Clinical Practice Realities: World and African Perspectives

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Abstract

Background: The nursing and midwifery workforce form the majority of many healthcare systems and make a substantial contribution to health service delivery in primary and acute care, and community settings. For this reason, in recent years, there has been a global call to put nursing and midwifery services development at the heart of government policy. **Description:** Global provision of competent and skilled practitioners to meet these established targets has been identified as a drive to achieve these goals. Nursing and midwifery education, regulation in nursing and midwifery, and challenges in nursing and midwifery practice are explored. These are examined giving both world and African perspectives, especially in the Rwandan context. **Lessons Learned**: For nursing and midwifery care to be pertinent, the needs of the global population and health services should play a major role in defining nursing and midwifery services. The challenges associated with the lack of human health resources, infrastructure, and equipment are common in many countries of the world and the shortage of nurses and midwives is acute in many countries in Africa. **Conclusion:** Many of Africa's nursing and midwifery education institutions are in a state of crisis with poor physical infrastructure, lack of human resource capacity, poor management systems, and problematic funding for resources. This is particularly true in subsaharan region.

Key words: clinical practice, nursing, midwifery, Africa

Background

The nursing and midwifery workforce form the majority of many healthcare systems and make a substantial contribution to health delivery in primary and acute care, and community settings. And yet nursing and midwifery are rarely involved in high-level strategic decision-making (WHO, 2010). Responding to this, the World Health Organization (WHO) developed a strategic plan outlined in the document *A Strategic Direction for Strengthening Nursing and Midwifery (SDNM) 2011-2015* to improve health outcomes for Individuals, families, and communities through the provision of competent, culturally sensitive, evidence-based nursing and midwifery services (WHO, 2010).

Supplementing and building on the 2002-2008 SDNM, the SDNM 2011-2015 seeks to unite policymakers, nurses, midwives, other practitioners and stakeholders at every level in collaborative action to contribute to universal coverage, people-centred health care, policies affecting practice environments and working conditions, and the scaling up of national health systems to meet global goals and targets (WHO, 2010).

This article will discuss the provision of competent and skilled practitioners to meet these established targets. The following three aspects of nursing and midwifery will be discussed with proposed recommendations for improvement: nursing and midwifery education, regulation in nursing and midwifery, and challenges in nursing and midwifery practice.

Nursing and midwifery education in Rwanda

In recent years, there has been a global call to standardize nursing and midwifery education in order to provide a competent, knowledgeable, and skilled nursing

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and midwifery workforce to ensure quality provision of care and provide leadership (WHO, 2010). However, Peirce (2010) acknowledges that currently there is more than one educational pathway leading to eligibility for entry into nursing and midwifery which varies from one country to another. The presence of these multiple educational pathways into professional nursing is not without ethical consequences. Since the essential duty of nursing and midwifery is patient care, nursing and midwifery education must focus on teaching the highest provision of patient care. Seeking to transform the nursing workforce, recognizing that education of nurses and midwives plays a critical role in their ability to achieve optimal outcomes for patients, Peirce called for a radical change in nursing education. It was recommended the baccalaureate degree become the minimal educational entry level to the nursing and midwifery profession. Although disparities in nursing and midwifery education around the globe remain evident, there is a common view that initial training lays down the foundation to ensure competence to practice on entry to nursing and midwifery professions.

History of nursing in Rwanda

For example, according to Rwanda's Nurses and Midwives Union (RNMU), missionaries started the practice of nursing in Rwanda, which was gradually reinforced by different public and private schools. Before the period of 1994, there was no formal pre-service training of midwives in Rwanda, and nurses were trained to work as polyvalent nurses (as general and obstetrical nurses). The first nursing school was established in Kabgayi in 1949. A2 nurses (equivalent to an associate degree nurse) were trained at the secondary school level. In the 1970s, the National University of Rwanda started training Registered Nurses but the course was stopped after three cohorts. The level of training of associate nurses started to be phased out in 2004 with the last cohort of students completing the program in 2007. The skill sets of the graduates were deemed insufficient to provide quality care. In 1996, the Ministry of Health, in collaboration with the Ministry of Education, initiated the training of A1 nurses and midwives (advanced diploma level). The 3 year program involved both direct intake and upgrading (from associate nurse to advanced diploma level) (RNMU, 2015).

In an effort to improve the health care services, particularly nursing and midwifery services, the Rwanda Ministry of Health initiated the scaling up of the A2 nurses (associate nurses) using the five nursing and midwifery schools (Nyagatare, Byumba, Kabgayi, Rwamagana and Kibungo). These schools had their inaugural class in 2007 with a three year program for direct intake students and a two year program for students who were upgrading. One of the strategies put in place by the Rwanda Ministry of Health to increase the education of A1 nurses to A2 was the establishment of the e-learning program, a three year program after which associate nurses are awarded an advanced diploma in Midwifery (Rwandan Ministry of Health [RMOH], 2012). In addition, Rwanda committed to increasibg heath sector spending from 10.9% to 15% by 2012; reduce maternal mortality rates from 750 per 100,000 live births to 268 per 100,000 live births by 2015, and to halve neonatal mortality rates among women who deliver in a health facility. To achieve these important goals training of five times more midwives was planned to increase the ratio of midwives to patients from 1:100,000 to 1:20,000 by training well qualified midwives who comply with the global strategy for women's and child's health (WHO, 2010).

Although Rwanda has committed to training more midwives and nurses, more needs to be done. A few qualified, highly educated nurses and midwives are currently working in different health facilities countrywide as well as teaching in the schools of nursing and midwifery at a ratio of nurse/midwife to patients of 1:66.749 (RMOH, 2012). There is an inadequate number of nurses and midwives to meet the demands of the country's population. The country lacks nurses and midwives who are qualified to take up roles as educators and managers in the schools of nursing and midwifery, and health facilities. To narrow this gap training of registered midwives to advanced diploma level is a priority and a bridging program to upgrade registered midwives with advanced diploma level to a bachelor's degree within a period of 18 months was initiated in 2013 (RMOH, 2012).

Current initiatives

Education is needed to increase knowledge and skills for both nursing and midwifery services, not only to improve care outcomes through clinical skills, but also to offer better leadership and the education to teach and mentor others. Registered nurses with diploma level education have been sponsored to undertake specialty training at the BScN level in

other African countries, such as Kenya and South Africa, in specialties including neonatology, pediatrics, nephrology, audiology, critical care, midwifery, and nursing administration. Although there has been great emphasis on upgrading the level of training for both nurses and midwives in Rwanda, there remains an overwhelming majority of nurses and midwives practicing with secondary school level A2 (RMOH, 2012).

What is more, only a very small number of nurses and midwives in Rwanda have been prepared at the graduate or post-graduate levels. This is a common pattern seen in many other African countries (Nyambi, 2011). The University of Rwanda, College of Nursing and Midwifery continues to enhance its undergraduate curriculum to provide standardized education and is currently developing master's programs with a harmonized curriculum. Creating more master's prepared nurses will also ensure a sufficient number of nursing and midwifery educators competent to train nursing and midwifery researchers and global leaders for the future (Blegen, Goode, Park, Vaughn, & Spetz, 2013).

In attempt to respond to the challenges for healthcare in the 21st century which are much more complex with a changing healthcare delivery system, this advancement in nursing education is also currently underway in many developed countries such as the United States of America (USA) and countries of the European Union. There is a global shift to standardizing qualifications for all nurses to become baccalaureate prepared to ensure well prepared professionals able to meet the demands placed on today's nurse and create opportunities to advance education and careers in a way that interests the individuals and utilizes their strengths and areas of expertise (Blegen et al., 2013).

For example, the USA between 2007-2011, saw an 86% increase in the annual number of BSN graduates whereas the number of masters and doctoral degrees increased by 67%. Additionally, the distribution of degrees highlighted that only 6.9% of registered nurses were prepared at the Diploma Level, whereas 37.9% were Associate Degree, 44.6% Bachelors Level, and 10.3% graduate degree prepared (National Center for Health Workforce Analysis, 2013). In 2013 in the United Kingdom (UK), the minimal pre-registration nursing training shifted from diploma level to baccalaureate degree (Nursing and Midwifery Council, 2010).

With the high level of nursing and midwifery education in developed countries, nursing specialization and certification has become the gold standard for nursing and midwifery practice. Advance practice and specialization are now featured in nursing and midwifery regulatory authority scopes of practice. It is strongly believed that nursing specialization provides knowledge and skills needed to provide exceptional patient care, and allows nurses to exercise higher levels of nursing judgement, and decision making using evidence-based practice in the specialty areas (Heartfield, 2006). Furthermore, Gerrish et al. (2011) affirmed in their study that advanced practice nurses and midwives use different sources of evidence. This was supported also by the results of the research of Dalheim, Harthug, Roy, Nilsen, & Nortvedt (2012) that concluded that nurses and midwives that have not undertaken advanced or specialized training predominantly use experience-based knowledge for use in practice rather than evidence gained from research journals. They even went further to conclude that insufficient time was the greatest barrier to finding and reviewing research literature and that skills in evidence-based practice influenced the use of knowledge sources.

In recognition of the importance of using evidence-based practice to increase the nursing and midwifery knowledge and skills and build a workforce capable of efficiently meeting its population needs, the Government of Rwanda launched the Human Resources for Health (HRH) program in 2012. This program aims to address many challenges to the Rwandan healthcare system, including the shortage of skilled nurses and midwives as well as other health professionals. This is to be achieved through creating a skilled and knowledgeable workforce using a mentorship model that transfers and sustains skills and knowledge through the provision of continuous evidence-based education to nurses and midwives as well as other healthcare providers. This mentorship is provided by experienced and specialized professionals from different countries deployed by the United States Institutions (RMOH, 2012). It is therefore contended that this HRH-Rwanda project is a multi-tiered initiative to develop and implement effective strategies to recruit and retain health professions. This is to be achieved through preceptorship and on-going competency assessments, and having nurse and midwife educators working side by side

with both staff nurses, midwives and students on the clinical units and within academic institutions.

Lifelong learning and regulation of nursing and midwifery

The purpose of nursing and midwifery regulation is to protect the public. Regulation is a way to oversee whether health professionals are competent to practice. It is an essential accountability function for a government to meet its responsibility to protect its citizens and ensure their right to healthcare (UNFPA, 2011).

According to Muliira, Etyand, Muliira, & Kizza (2012) in order to provide high quality care that protects and preserves life, governments must ensure that their healthcare professionals keep abreast of scientific developments by undertaking lifelong learning. They emphasized that one of the factors that contribute to low quality of nursing and midwifery care in developing countries was the limited engagement in lifelong learning and acknowledged that this had major implications for healthcare delivery in these countries. As nurses and midwives are often the professionals responsible for diagnosing and treating patients, due to chronic shortages of other health professionals, current competencies are critical. Muliira et al. highlighted that in developed countries in which the quality of nursing and midwifery care is high, lifelong learning is required by employers and regulatory bodies. Therefore, a call to all the developing countries to mandate continuing education as a requirement for revalidation of licensure in nursing and midwifery is needed.

Although the regulation of nursing and midwifery has been around for many decades in developed countries, it is noted that in some developing countries this concept is fairy new. For example, In Rwanda, The National Council for Nurses and Midwives (NCNM) is a young statutory body that was established in 2008 and is working closely with the Ministry of Health, Ministry of Education, and nursing and midwifery teaching institutions to ensure that training and practice of nurses and midwives are in accordance with international standards. NCNM is ensuring all practicing nurses and midwives are registered members and can demonstrate a high standard of conduct and competence and have mandated evidence of continuous education for all nurses and midwives as a requirement for licensure renewal.

Challenges in nursing and midwifery practice

According to the WHO (2013), many of Africa's education institutions are in a state of crisis with poor physical infrastructure, lack of human resource capacity, poor management systems, and problematic funding resources. Many countries in Africa fall in the belt where tropical diseases are endemic and where death rates for children are among the highest in the world. The newly independent countries also face an acute skills shortage (Klopper & Uys, 2013). This impacts the practice of nursing and midwifery. Challenges in nursing and midwifery may be categorized accordingly under health system factors and non health system factors.

The health system factors include inadequate health infrastructure, limited geographical access to health services, inadequate quality of services, shortage of human resources and skilled health providers, lack of sufficient equipment and supplies, limited health management capacity, and inadequate coordination between public and private facilities.

To address these issues the Rwanda Midwives Association and the National Council for Nurses and Midwives need to be active and create innovations aligning with evidence based practice. The nursing and midwifery workforce must be involved in research activities as well as in leadership.

Challenges to the provision of health services categorized under non-health system factors are limited capacity of the community health workers, social cultural beliefs and practices, gender inequality, and limited health seeking behavior.

Recommendations

To overcome these challenges, the priorities of the Ministry of Health are to integrate gender considerations into all strategies and planned activities in maternal and newborn health, and strengthen participation and involvement of the family and community ("empowerment") by associating them when defining their needs and expectations.

The midwifery workforce can also create a positive change in the challenges associated with non-health system factors. Focusing on antenatal care services, community mobilization and participation, and closely working with community health workers may assist in sensitization of pregnant mothers to attend

antenatal care services. There is also a need to put resources into the midwifery and nursing community services, including outreach projects.

The Rwanda nursing and midwifery workforce is also encouraged to play an advocacy role in health promotion. There is a need to advocate for this goal in order to promote, implement, and scale up evidence-based practice, to advocate for cost-effective interventions, and to allocate sufficient resources to achieve national and international targets of Millennium Development Goals.

Conclusion

It is common for politicians, policy-makers, and health administrators to acknowledge that the nursing profession is "the backbone of the health service", and midwifery is central to the lives of mothers and babies. Nursing and midwifery professionals have many similarities across the world based on the social expectations attached to the professions. For nursing and midwifery care to be pertinent and nursing education to be appropriate, the needs of the global population and health services should play a major role in defining nursing and midwifery. The challenges associated with the lack of human health resources, infrastructure and equipment are common in many countries of the world and the shortage of nurses and midwives is acute in many countries in Africa and Rwanda in particular. With the health sector strategic plan developed by the Rwanda Ministry of Health, it is essential that with the scarcity of health care professionals, it is imperative to provide appropriate pre-service training, improve and encourage in-service training, and promote the advancement of all levels of nursing and midwivery education to university degrees and specaiized ceritifcations.

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