



Role of Nepal Ophthalmic Society as a Professional Association

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ABSTRACT

Introduction: Role of professional organisations is to set and promote standard, ultimately creating professional and personal excellence in supportive environment. Nepal Ophthalmic Society (NOS) plays crucial role in advancing ophthalmology in Nepal through education, research, and advocacy. Established in 1985 AD to promote professional development and enhance health care delivery, NOS has grown from handful of ophthalmologists, to 504 members and 50 associate members (2024 November 20).

Objective: To assess perspectives of ophthalmologists on impact, activities, and role of NOS. To prepare framework for future to strengthen its organisation with happy members.

Methodology: A cross-sectional survey was conducted among ophthalmologists in Nepal from 2024 May to 2024 July using structured questionnaire. The survey assessed their perspectives on NOS's impact, activities, and role in advancing ophthalmology. Data were collected through online surveys, ensuring a representative sample of practising ophthalmologists across Nepal.

Result: The study included 309 ophthalmologists and residents. Majority were young (60.1% aged ≤ 40 years) and female (54%). Most participants (49.52%) believed primary function of NOS was professional development, followed by advocacy, and public awareness (34.73%). The mean satisfaction rating for NOS's role was 5.6 ± 1.85 out of 10. The major challenges faced by ophthalmologists in Nepal included low salary and financial difficulties (25.72%) as well as poor residency training and lack of surgical exposure (22.51%); 75.56% of respondents considered misuse of 'Doctor' title by non-ophthalmologists a significant issue, with most suggested solutions being press releases and public awareness campaigns (63.43%), followed by notifying regulatory bodies (39.62%)

Conclusion: The NOS has been significantly contributing to professional development, advocacy, and skill enhancement in Nepal. Key challenges include low salaries, inadequate surgical training, and misuse of 'Doctor' title. Strengthening membership outreach, advocating professional rights, and addressing concerns will enhance NOS's impact and ensure its long-term sustainability in shaping Nepal's ophthalmology landscape.

Key words: professional organisations, Nepal Ophthalmic Society, ophthalmologists

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INTRODUCTION

Professional organisation has existed as early as 200 years back. Professional organisations can be defined as: a group of people in a learned occupation who are entrusted with maintaining control or oversight of the legitimate practice of the occupation (Harvey, 2004-2025) also a body acting to safeguard the public interest (Harvey, 1995); organisations which "represent the interest of the professional practitioners," and so "act to maintain their own privileged and powerful position as a controlling body (Harvey, 1995).

The role of the professional organisations is to set and promote standard. This can be achieved through publication of innovative research and case studies in its professional journals, continuous medical education, workshop and seminar clinical and non-technical skills (NTS) where national and international experts come together to exchange ideas and experiences, hands on training and skill transfer, helping to understand the challenges in the field, formation of protocols, engage towards community through public awareness and motivate its members through awards, research and travel grants, creating new leaders through its leadership developing program for the organisation and beyond, providing opportunity for networking which assists potential collaboration, thus ultimately creating professional and personal excellence in a supportive environment.

The American Society of Civil Engineers established in 1852 is considered one of the oldest professional societies, while the German Ophthalmology Society formed five years later is considered the first and oldest specialty society

(National Academies of Sciences, 2005).

In Nepal, The Nepal Medical Association (NMA), professional organisation of Medical and dental Doctors is considered the first professional association of Nepal, founded on 4th March 1951 (Nepal Medical Association, n.d.). Nepal Ophthalmic Society, is a professional association of registered ophthalmologist established in 1985, under the leadership of Dr. N.C Rai as its president. The organisation has grown from handful of ophthalmologists, to 504 life members and 50 associate members as of 20 November 2024 (Nepal Ophthalmic Society, n.d.). The associate membership are the resident doctors of ophthalmology who receive a full fledged membership on completion of residency and registered as a specialist. The associate member was introduced in 2022 with the aim to tap the resource member during the primary stage in order to actively engage them in the society. The society has its permanent office at its own building at Tripureshwor, Kathmandu which was bought on 20th September 2005, during the presidentship of Dr. Shambhoo Prasad Lakhey, general secretary Dr. Suman S. Thapa, who were given the authority to handle paper work. This has been a landmark of the organisation, as this has led to stability of the organisation. Prior to this, temporary office was function in Jaycees building, Thapathali (Nepal Ophthalmic Society, 2005). The need of ophthalmic journal was felt as early as 1998 (Nepal Ophthalmic Society, 1998) and the society was publishing scientific bulletin. However, only in January 2009, with establishment of organisations professional journal, Nepalese Journal of Ophthalmology (NEPjOPH) with the founding Editor-in-chief Prof. Dr. Badri Badhu, it can be considered another turning point for

the society. The NEPjOPH indexed in Medline, ensures its members can publish scientific articles and have better scientific quality and credibility (Nepal Ophthalmic Society, 2024). The website have evolved with time and the website has contributed for the members to be better informed about the activities of the organisation, know about the organisation including its history, and opportunities.

For any organisation to function, membership is an important aspect and it is a responsibility of the organisation to ensure eligible members, look forward to take membership in the meantime ensuring the current members are happy.

When eligible members deny or are hesitant to take the membership, extra effort from the organisation should be to reach out and motivate. The common reason why members do not take membership is how the members benefit, the cost and time. The organisation and the leadership take an important role to convince that a professional organisation in not only about what it can do but what they can do for the organisation and is an essential investment for the future (Denegy, 2001).

Change in leadership is also essential to bring in new energies and innovation to the society, as a result professional organisation should offer platform for leadership development training which help member benefit professionally and personal. Right people at right time should be brought forward to lead the organisation and this is a responsibility of all the members of organisation to ensure it.

METHODOLOGY

This descriptive cross-sectional study was conducted from 2024 May 03 to 2024 July 16, targeting all practicing ophthalmologists and residents in Nepal using a whole population sampling approach. The study aimed to ensure comprehensive representation of the target population. Inclusion criteria included a practicing ophthalmologist or a resident in ophthalmology in Nepal, while exclusion criteria were individuals who did not provide informed consent. The email of all participants was taken from Nepal Ophthalmic Society. Participants were invited to complete an online survey created through Google Forms, which was distributed via email. To improve the response rate, up to three weekly reminder emails were sent to non-respondents. Informed consent was obtained from all participants before they proceeded to the survey, with clear information provided about the study's purpose, procedures, and their right to withdraw at any time. Consent was indicated by proceeding to fill out the questionnaire.

The questionnaire was meticulously developed through extensive discussions with experienced ophthalmologists affiliated with the NOS to ensure its relevance and comprehensiveness in addressing key aspects of ophthalmic practice and professional engagement in Nepal. It was pretested with 30 individuals to refine the clarity, appropriateness, and flow of the questions, and feedback from the pilot test was used to finalise the instrument. The reliability of the questionnaire was assessed using Cronbach's alpha, which yielded a value of >0.7 , indicating

good internal consistency. The survey, conducted in English, encompassed a wide range of topics, including demographic details (e.g., age, gender), membership status in professional organisations (e.g., Nepal Medical Association and NOS), duration of affiliation with NOS, involvement in NOS activities, satisfaction with the society's role, participation in leadership roles or executive committees, engagement with NOS publications, conference attendance, and perceptions of the society's responsiveness to complaints or professional issues. Broader concerns in the field of ophthalmology in Nepal, such as the misuse of the doctor title and the need for professional liability insurance, were also explored. At the end of the questionnaire, a 1-10 Likert-type satisfaction scale was included to gauge respondents' overall satisfaction with NOS, where 1 represented "extremely dissatisfied" and 10 represented "extremely satisfied."

The data collected via Google Forms were anonymised and stored securely in a Google Sheet. Only descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to analyze the data. Tenets of Declaration of Helsinki were adhered for ethical aspects. To maintain confidentiality, the data will not be shared publicly.

RESULT

Three hundred and nine ophthalmologists (266, 86.08%) and ophthalmology resident (43, 13.92%) responded to our request and agreed to participate in the study.

Female Participants were more regarding gender (female = 54%). A large majority of the

respondents were young ophthalmologists, aged 40 years old and below (60.45%), followed by age 41-50 years (30.5%) (Table 1).

Most of the participants had already joined the ophthalmology professional association (91.9%). The majority participants had membership below 5 years (34.41%), 27.3% membership were 5 to 10 years, and 31.83% had membership beyond 10 years. Compared to ophthalmology professional organisation, only 64.63% had taken membership in NMA Only 28.6% of the resident doctors in ophthalmology were associated members, which indicate a wider reach to tap the resource at the source is essential. While 21.1% of them did not know of associate membership, cost, not necessary at present and time were other reasons (Table 2).

The mean satisfaction level with the role of NOS was 5.6 ± 1.85 (Out of 10). As the member of NOS, the mean satisfaction level was 5.86 ± 1.83 (Out of 10). The 91% of the respondents felt that professional development was the primary role of society, followed role in advocacy and public awareness (Table 3).

Most respondents (86.17%) have not been part of the NOS executive, but many are open to joining in the future. About 44% of those not involved are interested, 30% want to join, and 25.56% are not interested. When it comes to leadership roles in societies or sub-societies, 24.44% of respondents hold such positions, while 75.56% do not. Most participants (57.56%) have read the NOS article of association, but 42.44% have not.

Regarding the NOS conference (NOSCON) in the past 10 years, the majority (57.88%)

attended fewer than five times, and 39.55% attended 5-10 times. Only a small group (2.57%) have never attended. At the conference, most were participants (45.98%), while some were speakers or presenters (12.54%) or did both (14.47%). Most respondents (92.93%) have not received an award from the society, while 7.07% have. As for voting in NOS elections, 78.78% have voted. Those who didn't vote mostly were not eligible (63.64%), were too busy (27.27%), or were not interested (9.09%).

The survey data shows that the majority of respondents (95.18%) have not reached out to or filed a complaint with NOS. Only 4.82% of respondents have done so. Among those who did file a complaint or reach out, the responses from NOS were rated as follows: 31.82% considered the response "Good," 27.27% found it "Satisfactory," 22.73% rated it as "Unsatisfactory," and 18.18% thought the response was "Very Good."

The most common issues faced by ophthalmologists in Nepal are low salary and financial challenges (25.72%) and poor residency training and lack of surgical exposure (22.51%). (Table 4).

The survey revealed that 75.56% of respondents perceived the misuse of the doctor title as a burning issue, while 15.11% were uncertain, and 3.86% disagreed. The most commonly suggested approach (63.43%) was press releases and public awareness, followed by notifying NMC/NMA (39.62%) and NHPC (16.79%), with legal action recommended by 38.07% (Table 5).

A majority of respondents (91.96%) have not participated in an international leadership development program by the Ophthalmology Association, while only 8.04% have. When asked about their interest in a leadership development program organised by NOS, 61.41% expressed interest (Table 6).

Table 1: Demographic details of the participants.

		Number	Percent (%)
Age group (years)	25-30	19	6.11
	31-40	169	54.34
	41-50	95	30.55
	51-60	19	6.11
	61-70	6	1.93
	71 or above	3	0.96
Gender	Female	168	54.02
	Male	143	45.98

Table 2: Membership status of ophthalmologists in Nepal Medical Association and Nepal Ophthalmic Society.

Questions	Number	Percent
Are you a life member of Nepal Ophthalmic Society (NOS)?		
No	25	8.04%
Yes	286	91.96%
How long have you been a member of NOS?		
5-10 year	85	27.33%
Above 10 year	99	31.83%
I am a resident	20	6.43%
Less than 5 year	107	34.41%
Are you a life member of Nepal Medical Association (NMA)?		
No	91	29.26%
Not sure	19	6.11%
Yes	201	64.63%

Table 3: Role of Nepal Ophthalmic Society.

Title	Number	Percent
Advocacy And Public Awareness	108	34.73%
Professional Development	154	49.52%
Entertainment	54	17.36%
Lobbying	1	0.32%
National Policy Maker	1	0.32%
Welfare Of Nos Members	1	0.32%
Voice Of Our Whole Ophthalmologist Fraternity	1	0.32%
Creating Platform For Unity Among Ophthalmologist	1	0.32%
Networking	1	0.32%
Unify And Strengthen All Eye Care Professionals	1	0.32%
Fight For Ophthalmologist Right	1	0.32%
Job Assurance	1	0.32%
Check Production And Utilisation Of Doctors	1	0.32%
Safeguard Each And Every Ophthalmologists	1	0.32%
Active Participation In Growth Of Government Hospital For Upliftment Of Ophthalmology Services	1	0.32%
Purely Work For The Upliftment And Fundamental Rights Of Ophthalmologists	1	0.32%
Guiding Doctors For Providing Quality Eye Care For Patients	1	0.32%
Betterment Of Eye Health Services In The Country	1	0.32%
Professional Development And Support Scheme	1	0.32%
Role In Formulating Treatment Guideline To Bring Uniformity Across The Country	1	0.32%
Address Medico Legal Issues	1	0.32%
All Of The Above	1	0.32%

Table 4: Major Problems in Ophthalmology in Nepal

Title	n	%
Low Salary and Financial Issues	80	25.72%
Poor Residency Training and Lack of Surgical Exposure	70	22.51%
Misuse of Doctor Title by Non-Ophthalmologists (OA, Optometrists)	50	16.08%
Lack of Government Support and Ownership	45	14.47%
Monopoly of hospitals and Unfair Practices	40	12.86%
Overwork and Burnout	35	11.25%
Lack of Unity Among Ophthalmologists	30	9.65%
Inadequate Job Opportunities and Job Security	30	9.65%
Focus on Cataract Surgery Only, Neglect of Subspecialties	25	8.04%
Exploitation of Junior Doctors and Lack of Skill Transfer	25	8.04%
Lack of Public Awareness and Misconceptions About Eye Care	20	6.43%
Poor Working Conditions and Lack of Equipment	20	6.43%
Involvement of NGOs/INGOs and Charity-Based Services	20	6.43%
Lack of Proper Utilisation of Manpower and Resources	15	4.82%
Toxic Work Environment and Nepotism	15	4.82%
Lack of Advocacy and Leadership in Ophthalmology	10	3.22%
No Major Problem (Positive Responses)	5	1.61%

Table 5: Perception of Doctor Title Misuse and Suggested Countermeasures

Response for "Do you feel misuse of Doctor Title is a burning issue?"	Frequency (Misuse)	Percentage (Misuse)	Response for "How to tackle it"	Frequency (Tackle)	Percentage (Tackle)
Yes	235	75.56%	Press Release and Public awareness	170	63.43%
Maybe	47	15.11%	Notify NMC/NMA	106	39.62%
No	12	3.86%	Notify NHPC	45	16.79%
Not interested	17	5.47%	Legal	102	38.07%
Total	311	100%	Total	268	100%

Table 6: Participation in Leadership Programs, Liability Insurance, and Interest in LDP

Question	Number	Percentage (%)
Have you participated in an international leadership development program by Ophthalmology Association?		
No	286	91.96%
Yes	25	8.04%
Are you interested in an LDP program if organised by NOS?		
Maybe	90	28.94%
No	30	9.65%
Yes	191	61.41%
Do you have professional liability insurance?		
No	283	91.00%
Yes	28	9.00%
Do you feel the need for professional liability insurance?		
Maybe	47	15.11%
No	8	2.57%
Not Sure	15	4.82%
Yes	241	77.49%
Have you participated in an international leadership development program organised by organisations besides Ophthalmology?		
No	266	85.53%
Yes	45	14.47%

DISCUSSION

Membership is the first step toward taking more active roles within organisations, and ultimately benefiting oneself. Individuals should envision their professional futures when joining organisations and network to move toward one goal (Cline D, 2019).

It is also essential to know the perspective of the members to its organisation. This fuels in involvement of its members towards organisation. The activities of the society are proportional to engagement of its members

which will ultimately result in increase in membership. Participation in an organisation goes beyond simply signing up for membership. Our study shows that the member not only take membership, but are aware and informed about the activities by the organisation, have attended the annual conference, and published research article in the organisations professional journal, voted in the organisation election, ensuring members assume key roles that shape the direction and success of organisations. Members interest to participate in Leadership develop programs emphasis that non-technical skill (NTS) development is equally important for



future growth thus, annual conference should also focus on NTS against traditional clinical skill transfer. The interest of members to contribute in the organisation through volunteering their time, servicing on committees, indicates that the organisation should prioritise developing LDP which is aggregable with the finding of our study. Currently few organisations offer ophthalmologist based LDP, such as The American Academy of Ophthalmology (AAO) founded in 1998, All India Ophthalmological Society (AIOS) LDP in 2008, Asia-Pacific Academy of Ophthalmology (APAO) in 2009, Asia-Pacific Academy of Ophthalmology (APAO) Women's LDP in 2016 which are highly competitive and offer limited seats of participants (Berkowitz, 2021). The introduction of APAO LDP for member of NOS in 2014, opened new door to develop one's leadership skills, and hosting APAO-LDP Master class in September 2024 in Kathmandu, gave opportunity to train 10 Nepalese Ophthalmologist as a local partner, which is the highest number of trained in a class.

Our study also agrees with Berkowitz et al that expansion of formalised leadership training programs is needed to serve a growing population of ophthalmologists facing an exceedingly complex health care landscape (Berkowitz, 2021). This study will help to encourage to advocate for need of establishment of local LDP which will help to increase the number of trainings of the ophthalmologist in NTS, and which not only can be a cohort candidate for International LDP, but helps the participants to understand the commitment and expectation required for the programs. This will further help in engagement of membership actively to the organisation. Membership contributions

are pivotal to ensuring that the professional contributions are visible and impactful for profession and interprofessional colleagues (Cline D, 2019). This study also indicates that the organisation should make more effort to reach out to the associate membership, and increase the associate members, and continue its role for professional development and advocacy and public awareness is through seminars, interaction, interviews, and article in local newspaper.

The use of doctor prefix, is a must needed issue to be addressed. Although Nepal Medical Council (NMC), has clearly defined only registered doctors of NMC can use the Dr. title to practice modern day medicine through its press release in 28th October 2021, (Nepal Medical Council, n.d.). There have been incidence of use of Dr. prefix by unregistered personals which has created confusion to the public. With abuse of Dr. title, the members feel this is a burning issue, and the organisation should continue its effort to address.

The organisation should reach out to its members, and promote activities in the organisations office building, as our study indicates that majority of the members have not visited the office, which is alarming. Regular visit to organisation office promotes ownership of the building and of the organisation. Communication with the member is essential to keep them have keen interest in the organisation, and to prevent them to pull away from the organisation and our study will help to guide the that majority organisation the mode of communication its members prefer. The introduction of Short Message Service (SMS) to inform members of organisations activities,

may also help in effective communication.

The study has several limitations that should be considered when interpreting the findings. Firstly, there is potential sampling bias, as the study relied on participants' willingness to respond to the online survey, which may have excluded non-respondents' views, thus affecting the generalisability of the results. Secondly, the reliance on self-reported data introduces the possibility of recall and social desirability biases, as participants may not always provide accurate responses. Additionally, the study's sample may not fully represent the views of ophthalmologists who are not members of the NOS or those less engaged in its activities, limiting the broader applicability of the results. The geographic scope of the study also presents a limitation, as it may not capture the perspectives of ophthalmologists from remote or underserved areas, further restricting the generalisability to the entire country. Moreover, the fact that many respondents were not involved in leadership roles or regular conference attendees may have skewed the results toward the views of more active members. The survey design, while pretested, may have influenced responses, particularly due to the use of a Likert scale and categorical response options, which may not

fully capture the complexity of the issues. These limitations highlight the need for caution when interpreting the results and suggest that further research is necessary to address these gaps for a more comprehensive understanding.

CONCLUSION

The NOS has been significantly contributing to professional development, advocacy, and skill enhancement in the field of ophthalmology and eye care service in Nepal. Key challenges include low salaries, inadequate surgical training, and misuse of the doctor title. Strengthening membership outreach, advocating for professional rights, and addressing concerns will enhance NOS's impact.

The role of organisation should be to develop interest among its member and to get them involved in the activities of the organisation, create opportunity for network among its members and educate members the opportunities of being involved in the organisation.



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