



## The Silent Decline: Low Enrolment in Community Health Nursing Postgraduate Programs in India

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### ABSTRACT

Despite India's acute shortage of nurses and rising public health demands, postgraduate programs in Community Health Nursing (CHN) remain significantly under-enrolled. This article explores the multifactorial reasons for the persistent disinterest in CHN specializations at the master's level, despite their critical role in achieving universal health coverage. Key contributing factors include unfavourable student perceptions, inadequately delivered curricula, limited institutional support, poor job market incentives, and systemic policy gaps. Nursing graduates often view CHN as a low-prestige, low-reward specialty, with limited career growth and recognition, especially when compared to clinical specialties or opportunities abroad. Institutional challenges such as lack of trained faculty, minimal field exposure, and poor infrastructure further diminish the appeal of CHN programs. Additionally, unclear career pathways and minimal policy-driven incentives deter enrolment. While policy reforms like the National Health Policy 2017 and the National Nursing and Midwifery Commission Act 2023 offer a potential framework for improvement, their impact remains nascent. The article calls for comprehensive strategies involving curriculum modernization, better mentorship, job market recognition, and stronger institutional and policy support. Enhancing the visibility, credibility, and value of CHN education is vital to reversing the current enrolment trend and building a robust community nursing workforce aligned with India's public health priorities.

**Keywords:** Community Health Nursing, Nursing Education, Postgraduate Enrolment, India, Policy Reform, Curriculum Development, Faculty Shortage, Job Market Dynamics, Public Health Nursing, Career Perceptions.

### INTRODUCTION

India faces a critical shortage of nurses despite numerous policy efforts, [1,2] and this shortage extends to the community health nursing (CHN) specialty. The country has only about 1.7 nurses per 1,000 populations, well below the World Health Organization (WHO) norm of 3 per 1,000 [3] – and would require an estimated 1.8 million additional nurses by 2030 to meet minimum workforce standards. [2] Yet, postgraduate programs in community health nursing (CHN) attract few students; many reputed institutions have even contemplated shutting down their M.Sc. CHN courses due to “no takers”. [8] This paradox of high nursing demand but low CHN enrolment suggests multiple compounding factors. Recent analyses point to systemic issues in nursing education and employment including poor incentives, heavy workload, limited career pathways, and negative perceptions that deter students from specializing in community health. [1,2,7] In this regard, it is crucial to examine the influences on student choice, faculty quality, job market dynamics, institutional support, and policy environment that collectively contribute to low enrolment in CHN postgraduate programs.

### STUDENT PERCEPTIONS AND PREFERENCES

Student perception of community health nursing as a career is a decisive factor in specialization choice. Surveys indicate that a majority of Indian nursing graduates prefer acute care or hospital-based roles over community roles. In one 2018 study in Haryana, only 27.3% of final-year B.Sc. nursing students saw CHN as a viable career option, whereas over 82% identified general staff nurse positions in hospital settings as their primary scope of practice. [5] Notably, a mere 2.4% of these nursing students expressed interest in pursuing any postgraduate study, [5] reflecting a generally low inclination toward advanced nursing education. Community health nursing, in particular, is often perceived as less prestigious or rewarding compared to clinical specialties. Qualitative accounts have found that some nursing students (and even practicing nurses) view community health work as mundane or of lower status, an attitude sometimes reinforced by their mentors. For example, one nurse educator observed that certain peers “explicitly state that [community health] activities are not as good as what is done in the ICU,” revealing a stigma that community nursing lacks the glamour of critical care. [6] Such perceptions diminish the appeal of CHN programs for ambitious graduates.

Cultural and financial expectations also shape student choices. Many nursing graduates prioritize specializations that promise urban employment, higher salaries, or opportunities abroad, which community health nursing is not immediately perceived to offer. Even outside the nursing profession, interest in public health oriented careers is limited. A recent survey at a medical college in Jammu and Kashmir found only 1.7% of MBBS students would choose community medicine/public health for post-graduation, with the vast majority preferring clinical subjects and urban jobs. [15] This broader trend underscores the challenge: community health roles, whether for nurses or doctors are often seen as less attractive in terms of prestige, income, and lifestyle. Without clear information on the vital importance and potential of community health nursing, students naturally gravitate toward specialties they perceive as offering better futures. Changing these entrenched perceptions will require concerted efforts in career counselling, exposure to positive community health role models, and demonstrating the growth opportunities in public health nursing.

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## CURRICULUM QUALITY AND RELEVANCE

A 2024 analysis concurred that many nursing institutions rely on curricula not aligned with current healthcare demands, failing to equip nurses with the skills for modern community challenges. [11] Key public health competencies in areas like preventive care, health education, screening, and primary care management have not been sufficiently emphasized or are taught in a dry, didactic manner in some programs. Curriculum implementation is another concern. Resource constraints mean that in some colleges, the community health nursing coursework is delivered perfunctorily. Field visits to rural or urban community settings, which are vital for experiential learning, may be few or of poor quality due to budget and logistical issues. Meena noted that “very few institutions have adequate infrastructure or budget to train students in community health,” leading many colleges to do the bare minimum required for the exam syllabus. Such minimalistic training neither inspires confidence nor competence, making the prospect of a full postgraduate course in the subject unappealing to students who experienced a lack of undergraduate exposure. [6]

On a positive note, steps have been taken in recent years to update nursing curricula. The Indian Nursing Council in 2021 rolled out a revised competency-based B.Sc. Nursing curriculum, aiming to make training more competency-driven and community-oriented. Standardization efforts and new pedagogical approaches (like high-fidelity simulations and public health practicums) are being introduced to improve quality. [7] These reforms are expected to gradually make community health content more engaging and relevant. However, the impact on postgraduate enrolment will take time. Unless students perceive that an M.Sc. in Community Health Nursing will teach cutting-edge skills and knowledge applicable to real-world health issues, they will continue to shy away. In summary, aligning the CHN curriculum with modern healthcare realities and delivering it with adequate resources are key to drawing more students into these programs.

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## JOB MARKET DYNAMICS AND CAREER OPPORTUNITIES

Job market dynamics are perhaps the most decisive factor affecting enrolment in community health nursing programs. Simply put, many nursing graduates do not see a clear or rewarding career pathway after obtaining a community health nursing degree. In India’s healthcare system, specialist community health nurses are not yet established as a distinct, high-status cadre in most settings. Nurses with postgraduate qualifications are typically placed in the same roles and pay grades as general nurses, especially in government services, with “no differentiation in incentives” for their advanced training. [11] This lack of financial or professional reward greatly disincentivizes pursuing an M.Sc. in Community Health. A 2024 review highlighted that nurses with postgraduate or doctoral degrees are often “performing identical responsibilities and receiving the same salary” as less-qualified nursing officers in hospitals, meaning their additional education is undervalued. [11] With such poor returns on investment, it is rational that few graduates enrol in these programs.

Moreover, the structured public health nursing roles that do exist are limited in number. The government’s primary healthcare network historically relies on Auxiliary Nurse Midwives (ANMs) and general staff nurses for community outreach, rather than requiring specialist community health nurses. Dedicated positions like Public Health Nurse or Community Health Officer are relatively new or few. In recent years the introduction of Community Health Officers (CHOs) under the national Ayushman Bharat initiative has created a new mid-level role for health graduates (including B.Sc. nurses) in Health and Wellness Centres. However, CHO positions typically require a short certificate training rather than a full master’s degree, and they are often contractual with moderate salaries. While this policy fills primary care staffing gaps, it may inadvertently divert nursing graduates away from postgraduate education many opt to become a CHO for immediate employment, rather than investing two more years in an M.Sc. CHN without guarantee of a better job. [9]

The broader employment conditions for nurses in India also play a role. Nurses in public sector jobs often report poor salary progression, heavy workloads, and limited autonomy. Community health postings can involve rural assignments with fewer amenities and professional growth opportunities, which some graduates are reluctant to accept without strong motivation or incentives. The private sector, on the other hand, has plenty of hospital jobs (e.g. in critical care, medical-surgical units) that may offer higher initial pay than community roles. It is telling that nearly 50% of India’s trained nurses now seek employment abroad for better pay and conditions. In fact, an estimated 50,000–70,000 Indian nurses emigrate each year to countries with more attractive nursing opportunities. [17] This “brain drain” means many top nursing graduates who might have pursued advanced specialties choose migration instead. For those who remain, private hospitals often lure them for clinical positions; few specific jobs beckon exclusively to community health nursing postgraduates.

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## FACULTY INFLUENCE AND MENTORSHIP

The influence of faculty and mentors is pivotal in student's specialization decisions. Unfortunately, a shortage of Community nursing faculty in India has adversely affected community health nursing education. [16] Many nursing colleges struggle to staff experienced public health nursing professors, resulting in minimal mentorship for that specialty. A 2024 review noted that a "shortage of qualified educators" in specialized fields is undermining the ability to provide high-quality training in community health and other nursing specialties across many institutions. [2] This faculty gap means students may not receive the inspiration or guidance needed to pursue community health nursing.

Even when capable faculty are present, their numbers are often too few. [16] It is not uncommon for a single community health nursing lecturer to handle very large student groups, limiting personal mentorship. The Indian Journal of Continuing Nursing Education recently reported that most teaching positions remain vacant in nursing colleges across the country – a critical issue recognized by professional bodies. The Secretary-General of the Trained Nurses Association of India noted in 2023 that a significant number of faculty posts are unfilled, calling for urgent steps to staff new and existing colleges. This faculty shortfall especially affects fields like community health that are already low in popularity; if colleges cannot assign dedicated, expert faculty to CHN, students are unlikely to develop interest or confidence in it. Additionally, faculty's approach to curriculum implementation is influential. Where teachers employ innovative, engaging methods (like community-based projects, simulations, field visits), student attitudes tend to improve.

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## INSTITUTIONAL SUPPORT AND INFRASTRUCTURE

The level of institutional support for community health nursing programs in terms of infrastructure, funding, and administrative priority significantly affects enrolment. Institutions that strongly support their CHN departments (with good facilities, partnerships for field training, scholarships, etc.) are more likely to attract students, whereas those that treat it as a low priority will see dwindling interest. In India, unfortunately, many nursing colleges have historically under-supported their community health programs. As noted earlier, very few institutions have dedicated community health labs, simulation equipment, or robust field placement linkages. A 2024 study categorically stated that "in many healthcare facilities, the infrastructure to support specialised nursing education needs to be improved, with limited clinical training opportunities and a lack of collaboration between educational institutions and hospitals". [13] In the regard of community health nursing, this translates to insufficient community posting sites, lack of transport for field visits, inadequate hostel or safety arrangements for students in rural rotations, and minimal budget for community projects. If students experience subpar infrastructure during their basic nursing program, they are unlikely to trust that pursuing a CHN postgraduate course (often in the same institution) will be worthwhile. Starting or maintaining a quality CHN master's program requires funds for community outreach activities, faculty development, and learning resources (e.g. epidemiology software, teaching aids), which some colleges struggle to provide. As a result, some colleges either keep their CHN seats very limited or do not offer the specialty at all. Indeed, an analysis in Nursing Open found that a "lack of proper planning and funding availability" has led to decreased student nurse enrolment in certain programs globally. [11]

According to the Ministry of Education's All-India Survey on Higher Education, the total enrolment in all M.Sc. Nursing programs (across specialties) in 2020–21 was about 15,000 students, compared to hundreds of thousands of graduates produced in B.Sc. nursing each year. [13,14] Within those 15,000, seats in community health nursing often go vacant. For instance, in one state (Telangana), 23 M.Sc. Community Health Nursing seats remained unfilled even after multiple rounds of counselling for 2024–25 admissions. [10] Such vacancies are common in other states as well, indicating that seats outstrip demand. When asked, students often cite the factors discussed above lack of teachers, lack of incentives, and lack of confidence in program quality as reasons for not enrolling. Strengthening institutional support, therefore, is vital. This could include providing stipends or sponsorships for M.Sc. students in community health (making it financially easier for them to enrol), improving facilities and community clinical tie-ups, and actively marketing the program's strengths to prospective candidates.

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## POLICY AND SYSTEMIC FACTORS

Policy factors at the national and state level deeply influence enrolment trends in community health nursing. Government policies determine both the demand for specialized community health nurses and the incentives to pursue such education. In India, policy support for public health and primary care has increased in recent years, but translating that into educational uptake has been a challenge. On one hand, there are positive policy signals: The National Health Policy 2017 explicitly called for creating a public health management cadre in all states and highlighted the need for nurses with public health expertise to achieve health for all. [4] This was followed by the rollout of the Ayushman Bharat initiative in 2018, which reinforced primary healthcare through Health and Wellness Centres and the deployment of Community Health Officers. These measures acknowledge that community health competencies are crucial. Moreover, in 2023, the Indian government passed the National Nursing and Midwifery Commission (NNMC) Act, overhauling the 1947-era nursing council law in order to modernize nursing education and regulation. The NNMC Act aims to "elevate the standards of nursing education and services", and it could foster curriculum reforms and new competency-based training standards across nursing colleges. Such high-level policy reforms create an enabling environment to strengthen specialties like community health nursing.

However, several policy gaps and inconsistencies have directly or indirectly hampered enrolment in CHN programs. Foremost among them is the lack of a clear career structure for community health nursing specialists, as discussed under job dynamics. Until policy creates dedicated positions (for example, Public Health Nurse cadres at block, district, and state levels that explicitly require an M.Sc. CHN or equivalent), the specialization will not attract large numbers. The current nursing services hierarchy in public employment does not differentiate by specialty a policy oversight that needs correction. Additionally, recruitment rules in many public health programs do not list "Community Health Nursing" qualification as a criterion or preference; they

simply require a general B.Sc. or M.Sc. Nursing. This neutral policy stance fails to incentivize specialization. Introducing recruitment preferences or additional pay for CHN postgraduates in government health programs would send a strong encouraging signal.

India's health policy has also heavily focused on physician-led models in public health, historically. The role of nurses in public health leadership has been underappreciated in policy design. For instance, major national health missions or disease control programs rarely mention specialist nurses in planning documents, whereas they emphasize hiring more doctors or ANMs. This oversight translates into a lower societal and professional valuation of the CHN qualification. Nurses often observe that even with an M.Sc. CHN, they might still be working under medical officers who may not fully utilize their skills. Broader health workforce policies that grant greater autonomy and expanded practice roles to nurses in the community (such as prescribing rights for nurse practitioners in primary care, as exists in some countries) are slowly emerging but are not yet realized in India. [20] The absence of such enabling policies has been a disincentive – why specialize if one's scope of practice remains narrow?

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## CONCLUSION

Low enrolment in community health nursing postgraduate programs in India is a multifaceted problem rooted in perceptions, pedagogy, professional dynamics, and policy. To reverse this trend, interventions are needed across all identified themes. Improving student perceptions may involve introducing undergraduate nursing students to inspiring community health experiences and mentors, thereby highlighting the vital role of public health nurses in improving population outcomes. Strengthening faculty capacity and motivation – for example, by filling vacant teaching posts and training educators in innovative community health pedagogy will ensure that enthusiasm for the specialty is transmitted in the classroom. Concurrently, revamping the curriculum to make it practice-oriented and current, and providing the infrastructure for quality training, will enhance the appeal and credibility of CHN programs. Perhaps most importantly, job market reforms must recognize and reward community health nursing expertise; creating a clear professional cadre with progression opportunities will signal to nurses that an advanced degree in this field is worth the investment. On the policy front, recent steps like the NNM Act 2023 and the expansion of primary care indicate a window of opportunity to integrate community health nursing more firmly into the health system. If policymakers ensure that CHN specialists are systematically utilized – for instance, in public health programs, rural health supervision, and preventive care initiatives, then demand for these qualifications will naturally rise.

In conclusion, solving the low enrolment issue will require a holistic strategy. This includes changing mind-sets (among students and faculty), upgrading educational quality, providing tangible career incentives, and enacting supportive policies. Encouragingly, stakeholders are beginning to acknowledge these needs. Nursing leaders in India have called for better pay and recognition for nurses in community and primary care settings. The government's commitment to open 157 new nursing colleges and strengthen primary healthcare could be leveraged to also promote community health nursing specialization. By evenly addressing student, academic, workplace, and policy dimensions, India can turn its community health nursing programs from being undersubscribed to becoming sought-after avenues for nurses who aspire to lead in public health. This transformation is vital, a stronger community health nursing workforce will not only improve enrolment statistics, but ultimately improve health outcomes by bringing expert nursing care into communities that need it the most.

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## REFERENCES

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1. Roy D. State of nursing in India: Persistent systemic challenges. *Lancet Reg Health Southeast Asia*. 2022; 6:100084.
2. Thakur C, Sood N. Nursing shortage in India: Are there solutions for policymakers? *Indian J Contin Nurs Educ*. 2024;25(2):85–91.
3. World Health Organization. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: WHO; 2020.
4. Ministry of Health and Family Welfare (India). National Health Policy 2017. New Delhi: Government of India; 2017.
5. Jyoti P, Srinivasan P, Kaur A. Assess the career preference and perception regarding role transition from student nurses to nursing professionals among final year nursing students in Haryana. *Int J Health Sci Res*. 2018;8(11):168–176.
6. Meena P. A lack of resources for community health nursing in India. *BMJ Blogs* 2015 Nov 25.
7. Sharma SK, Podder L. Fostering specialised higher nursing education in India: identifying challenges and crafting solutions. *J Med Evid*. 2024;5(4):11–17.
8. Raju P, Kumari N. Increasing nursing colleges alone won't stem nurses' attrition gap. *ET HealthWorld*. 2023 May 12
9. Wanjari D, Giri M, Raut AV, et al. "Want a job with a safer future": findings from an exploratory qualitative inquiry with community health officers using time–motion study. *Indian J Public Health*. 2025;69(1):18–26.
10. Paul D. MSc Nursing admissions: KNRUHS releases vacant seats for stray vacancy round. *Medical Dialogues*. 2025 Apr 9.
11. Tamata AT, Mohammadnezhad M. Factors affecting shortage of nursing workforce in hospitals: a systematic review. *Nurs Open*. 2023;10(5):1247–1257.
12. Nair S, Rajan SI. Nursing education in India: changing facets and emerging trends. *Econ Polit Wkly*. 2017;52(24):71–77.

13. Ministry of Education (India). All India Survey on Higher Education 2020–21. New Delhi: Government of India; 2022.
14. Ahilan VKR, Shini M, Sakthivel N, et al. Development of nursing education in India: past, present and future. *Int J Community Med Public Health*. 2025;12(1):622–627.
15. Kataria GM. Future career aspiration and specialty choices among undergraduate medical students of a medical college in Jammu and Kashmir, India – a cross-sectional study. *MRIMS J Health Sci*. 2023;11(2):160–163.
16. American Association of Colleges of Nursing. Nursing faculty shortage fact sheet Washington, DC: AACN; 2023
17. Mallapur C. India's shortage of doctors, nurses may hamper COVID-19 response. *IndiaSpend*. 2020 Mar 26.
18. Bureau BW. National Nursing & Midwifery Commission Bill passed in Parliament. *BW HealthcareWorld*. 2023 Aug 8.
19. International Council of Nurses. The global nursing shortage and nurse retention. Geneva: ICN; 2022.
20. World Health Organization. Global strategic directions for nursing and midwifery 2021–2025. Geneva: WHO; 2021.