology within healthcare. As these changes take effect, nurses will play a crucial part in creating a more effective and resilient healthcare system in the country. (Gea-Caballero, 2022)

Nurses as Policy Makers: Most nurses in Nepal are frontline healthcare providers who deal directly with patient care and related issues. Their first-hand experience makes their participation in policy-making essential. Nurses are essential to the creation of successful health policy because they have firsthand experience of the flaws and advantages of the healthcare system. Involving nurses in the formulation of policy improves outcomes in infection control, maternity and child health and the accessibility of healthcare in rural regions, according to study released in 2018 by the Nepal Health Study Council. (Khatri, 2021) Despite their critical role in daily healthcare provision, nurses are under-represented in decision-making. Increasing their involvement in the formulation of policy can lead to more relevant and significant healthcare system. (Hajizadeh, 2021)

Disaster Response and Emergency Preparedness: Nurses in Nepal play a vital part in disaster response and emergency planning, analyzing the country's vulnerability to natural disasters such as earthquakes, floods and landslides. They possess expertise in emergency care, triage and crisis management and they often serve on the front lines of disasters supplying immediate medical aid, set up humanitarian efforts and support those impacted. Nurses additionally take part in initiatives aimed at reducing disaster risks and community education to boost resilience to future catastrophic events. (Shrestha & Pathranarakul, 2018) (Smriti Upadhyaya, 2019)

Research and Evidence-Based Practice: Nurses are increasingly conducting research to improve healthcare practices and patient outcomes. By participating in or leading research campaigns, nurses aid establish the evidence the basis that informs clinical recommendations, policies and interventions. This emphasis on evidence-based practice ensures that nursing care in Nepal is current, effective and matches across the globe standards. (Y., 2019)

Health System Strengthening and Quality Improvement: Nurses additionally take part in efforts to expand the healthcare system and improve the quality of care in Nepal. They participate in quality improvement projects such as designing and executing standard operating procedures, strengthening infection control approaches and ensuring patient safety. By prioritizing quality and safety, nurses contribute to the efficiency and effectiveness of healthcare services. (Adhikari, 2022) (Neha Dumka, 2024)

Leadership in Community Health initiatives: In addition to their clinical work, many nurses lead grassroots health initiatives such as health camps, immunization drives and health education sessions in rural and underserved communities. They play an essential part in identifying community health needs, designing interventions and organizing resources to mitigate the need and problem of the community.(Guibert-Lacasa, 2022)

Mental Health Advocacy and Assistance: Mental health is a creating concern in Nepal and nurses have played a more significant part in raising awareness and providing support. They work in a range of settings, including schools, community centers and clinics, to provide mental health education, early identification of issues related to mental health and counseling. Their participation is particularly crucial for de-stigmatizing mental health problems and ensuring individuals receive prompt and appropriate treatment. (Prajapati, 2024) (Rai, 2021)

Future Prospects in Nursing

Integration of Artificial Intelligence (AI) and Technology in Nursing: The use of Artificial Intelligence (AI) in nursing may enhance multiple aspects of patient care and operational efficiency. AI-powered systems assist nurses monitor clients by providing real-time cautions for vital signs and employing predictive analytics to identify possible consequences, such as sepsis or cardiac arrest, allowing for timely

intervention. For example, AI algorithms can analyze massive data sets from electronic health records (EHRs) to detect patterns that indicate an individual's probability of getting specific illnesses, enabling nurses to apply preventative treatments. AI can help automated administrative activities including scheduling and documentation, allowing up nurses' time to focus on direct patient care.

Expansion of Advanced Practice Roles: Considering examples from developed countries like the US, Australia, the United Kingdom and Canada, Nepal may explore the possibility of expanding advanced practice nursing roles to address healthcare gaps and improve public health. In these countries, nurse practitioners (NPs) and clinical nurse specialists (CNSs) have extensive autonomy and are frequently fill in for doctors when there is a shortage. For instance, in Canada, NPs provide essential primary care services, especially in rural and underserved areas, aiding in the treatment of chronic conditions and enhancing health outcomes. Similarly, in the UK, advanced practice nurses serve a vital part in providing specialized medical care and simultaneously promoting health initiatives such as immunization programs and health education.

Expansion of Roles in Health Informatics and Data Management: Expanding nurses' responsibilities in health informatics and data management represents a key opportunity to improve healthcare in Nepal. The healthcare system may become more efficient and successful by providing nurses with the skills necessary to maintain electronic health records (EHRs), analyze patient data and ensure data security. This change enables nurses to make better clinical decisions, expedite operations and increase patient safety by minimizing errors. Furthermore, data analysis allows for more effective resource allocation and supports public health programs such as illness trend monitoring and healthcare service improvement. Drawing on advanced countries where nurses play important roles in healthcare delivery, Nepal can empower its nurses through specialized training and education. This would not only alleviate healthcare disparities, especially in underserved areas, but also create a more data-driven approach to health ultimately improving quality care.

Increased Advocacy for Policy Change: Nurses possess a significant position in policymaking partly because of their extensive knowledge of patient care and healthcare systems. Their firsthand expertise empowers them to develop practical and successful health policies that have a direct impact on patient outcomes and care standards. In one instance in the United States, nurse leaders have advocated for legislation requiring minimum nurse-to-patient ratios to improve treatment quality. Similarly, in the United Kingdom, nurses have influenced national plans for chronic disease management and mental health care. Nurses can increase their policy influence by pursuing higher education in healthcare administration, serving on policy committees, conducting evidence-based research, developing contacts with legislators and advocating openly across several platforms. Employing their clinical experience, nurses can make sure that policies reflect the realities of patient care, ultimately resulting in more effective healthcare systems and improved patient outcomes.

Telehealth and digital health services: Telehealth and digital health services have the potential to drastically improve Nepal's healthcare system by harnessing technology to extend care beyond traditional boundaries. With the increased availability of mobile phones and internet connectivity, Nepali nurses can use telemedicine platforms to provide remote consultations, follow-up care and health education, which is

especially beneficial to individuals living in distant and underserved areas. For example, nurses can conduct virtual consultations to manage chronic illnesses such as diabetes or hypertension, decreasing the need for patients to travel vast distances to healthcare facilities. They can also give remote monitoring and illness management education, which helps patients adhere to therapy and promotes self-care behaviors. Furthermore, digital health solutions may enhance health literacy and enable immediate action by providing resources and assistance directly to patients' devices. As telehealth infrastructure expands and becomes increasingly integrated into the healthcare system, these services are projected to expand, bridging the healthcare access gap and providing high-quality, ongoing medical services to Nepal's diverse population.

Conclusion

The nursing profession in Nepal is at a crossroads, experiencing both tremendous problems and exciting potential. Amidst challenges including overwork, resource scarcity, gender inequities and high patient-to-nurse ratios, there is a transformative opportunity on the horizon. To address the numerous issues that bedside nurses in Nepal face, policy makers, healthcare executives, educators and international partners and nurses must work together. These difficulties must be addressed in a timely and effective manner. The arrival of telemedicine, specialized employment opportunities and technological advances has created a new vision for nursing in Nepal.

The nursing profession in Nepal stands at a pivotal juncture, where systemic challenges intersect with transformative opportunities to redefine its role in achieving equitable, sustainable healthcare. With a nurse-to-population ratio of 0.5 per 1,000—far below the WHO-recommended 3 per 1,000—Nepal faces a critical shortage of nursing professionals, exacerbated by the annual emigration of 2,500 nurses seeking better wages and working conditions abroad (MoHP, 2023; NNA, 2023). This "brain drain" has left rural regions in crisis: districts like Dolpa have fewer than 4 nurses per 100,000 people, while urban centers like Kathmandu employ 45% of the workforce, perpetuating stark urban-rural disparities (MoHP, 2023). The COVID-19 pandemic magnified these vulnerabilities, with nurses enduring 16-hour shifts, stigma as "virus carriers," and post-traumatic stress, leading 15% to leave the profession by 2023 (ILO, 2023).

Yet, amidst these challenges, Nepal's nursing sector holds immense potential for innovation. The 2022 National e-Health Strategy and startups like DocSumo and Mediciti have demonstrated the power of telehealth, reducing rural referrals by 30% through nurse-led teleconsultations (DoHS, 2021). Community health models, such as the Female Community Health Volunteer (FCHV) program—credited with reducing maternal mortality by 50% since 2000—highlight nurses' capacity to drive grassroots change (UNFPA, 2023). Emerging roles in geriatrics, palliative care and digital health, coupled with global partnerships like the WHO's Nursing Now Campaign, offer pathways to modernize nursing education and practice. However, progress hinges on addressing systemic barriers: only 35% of nursing colleges meet infrastructure standards, curricula lack training in mental health and AI and patriarchal norms restrict 92% of female nurses to subordinate roles, with men holding 82% of leadership positions (NNC, 2023; Tribhuvan University, 2023).

To unlock this potential, Nepal must adopt a multi-stakeholder approach:

1. Policy Reforms: Implement the draft National Health Profession Commission Act (2023) to standardize licensing, recognize advanced practice roles and enforce safe staffing ratios (e.g., 6:1 in general wards).

2. Education Modernization: Integrate AI, telehealth and simulation training (e.g., Patan Academy's VR labs) into curricula while expanding scholarships for rural service.

3. Workforce Retention: Harmonize public-private salaries, offer rural incentives (housing, career advancement) and provide mental health support to address the 72% of nurses reporting depression/PTSD (NNA, 2022).

4. Gender Equity: Enforce leadership quotas for women, amplify anti-discrimination laws for Dalit/Janajati nurses (who face 35% lower promotion rates) and challenge societal stereotypes through media campaigns.

5. Technology Integration: Scale telemedicine networks, AI diagnostics and digital health platforms to empower nurses as frontline innovators.

These improvements not only promise to enhance care delivery, but also enable an opportunity to reimagine the role of nurses in a fast-changing healthcare sector. Nepal has the potential to create a new standard in global healthcare by addressing systemic concerns and embracing innovative practices. The question is not whether Nepal can overcome these challenges, but how swiftly stakeholder's policymakers, educators, healthcare leaders and global partners—can collaborate to leverage this momentum. By addressing systemic inequities and investing in nurses as leaders, Nepal can transform its healthcare system into a model of resilience. For instance, Rwanda's success in achieving a 1:1,000 nurse-to-population ratio through decentralized training and NGO partnerships offers a replicable blueprint (WHO, 2023). Similarly, Bangladesh's rural incentive programs demonstrate how targeted policies can reduce urban-rural gaps.

Nepal's nurses, often dubbed the "backbone" of healthcare, are more than caregivers—they are educators, advocates and innovators. By embracing their potential, Nepal can pioneer a healthcare revolution that balances cultural sensitivity, technological advancement and equity. The nation's ability to answer this call will determine its progress toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), setting a precedent for low-resource nations worldwide. The time for action is now: the health of millions and the future of global health equity, depends on it.

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