A CRITICAL ANALYSIS OF THE COMPETENCIES OF UPGRADING NURSES FROM MALAWI COLLEGE OF HEALTH SCIENCES IN MALAWI

by

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DECLARATION

I declare that **A CRITICAL ANALYSIS OF THE COMPETENCIES OF UPGRADING NURSES FROM MALAWI COLLEGE OF HEALTH SCIENCES IN MALAWI** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

……. ……..

ALICE KADANGO **DATE**

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Abstract

The purpose of the study was to analyse if the two year upgrading programme done at Malawi College of Health Sciences attended by Nurse Midwife Technicians (NMTs) is able to improve the competencies, knowledge, skills and attitude of the graduates when providing comprehensive nursing and midwifery care. The main objectives of this study were

- to determine the effectiveness of the Upgrading Diploma in Nursing and Midwifery programme in preparing the competencies of State Registered Nurse Midwifes (SRNMs)
- to make recommendations on the training of Upgrading Diploma in Nursing and Midwifery programme

The researcher used a quantitative, exploratory, descriptive design. A questionnaire with closed and open-ended questions was used to collect data from SRNMs who completed the upgrading programme.

The findings indicated that the upgrading programme has a significant impact to improve the competencies of the NMTs to work as SRNMs.

Key concepts

Competencies, Comprehensive Nursing Care, Continuing education, Quality Nursing Care, NMT - Nurse Midwife Technician, Nursing education, SRNM- State Registered Nurse Midwife, Upgrading programme

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LIST OF ABBREVIATIONS

AMAMI Association of Malawian Midwives

CHAM Christian Hospital Association of Malawi

ECSACON East, Central and Southern African College of Nursing

ICN	International Council of Nurses
IMR	Infant Mortality Rate
KCN	Kamuzu College of Nursing, a constituent college of the University of Malawi
MANEB	Malawi National Examination Board
MCHS	Malawi College of Health Sciences
MMR	Maternal Mortality Rate
MNHP	Malawi National Health Plan
MOHP	Ministry of Health and Population
MSCE	Malawi School Certificate of Education
NANM	National Association of Nurses of Malawi
NGO	Non-Governmental Organisations
NMCM	Nurses Midwives Council of Malawi
NMT	Nurse Midwife Technician also known as enrolled nurses
NSO	National Statistical Office
“O” level	Ordinary level of University of Cambridge
PHC	Primary Health Care
QECH	Queen Elizabeth Central Hospital
REIMA	Research Infomasters
RN	Registered Nurse
SADC	Southern Africa Development Community
SRNM	State Registered Nurse Midwife
SPSS	Statistical Package for Social Sciences
UNIMA	University of Malawi

CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

In the introductory section of this report, a brief background of Malawi as a country under study is provided focusing on areas, which have a direct impact on the health care delivery system. These areas are the economic, social and political environment. The purpose of the research and objectives are covered in this chapter.

Malawi is a landlocked country in the southeast part of Africa. It has a population of 12 million people of which 80% live in the rural areas (Reserve Bank of Malawi 2005:3). The country is bordered by Tanzania to the northeast, Zambia to the west and Mozambique both south and east.

Malawi is amongst the least developed countries in the world with a per capita income of USD 200 (United Nations 2004:4). The country is heavily dependent on donor aid that accounts for 70% of the national development budget (Kalua, Kambewa & Mangani 2005:1).

Politically, Malawi has been a stable country with no wars as has been the case with many other countries in the southern part of Africa. Malawi was a one party state since independence in 1964. A multiparty system of Government was introduced in 1994. In spite of this, the country remains politically stable although the economy has faced many challenges.

1.2 BACKGROUND OF THE PROBLEM

In the background section of this report, most issues relating to health delivery system will be covered to set the scene for this report.

1.2.1 Health care in Malawi

Malawi is one of the poorest countries in the world currently ranking number 7 from the bottom (United Nations 2004:6). Health care delivery is a major social indicator on how a country is performing. The health care delivery system in Malawi is mostly affected by lack of health care workers, who are few and not well motivated. Moreover, hospitals and clinics lack adequate material resources and with the advent of HIV/AIDS, most of the health care facilities are loaded with patients.

One of the contributing factors to poor health care is lack of qualified nurses at diploma level. There is a high mortality and morbidity rate in Malawi. There are 984 maternal deaths per 100,000 births while infant mortality rate is 133 per 1000 live births (National Statistical Office 2004:20). Health and illnesses can improve through provision of quality nursing care by a highly qualified cadre of nurses. One of the roles of the Nurses and Midwife Council of Malawi (NMCM) is to improve the standard of education and training to ensure quality nursing care (NMCM 2005:9).

With increased demand for health care, its consumers are demanding greater accountability from health care professionals (Sullivan & Decker 1997:68). In response to this demand, all countries are trying to improve effectiveness and efficiency of care that their health care delivery facilities are providing.

There is a global shortage of nurses and Malawi is one of the hardest hit countries by this shortage, recently there has been significant loss of nurses, mostly SRNMs, to Europe (Muula, Mfutso-Bengo, Makoza & Chatipwa 2003: 435). The working environment in the health sector has forced most of its health care workers to be attracted to work in other countries such as Britain, New Zealand, Australia and United States of America. Reports between 1998-2001 state that Malawi lost at least 100 nurses to the Western countries (Muula et al 2003:435). The brain drain is due to unfavourable working conditions and low wages to well-trained and qualified State Registered Nurse Midwifes (SRNMs).

Quality nursing care is compromised due to shortage of well-trained nurses. Most of the nursing care is provided by Nurse Midwife Technicians (NMTs). These NMTs work under direct supervision of the SRNM who plan and initiate acts and procedures (Searle 2000:131). Strategies have been put in place to upgrade NMTs to SRNMs through a two-year programme to improve their competencies in providing nursing care.

1.2.2 Training of nurses in Malawi

Nurses in Malawi are trained at technical, diploma and degree level. Degree and diploma levels (SRNM) are done at Kamuzu College of Nursing (KCN), a constituency college of the University of Malawi (UNIMA) and the Mzuzu University for degree level while Malawi College of Health Sciences (MCHS) and KCN produce upgrading diplomas for NMTs. The generic degree programme takes four years at KCN and Mzuzu University.

Degree holders enter their work places at professional level as managers and educators of a ward or clinic. Diploma holders enter the work places as professional nurses in charge (supervisory level). In Malawi, those who enter the university to pursue diploma or degree in

nursing will have done extremely well at their Malawi School Certificate of Education equivalent to “O” level exams in order to be selected. The students selected score good grades in English, Biology, Physical Science and Mathematics. Distinction grades are one and two points (equivalent to A and B of “O” level grading system) while three to six points are credits (equivalent to C using “O” level grading system). Most students selected to university of Malawi score between one to six points with an aggregate for six subjects of between six to thirty points. Upgrading of NMT to diploma level was introduced at KCN and MCHS since 2003 to help increase the number of diploma nurses or SRNMs.

NMTs are trained in mission training schools and Government nurse training institutions. They are selected on the basis of good “O” level grades but have not been able to be selected for the university. The majority of health care providers in Malawi are NMT trained in various Nursing Colleges in Malawi. They constitute the largest numbers in hospitals in Malawi. They work as health care providers under the supervision of diploma or degree nurses who are SRNMs. The course for NMT takes 3 years and they qualify as general nurses and midwives.

SRNMs are trained at the KCN of UNIMA for four years. Selection is done on merit. Students that qualify score highly in science subjects such as Biology, Physical Science and Mathematics plus English. Every year the University of Malawi produces about seventy graduates. Only a small number of SRNMs remain in Malawi to give essential services to the inhabitants of the country due to the brain drain. Muula et al (2003:435) highlighted that the majority of nursing staff in Malawi are NMTs which are 1011 in the urban areas compared to 259 SRNMs. The NMTs lack the skills to provide quality nursing care, as their nursing training does not prepare them for management skills to be in charge of a nursing unit. There are some deficits in the NMT training programme that need to be addressed for them to function as SRNMs. The training that NMTs received did not prepare them to take leadership roles

whereby they can be ward managers to ensure quality nursing care in the ward. The upgrading programme at MCHS and KCN was aimed at filling the gap in SRNMs in the health care in Malawi. This two-year upgrading programme empowers the nurse to function as a SRNM. Upgrading of NMT to diploma is in line with the objective of the Ministry of Health and Population (MOHP) (2003a:23) to increase the numbers of competent health personnel in the country.

MCHS planned and designed a curriculum in 2000 to start the NMT upgrading programme to SRNM. This plan was implemented in 2003 (MCHS 2000:6). The curriculum was designed to meet the health needs of the country (MOHP 2003a:7).The University of Malawi together with KCN, validates development and implementation of this curriculum. The Nurses and Midwifes Council of Malawi (NMCM 2002:4) states that a nurse must continuously be a self directed learner and a self starter to maintain competency by continued learning. MCHS offers a two year upgrading diploma in nursing and midwifery for NMTs. Upon completion of the programme, the successful candidates are presented to NMCM for licensing examination as SRNMs following the results from the bridging programme. After licensure, the SRNM will be able to provide comprehensive nursing and midwifery services to the residents of Malawi.

This programme offered by MCHS prepares a SRNM who will be able to work both in rural and urban health settings. The objective of the training and education is to produce the highest quality range of health personnel, essential to improve the delivery of Primary Health Care (PHC). The purpose of the upgrading programme is to increase the capacity of workforce for nurses to function at SRNM level. The upgrading programme therefore brings the successful candidates in line with the curricula in every teaching institution in Malawi in the nursing field that produces graduates with sufficient basic knowledge, skills and attitudes for the practice of the profession or calling (NMCM 1995:25).

1.2.3 National health plan in Malawi

The Ministry of Health and Population started the reform of health sector in December 1999 with emphasis on quality assurance, which is being addressed within the National Health Plan 1999 – 2004 (MOHP 2003a:50). The overall objective is to improve quality care through service delivery integration, capacity building and training of health care personnel that can provide quality care. The NMCM also ensures quality nursing care by ensuring that standards of nursing care are followed. The NMCM warrants that the curricula in every teaching institution in Malawi in the nursing field are such that graduates will have a sufficient basic knowledge, skills and attitudes for the practice of the profession (NMCM 1995:25). All graduates from various colleges in Malawi undergo examinations set by the NMCM to ensure each professional nurse provides quality care. The NMCM plays a vital role in regulating nursing and midwifery education and training in the country.

Statistics by MOHP (2003b:51) shows many vacancies for SRNMs, which indicates that there is a great demand of the nursing cadre to provide nursing care. The total number of trained SRNMs and working in the country in 2003 was 502. The required projection by 2013 for the services of SRNMs will be 1135. This compares unfavourable to the total yearly output from training institutions of 75 to 100 (MOHP 2003b:51). Clearly, this gap cannot be filled with the current level of graduate nurse output using the current training resources in the country. It is for this reason that the Government has embarked on upgrading the NMTs to help bridge this apparent gap in the nursing profession. The NMT upgrading course commenced in 2001. The programme recruits NMTs practising in various hospitals that have worked for more than two years in government hospitals, private sectors and non-governmental organisations (NGOs).

The candidates possess a Malawi School Certificate of Education (MSCE) or its equivalent with 4 credits in English, Biology, Physical Science and any other subject plus a pass in Mathematics as laid out in the MCHS curriculum for upgrading diploma in nursing and midwifery (MCHS 2000:6). This Diploma in nursing programme is a bridging programme that runs for two years to improve the quality of services provided by NMTs. This programme has produced the graduates who qualify with Diploma in Nursing and Midwifery and work in various health care facilities at the end 2003. The programme is assisting to close the gap that is created by the SRNMs that leave for greener pasture within or abroad. It is extremely necessary that various colleges join the cause of upgrading the NMTs to SRNMs to assist in rendering quality nursing services to the people of Malawi. The programme needs to be assessed if it is effective to provide health care to the Malawian population in terms of technical competence, effectiveness, interpersonal relations, efficiency and safety measure. The graduates need to be followed up after undergoing an upgrading programme to evaluate if they have improved their skills and knowledge when providing care.

One of Deming's fourteen principles states that it is important to institute training and retraining on the job to achieve total quality improvement (Katz & Green 1997:9). Training will reduce cost, as employees are able to work smarter. The key to the survival of health care organisations in the 21st century will be provision of high quality and cost effective care. Nurses are fundamental to the delivery of safe quality health care, as they fulfil a unique role as co-ordinators of health care delivery not only in the hospital where a twenty four-hour service is provided but also in clinics where they are sole providers of health care. The training that qualified nurses at SRNM level receives, equips them with the necessary knowledge and skills to provide quality health care service.

1.2.4 Challenges facing the health care delivery system

It is well elaborated from the introduction that the health care delivery system in Malawi is facing lots of challenges. Improvement of the health care delivery system needs to identify quality problems and finding opportunities for enhancement. Quality improvement looks beyond problems as it solves situations, which have not yet become a crisis.

There is improved information, education and communication to the people in Malawi through the media that will make them demand quality services from the health care delivery system. People become more aware of their rights and that they expect a lot from the health care delivery system. It is high time that nurses should upgrade and render quality nursing service to the people in Malawi. The upgrading Diploma in Nursing and Midwifery will be effective if it has a positive impact to the delivery of health care services. The graduates will close the gap created by the exodus of SRNMs to other countries and should be able to provide quality health care to the people of Malawi. Muula et al (2003:437) state that it is very difficult to reduce the outflow of nurses if the conditions in which nurses work in the developing nations remain poor. Nurse shortages are not only a problem in Malawi, in Sri Lanka, it is estimated that shortage of nurses is approximately 25000 due to inadequate recruitment to the state nursing schools as they have limited facilities (Jaya Sekara & –McCutcheon 2006:391).

1.2.4.1 Hassles faced by upgrading students in their training programme

The upgrading students are given study leave of two years duration and are accommodated at the college campus. Most of them have families left at home. This gives them a challenge as families are left alone that need their support.

The college has minimal resources such as books for reference are few with no latest editions. Technology facilities such as computers are not available for students to access the internet. Tutors are not enough to act as role models especially at the clinical area. SRNMs are not available at the clinical area to be mentors or preceptors. Shortage of staff is affecting the upgrading students as they have no role models.

1.2.4.2 Malawi health indicators

According to National Statistical Office (NSO 2004:2), Malawi's health indicators are among the worst in the world. Life expectancy at birth stands at 37 years. The infant mortality rate (IMR) of 133 per 1,000 live births, under 5 mortality rate is 234 which are rising as a result of the prevalence of HIV/AIDS epidemic (NSO 2004:2). To both adults and children, there is high morbidity and mortality rate due to infections such as malaria, HIV/AIDS which is increasing due to food insufficiency, poverty, poor health care, poor infrastructure and lack of quality care from nurses who are considered to be the backbone of the health care. Maternal Mortality Rate (MMR) is estimated at 984 per 100,000 live births. There is high morbidity and mortality rate in child bearing mothers due to lack of antenatal, labour and postnatal care which can be provided effectively and efficiently by qualified SRNMs. The morbidity and mortality rate can be reduced with the provision of enough qualified nurses prepared at SRNM level (Needleman, Buerhaus, Stewart, Zerevinsky & Mattke (2004:204).

1.2.4.3 Lack of highly qualified staff

Output from existing health providers' training schools is very low, mostly due to lack of tutors in both government and Christian Hospital Association of Malawi (CHAM) teaching facilities. The university and college's infrastructure are too small to register more students to train nurse/midwives. A vision for health sector in Malawi (MOHP 1999b:47) states that the University of Malawi trains ordinary SRNMs with about 30-50 students graduating every year. The course has recently been changed from Diploma to Degree level. The graduates are more marketable to multidisciplinary sectors of health care and very few remain to work in hospitals. There is a need to find a strategy such as upgrading more NMTs to reinforce the numbers of SRNMs to work in hospitals. One of the strategies to retain the remaining nurses or attract back some of those who have left for Europe, is to improve career prospects of nurses such as conducting upgrading courses (Muula et al 2003:436). What MCHS has done to upgrade NMTs to SRNMs will boost the number of qualified SRNM staff. However, since the inception of the bridging programme, MCHS has only produced 104 graduates at SRNM level which is very low looking at the country requirement and the situation at hand.

1.2.4.4 Lack of equipment / infrastructure

One of the contributing factors that compromise quality is the status of the health care facilities and beds as stipulated in the vision for health sector in Malawi (MOHP 1999b:340). The buildings, equipment, furniture and vehicles are not maintained resulting in a situation where most of the equipment are not working at full capacity. There is lack of budgetary allocations for maintenance, coupled with lack of preventive and routine maintenance. These problems result in quality being compromised. Qualified staff does not work appropriately, efficiently and effectively due to lack of equipment. While the health care sector

receives a priority portion from the government budget, it is inadequate to meet the growing health care demands of the population.

A number of old and dilapidated district hospital buildings have been replaced but many others need to be replaced or upgraded. Quality of nursing service would greatly benefit from upgrading and maintenance of rural hospitals, health centres, maternity clinics and dispensaries.

1.2.4.5 Factors contributing to nurse incompetence

Apart from the factors that contribute to upgrade nurses' incompetence due to training, there are some other factors that contribute to the performance of the competencies of SRNMs. These factors are more related to the work environment.

- **Night Duty**

Few studies have been conducted with the purpose of exploring the effects of night duty on quality health care in Malawi. Sungani, Semu, and Bomba (1991:6) studied on recruitment and turnover problems in health care reform. The study scrutinised the problems that result in health care providers resigning, which affect the quality of health care delivery in Malawi. Inadequate number of staff cause the staff to do more frequent night shift and causes exhaustion to the nurses which affects the quality of nursing care. Adequate staffing improves the quality of nursing care. Sungani et al (1991:32) came up with similar findings when they explained the effects of extended night shift on nurses' performance. It was found that night shift was too long starting from 19:00 to 07:00. The reason for having long shift is that there are very few nurses to exchange on the shift.

The National Association of Nurses in Malawi (NANM) (1990:9) conducted a study on shift work and its effect on nurse work

satisfaction at Kamuzu Central Hospital which indicated that nurse shortages was the root cause of stress that nurses experienced.

- **Poor remuneration and conditions of service**

Some of the problems are poor salaries, lack of educational development, poor conditions of service and bureaucracy in the Ministry of Health and Population. In response to these problems, MOHP (1999b:8) planned to decentralise its administration. There is autonomy and decentralisation as government agents at district and local level become an administration unit through institutional integration and human resource development. All the decentralisation processes need highly qualified staff that is conversant with administrative issues. It is hoped that the decentralised system would improve working conditions because of the autonomy this system provides.

- **Shortage of staff**

There is severe inequality in distribution of health care personnel as many opt for urban areas than working in rural areas. Quality care in rural areas is compromised. A study done by Stralten, Dunkin, Ludtke and Geller (1991:14) on shortage and recruitment problems confirmed that it was more difficult to recruit nurses in rural areas than in urban areas. There was excessive workload due to nurse shortages. Nurse shortages and increased turnover are the major causes of poor nursing care. Problems could be ironed out if proper strategies are in place to empower the nurses that are working in the hospitals at present. Solving the problems of nurses will attract others to join the profession hence quality nursing care would be assured.

NMCM in conjunction with NANM conducted a study in 1990 using a sample size of 384 nurses from KCH and Queen Elizabeth Central Hospital (QECH) to analyse the care nurses are providing. The results

revealed that quality of nursing care had gone down (NANM 1990:10). The study revealed that lack of human and material resources compromise the delivery of quality nursing care. Limited promotion and educational opportunities for the nurses demoralise them to provide quality nursing care. The same study also indicated that the number of students enrolled per year is small due to shortage of tutors. From these findings, there is a need to provide educational opportunities that would motivate the staff and improve the quality of nursing care in Malawi.

Television Malawi news on 15th May 2006, 20:00 reported that the nurse patient ratio in one hospital is 1:100 and for the country it is well over 1:10,000. The high nurse patient ratio contributes to the provision of poor quality of nursing care to patients. One nurse cannot meet the demands of 100 patients in one hospital. During the International Nurses Day that fall on 12th May 2006, with the theme *"To improve quality nursing care through provision of adequate qualified staff"*, NANM called for improved staffing and working conditions for the nurses in Malawi as a way of improving the nursing care in the country.

Parsons and Stonestreet (2003:122) did a study on factors that contribute to nurse manager retention. It was found that effective communication, empowerment and an effective administrative system contributed to nurse manager retention. Nurses need to be recognised and be involved in decision making. Education is an investment that can make nurse managers function better and improve their retention. Recognition and education provide satisfaction to the nurses. Educated nurses are successful leaders. Upenieks (2003:140) stated that nurse leaders who are successful in their roles are supportive, visionary, knowledgeable, and highly visible to clinical nurses and tend to preserve power and status within the hospital system. Upgraded nurses would gain extra knowledge and skills after undergoing an upgrading programme.

- **Job satisfaction**

Many of the nurses presently working are between 26 to 46 years old – the so called Generation X. Kupperschmidt (1998:36) discussed the understanding of Generation X (those born between 1961 and 1981). Generation X is a great asset if we are to succeed in quality, cost and service aspects of the business because they are the generation that can combine technology with the drive to master their destiny. Generation X employees need to be empowered, self-directed and techno-competent (skillful user for a broad range of technology). They are flexible workers that would benefit from acquiring knowledge and technology. Nurses of this generation need to do things that are challenging to them to keep their morale high and match the knowledge of people they are delivering the care to.

Levin (2001:18) wrote that from the organisation's perspective, employee loyalty mean more than just retention. Nurses who feel unhappy in their environment may stay for various personal reasons while performing at minimal levels or just criticising the institution. Some unsatisfied nurses may provide quality care but their morale can decrease productivity. The top assets nurses' values are recognition, education, achievement, effective communication, peer relationship and quality work (Levin 2001:18). Employees that acquire learning opportunities will feel more secure in their positions and the security will reduce their defection. It is important to empower nurses to work up to their potential. The upgrading course at MCHS will empower nurses to realise their full potential.

Beaudoin and Edgar (2003:113) state that nursing hassles continue to represent a significant part of nurses' work. Hassles prevent nurse from performing patient care and increases nurse's dissatisfaction. There is need to address long standing hassles if nurses have to be retained or recruit new ones in future.

Chaaya, Rahal, Morou and Kaiss (2003:439) in a study conducted in Lebanon on implementing patient-centered care found that increased staff satisfaction is equally important as patient's satisfaction. As such upgrading programme is part and parcel of getting nurses to be satisfied.

- **Staff mix**

In support for education of nurses, Hall, Doran and Pink (2004:41) pointed out that the lower the proportion of professional nursing staff employed in a unit, the higher the number of wound infection and medical errors. The less the experience the nurses are, the higher the number of wound infections. Several studies have shown that organisations with higher percentage of RNs in the staffing mix have been associated with positive patient outcomes.

Some of the objectives cited in the Malawi National Health Plan (MNHP) of 1999-2004 by MOHP (1999a:33) is to increase, retain and improve the quality of trained human resources and distribute them efficiently and equitably. The upgraded nurses will increase the number of health care personnel in Malawi. The objective to provide better quality health care in all health facilities according to MOHP (1999a:21) will be achieved through increasing training capacity for paramedical health staff, re-orient and train health workers, quality assurance programmes, trained staff to provide full range of clinical, promotive and preventive services. MNHP will also identify relevant institutions for training health care workers in health management, identify and train appropriate personnel for teaching health management courses. Most of the hospitals at present are managed by NMTs. Personnel requirement for SRNMs is 856 (MOHP 2004:16) while the total number working in the country in 2003 was 502 (MOHP 2003b:51). One can be clear that more

personnel are needed and there is a need to intensify in training in order to provide highly qualified staff that will deliver quality services.

There are many strategies used to improve quality of care in other countries empowering SRNMs to direct quality care at ward level. The University of Illinois Medical Centre strives to deliver patient care which is optimal customer focused and achieves improved patient health outcome. Nursing care quality improvement should be a goal of the health care delivery system (University of Illinois Medical Centre 2006:1). Quality of care is not possible with lack of qualified staff as there are too few SRNMs and other support staff and there is little support to provide safe and beneficent care for patients (Needleman et al 2004:204). In Toronto nurses are provided with opportunities to expand their knowledge and training so that they can work in other clinical areas and accept nursing roles within the hospital and where there are vacancies (University of Illinois Medical Centre 2006:4).

- **Lack of leadership and decision making**

Nurses need to be prepared at SRNM level for good career path. A SRNM can progress to become a nurse executive that can function at top managerial level. A successful nurse executive has the ability to make good decisions consistently. According to Clancy (2003:343), it is important for nurses to make sound decisions. In today's high pressure, complex and challenging health care environment, it makes sense to follow a tried and true process for making decisions. Nurses at SRNM level are prepared to advance their career to management level. Nurses can be oriented to identify the problem, define objectives and list the best alternative to improve making the right decision.

Horton-Deutsch and Mohr (2001:121) studied how nursing leadership is being influenced by the structure of health care institutions and by an

intellectual stance among members of the profession. It was found that the ward units that had poorly qualified staff, leadership was lacking as it had not identified purpose or vision. On the other hand the wards run by highly qualified nurses showing strong leadership skills, functioned efficiently.

- **Lack of cultural competence and quality care**

Different people will appreciate quality of care in a different way. Aldana, Piechulek and Sabir (2001:513) stated that in rural Bangladesh, cultural background affected perception and satisfaction of the patients on the quality of care provided. People coming from different backgrounds will differ in the way they perceive nursing care rendered. It is also important when empowering upgrading nurses to incorporate people with different cultures so that they can understand culture when providing care to ensure people from different cultures are equally satisfied. Quality care is compromised when nurses do not realise that people come from different backgrounds and they communicate in a cultural insensitive way to them. The concept transcultural nursing takes into account individual's culture, involving specific values, beliefs and practices (Tjale & de Villiers 2004:8). Upgraded nurses should incorporate culture when providing nursing care. Andrews and Boyle (2003:36) stated that cultural assessment refers to a systematic comprehensive examination of individuals, groups and communities regarding their health related beliefs, values and practices. SRNMs should have competencies in conducting cultural assessment. Cultural background has an important influence on many aspects of people's lives (Helman 2002:162).

1.2.5 Statement of the research problem

There has been an outcry from the public that the quality of nursing care should improve. The existing health care delivery services lack quality due to financial shortages, corruption and fraud, insufficient control and lack of management skills of the nurse leaders at ward and clinic level. The gap in education qualification between the unit matron and the nurse managers at ward level is vast and there is breakdown of communication (MOHP 2003b:6). National health plan of 1999 - 2004 according to MOHP (2003a:13) aims at improving the health care delivery system which one of the actions is to upgrade NMTs to SRNMs. The bridging programme rendered by KCN and MCHS was established with the aim to empower the graduates with knowledge and skills to provide quality health care.

It is however not known if the NMTs that follow this bridging programme, are equipped with the necessary skills required from them in the health services. Therefore, it is of importance to assess the effectiveness of these programmes towards provision of health care services.

1.3 AIM OF THE RESEARCH

The research study analysed the competencies of upgrading graduates from MCHS that have undergone the two-year bridging programme. These upgraded SRNMs are now working in various health sectors in Malawi. Some of the areas the research will assess include:

- Evaluate if the upgrading SRNM possesses the necessary competencies to deliver quality nursing care.
- Identify gaps in the graduate nurse competencies that may need to be incorporated into current upgrading programme.

- Assess if the upgrading programme has really empowered the SRNM to provide health care delivery as required both in the communities as well as health care settings.

1.4 SPECIFIC OBJECTIVES

In order to determine the skills and competencies acquired by the graduate SRMN, a number of specific objectives were considered as outlined below:

- To determine the effectiveness of the Upgrading Diploma in Nursing Midwifery programme in preparing the competencies of SRNM.
- To make recommendations on the training of Upgrading Diploma in Nursing and Midwifery programme.

1.5 ASSUMPTIONS UNDERLYING THE STUDY

Polit and Hungler (1993:43) state that assumptions are basic principles that are accepted as being true on the basis of logic or reason without proof or verification. The study was carried out with some assumptions for the current upgrading programme as follows:

- Upgrading nurses will provide quality nursing care after completion of the two year bridging programme. It is assumed that the skills acquired from their upgrading programme add onto the knowledge bank to help them deliver quality nursing care when they return to their respective work places.

- The training that is given to NMTs lack basic subjects that would help them deliver quality nursing care. The curriculum for NMT's does not provide for crucial subjects such as Chemistry, Principles

of Management, Principles of Education, Introduction to Research, Psychology and Sociology. These subjects help improve nursing care skills and knowledge for nurses to deliver services competently after completion of the two year upgrading programme at MCHS.

- With the training that the NMTs have acquired, they become ward supervisors and earn a higher salary than before upgrading. This would help improve their job satisfaction and may help with retention of nurses. Despite poor working conditions, it will take them some time to start thinking of going to other countries for greener pasture.

1.6 SIGNIFICANCE OF THE STUDY

The upgrading programme had to be evaluated and provide recommendation to colleges and universities that train this cadre of nurses. It would be useless to spend money on a programme that has no impact on provision of quality nursing care. The health care delivery system needs to equip the nurses with current information to render quality services. There is also competition in the market place (especially in the private sector) for acquiring new customers and to retain the current customers. Lack of quality cost lots of money to the health care organisation for paying for court cases following malpractice by incompetent staff. Nurses need to provide excellence in the profession, which should be maintained at all, times. Katz and Green (1997:7) state that quality is dynamic and it is not simply achieved. Quality develops from continuous improvement. Therefore there was a great need to evaluate the quality of care provided by upgrading nurses after undergoing a two-year programme.

1.7 DEFINITIONS USED IN THE RESEARCH REPORT

Competency: Stuart (2007:10) cites the Nursing and Midwifery Council (2004) definition of competent as "possessing the skills and abilities required for lawful, safe and effective professional practice without direct supervision". In this study competencies will refer to the skills and abilities of the upgraded SRNMs which they will require in the safe and effective performance of professional duties without being directly supervised.

Nurse Midwife Technician (NMT): a person who has completed such period of training in practical nursing and passed the examination in this course as may be determined by NMCM. Training period for these enrolled nurses is three years.

State Registered Nurse Midwife (SRNM) A nurse who has completed a programme of basic general nursing and passed such examination in the practice of nursing as determined by NMCM. Currently these SRNMs are only produced by KCN a wing of UNIMA. Length of their training is four years in general nursing and one year midwifery making it five years in total.

Quality: the degree to which patient care services increase the probability of the desired outcomes and reduce the probability of undesired outcome given the current state of the knowledge (Katz & Green 1997:8).

Effectiveness: This refers to the extent to which a programme or policy is achieving the goals.

Upgrading Diploma in Nursing and Midwifery Programme: The two-year bridging programme for a NMT who have worked for more than two years to become a SRNM.

1.8 RESEARCH METHODOLOGY

The research methodology outlines the process of the research and what tools are needed to achieve the research objectives (Mouton 2001:56). A quantitative, descriptive and exploratory approach was used to collect data.

The population of this study was the graduates who completed the upgrading programme for NMTs at MCHS. A total of 104 graduates completed the upgrading course since its inception of which 75 could be traced. The number was manageable for the study and no sampling procedures were done.

Data was collected by means of a self administered questionnaire, which comprised both closed and open-ended questions. These questionnaires were distributed to graduates of MCHS. Analysis was done using SPSS through a private research firm that assisted with the data analysis on frequencies and tabulations.

According to Babbie and Mouton (2001:521), ethics is associated with morality which deals with issues of right and wrong. The data in this study was collected by means of questionnaires, completed by the respondents. The respondents were assured of anonymity and confidentiality. Their voluntary participation was emphasised and also their right to withdrawn at any time during the study.

The research design and methodology is discussed in more detail in Chapter 3 of this report.

1.9 ORGANISATION OF THE REPORT

For ease of reading, this research report is planned using the following chapters:

Chapter 1: Introduction to the study giving brief description of the problem, the purpose, objectives of the study and research methodology.

Chapter 2: The chapter discusses the literature review undertaken on factors that hinder the upgrading nurse programme and conceptual framework of the study.

Chapter 3: Describes the research design and methodology used to collect and analyse the data.

Chapter 4: Data analysis and interpretation is presented in this chapter.

Chapter 5: Recommendations and conclusions of study are presented with insights into new research that can be done.

1.10 CONCLUSION

This chapter sets the scene for the study with background information on the topic under study as far as health care services are concerned in Malawi. The chapter describes the research problem, study population, research design, data collection and data analysis. An overview of study objectives and purpose are covered which is to assess if the graduates acquire competencies to provide comprehensive nursing care as SRNMs.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter the researcher reviews literature that is relevant to the competencies of upgrading nurses from NMTs to SRNMs. Literature provides a review of what others have done on the topic under study. Mouton (2001:91) explains that reviewing of literature is necessary as it provides insights on how others have investigated similar research problems. It orients the researcher to what has already been done about the topic.

The purpose of literature review for a research project is to find out what has been studied, the gaps in the studies, how dependable the studies are and to present the findings of what has been studied (Polit & Hungler 1993:41). Cooper and Schindler (2003:101) further state that the literature review section examines recent research studies, data and reports that acts as the basis for the proposed study.

2.1.1 Literature map

In order to focus the literature search for the study, key concepts that affect nurse competencies with regards to upgrading programme were mapped out as follows:

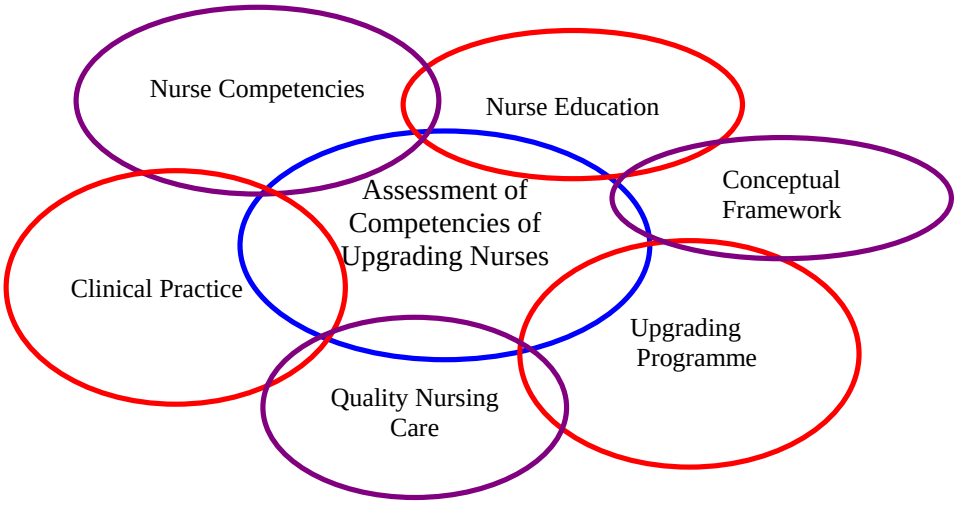

Figure 2.1: Literature mapping

Source: Fisher (2004:10)

These different components of the literature map formed a framework and directed the focus for the entire literature review. Areas relevant to the study had been mapped as shown above. Literature mapping as reported by Fisher (2004:10) help to show the breadth of literature to be covered. It was also used to identify key words, theories and concepts of study value. Mouton (2001:91) further points out that a good literature review should be well organised such that key concepts in the research problem statement are critically reviewed. The following literature review critically expounded on the identified key concepts shown in figure 2.1.

2.1.2 Quality of nursing care

There are challenges to quality of nursing care due to increased demand for health services. Among other pressures, there is a growing number of the aged population that mandates the need for greater numbers of skilled health care personnel to manage their complex care (Kleinman & Saccomano 2006:162).

In health care services, there is a responsibility to provide quality services that ensure patient satisfaction. Anonymous (2006:17) quotes an article from the Journal of Health Affairs (January/February 2006) that increasing the number of SRNMs and hours of nursing care per patient would save 6700 lives and 4 million days of patient care each year. This shows that quality of service by nurses can be improved with increasing number of nurses. Organisations providing health care need to be innovative to provide quality care.

A well trained SRNM should be able to provide quality nursing care. Searle (2000:3) stipulates that the study of nursing principles in professional practice should enable the registered midwife practioner to function throughout the period of professional practice as a knowledgeable, confident, competent, concerned, compassionate and safe caring practitioner. A practitioner should be aware of the need for social and professional control of nursing and midwifery. McCusker, Dendukuri, Cardinal, Laplante and Bambonye (2004:318) concur with the latter by noting that a registered nurse (RN) is expected to play an autonomous role within the multidisciplinary team and must master critical thinking skills to ensure quality nursing care. When there is shortage of nurses, the resultant is poor quality of nursing care and lots of errors (Hassmiller & Cozine 2006:268).

The public has the right to expect competent, high quality, ethically based care from the health professionals. As the society grows in

complexity, health needs escalate and more and more ways of dealing with such needs are developed. Health care workers require a greater level of competence and a deep sense of accountability. Nursing profession is dynamic and ever changing and innovative ways are initiated to improve the care.

After undergoing a two year bridging programme, the graduates should demonstrate professional skills and competencies in providing quality nursing care. Graduates from MCHS are enrolled with the NMCM which is a professional nursing body in Malawi whose main task is to ensure there is quality nursing care in the country. NMCM (2005:3) highlighted their existence as that of protecting the public from unsafe practices by unqualified nurse midwives or incompetent health care workers and illegal operation of nursing colleges. It is the responsibility of NMCM to see to it that no nurse starts practicing before approval from the council. This is controlled through examination administered by the council.

Poor quality in nursing care can lead to high infant and child mortality rate. Child mortality rate is also affected by the level of education of the mother and where they stay. Those in rural areas experience a higher rate (164 per 1000 births) while urban posts a lower mortality rate (116 per 1000 births). Part of the reason for a higher mortality rate in rural areas is the use of NMTs and medical assistants (National Statistical Office 2004:127).

Urban areas mostly have adequate doctors and SRNMs than rural areas. However, Needleman et al (2004:204-207) testify that there is unequivocal business case in increasing the number of RNs because they observed a decrease in urinary track infections, pneumonia and shock which were associated with an increase in RNs. Nurse educators must effectively prepare students for a nursing career in today's high-

tech health care environment which require a skilled nursing profession (Klein 2006:379).

2.2 NURSING EDUCATION

One of the objectives of MNHP (MOHP 2004:4) is to increase, retain and improve the quality of trained human resources and distribute them efficiently and equitably. The strategy is to establish and strengthen training institutions and seek technical assistance for nurse midwives, improve the working and living conditions of health care workers to retain the existing staff and attract newly qualified health care workers. The main objective is to improve efficiency, equity and effectiveness in staff utilisation and deployment. MCHS started an upgrading programme for enrolled nurses to SRNMs (Diploma in Nursing and Midwifery) in 2002. The curriculum has been designed to meet the health needs of the country as stated in the National Health Plan (MCHS 2000:7). Boyd, Graham, Gleit and Whitman (1998:10) state that nursing education is designed to educate and train nursing students to become competent qualified nurses. MCHS embarked on an upgrading programme in order to equip NMTs to take on the role of SRNMs. Reece and Walker (1997:9) explained that upgrading courses need to establish techniques that are tailored to the needs of the already experienced students through involvement and applying theory into practice to improve their competencies. It is the intention of MCHS to ensure that graduates exit with skills in the profession to practice in their work place. The ultimate goal of nursing education is the production of a highly skilled professional practioner at the first level which is that of SRNM (Mellish, Brink & Paton 1998:6-7).

Development and implementation of this curriculum is validated by UNIMA and KCN. MCHS is offering a two year upgrading program which lead to an award of a Diploma in Nursing and Midwifery, preparing upgrading NMTs to render quality care in rural and urban settings. Upon

completion of the programme, the successful candidates will be presented to NMCM for licensing examination. After licensure the SRNM will be able to provide comprehensive nursing midwifery services to both the well and sick clients competently, according to the Diploma in Nursing Midwifery Curriculum (MCHS 2000:1). Educators and regulators of education have the same goal which is graduating competent nurses in sufficient numbers to meet the needs of the public (Spector & Alexander 2006:292).

2.3 THE CONCEPTUAL FRAMEWORK

The nursing curriculum is designed to allow for inclusion of laboratory experiences for each nursing course and require students to complete a clinical performance examination before advancing to the next level (Klein 2006:279).The study will follow the college objectives of the bridging programme as the conceptual framework. MCHS (2000:10) states that after two years bridging programme the SRNM shall perform activities that meet the following objectives that form the basis for conceptual framework as given below:

2.3.1 Utilising the nursing process to provide comprehensive nursing care

A patient is a unique person in need of comprehensive nursing care from a knowledgeable and skillful nurse practitioner (Searle 2000:147).

Ofosu (1996:72) states that the educational process should provide practitioners with enhanced knowledge and skills and develop an increased sense of critical awareness. The upgrading programme will produce practitioners that will competently provide comprehensive nursing and midwifery care (promotive, preventive, curative and

rehabilitative care) to individuals, families, groups and communities in a variety of settings utilising the nursing process.

2.3.2 Provide biopsychosocial nursing care

The practitioner will apply knowledge from biopsychosocial and nursing sciences when providing comprehensive nursing and midwifery care to individual families, groups and communities in a variety of settings.

2.3.3 Acquire good communication skills

Searle (2000:254) states that communication is the bond of humanness in the health care system. After completing the bridging programme, the practitioner will be able to utilise communication skills and knowledge when interacting with clients, patients and members of the health team to establish good interpersonal relationship.

2.3.4 Collaboration with other members of health team

Patient safety can be ensured only if all members of the health team co-operate (Searle 2000:100). Chaaya et al (2003:437) state that the SRNMs are responsible for all the care delivered to their patients. They maintain continuity of care and communicate directly with the physician, family, and nursing supervisors regarding patient care.

2.3.5 Collaboration with the community

The upgrading programme will produce practitioners who will collaborate with the community and other health care professionals in the promotion of primary health care.

2.3.6 Demonstrate leadership / managerial skills when working in various settings

Leadership is linked with motivation and influencing others (Horton-Deutsch & Mohr 2001:121). Institutions that exercise authority and autonomy in decision making report more positive outcomes, higher patient satisfaction, lower mortality rates and greater retention (Horton-Deutsch & Mohr 2001:121).

Upgraded NMTs need to demonstrate leadership/managerial skill in order to perform the role of a SRNM. A SRNM requires specialised knowledge, skills and good attitudes to be a leader (Delaune & Ladner 2002:40). Connelly, Yoder and Miner-Williams (2003:300) stated that an effective charge nurse must have administrative, educational, clinical expertise and an understanding of basic leadership principles. Unprepared charge nurses create problems of first line leadership such as failure to adequately supervise other staff.

One of the skills nurse leaders should possess is social skills. Strickland (2000:114) stated that social skill is the ability to manage relationships with others so that a leader can build networks, bridge differences and develop rapport with wide variety of constituencies. Upgraded graduates will be able to improve social skills as they function as SRNMs.

2.3.7 Demonstrate sense of responsibility, accountability and commitment towards the profession

According to Searle (2000:159), the nurse accepts responsibility and ensures the safety of the patient in the care situation and remains accountable for her own acts and omissions. A SRNM is accountable for

patient care. The total health of the patients is the SRNM's first consideration. McKenna and Beech (1995:13) stated that in order to enhance both individual and organisational performance people are expected to commit themselves to the success of the organisation.

2.3.8 Assume responsibility for continuing education in order to maintain and develop professional competencies

One of the factors that promote staff retention in the health care system is continuing education (Parsons & Stonestreet 2003:120). Booyens (1998:602) quotes Deming that continuous education and personnel development are indispensable for good quality service. According to Kuokkanen and Katajisto (2003:209) factors that improve empowerment were job satisfaction, career consciousness, further training and commitment.

The objective of the upgrading programme is to ensure that the graduate provide nursing and midwifery care competently after acquiring proper knowledge and skill.

2.3.9 Practicing nursing independently, dependently, interdependently based on ethical and legal competence

According to Pera and van Tonder (1996:4), ethics is concerned with morality or moral problems and moral judgment. Searle (2000:101) stipulates that nurses must observe the norms of their profession by ensuring that ethical codes are maintained at all times such as:

- Truthfulness and honesty
- Devotion to the patient and the well being of the society

- Service to humanity, irrespective of race, colour, creed or intellectual, social political and economic standing
- Protection of the vulnerable at all stage of life
- Conservation of life
- Loyalty to the patient and to members of health team
- Reliability, responsibility and accountability
- Justice
- Respect for dignity of others
- Adherence to the law

SRNMs need to advocate the wellbeing of patients, their families and society with deep sense of moral consciousness. Nurses are taught to respect human life, to protect human dignity and to maintain a person-centred approach in nursing practice.

2.3.10 Participate actively in the research process to improve nursing care

Nursing research is important as a tool for evaluating the effectiveness of nursing interventions. SRNMs should participate in nursing research (Polit & Hungler 1993:10). Swansburg and Swansburg (1999:347) stated that utilisation of nursing research findings is poor in all spheres of nursing. Nurses need to participate in research to improve nursing practice. During the upgrading programme SRNMs are introduced to the use of research when providing nursing care.

2.3.11 Demonstrate qualities of a responsible citizen within the social system at all times by participating in the community

Maintenance of community health is affected by social, economic and political factors. According to Swansburg and Swansburg (1999:12), SRNMs need to be aware of suicides, homicides and accidents that are

leading causes of death among persons ages 1 through 39. SRNMs are thus role models in their communities and promote communication and provide both education and information.

2.3.12 Participate actively in professional organisation to improve standards of nursing and midwifery care

The nursing profession may lack cohesion and unity if nurses do not have a common bond of professionalism and loyalty to the profession (Searle 2000:88). As such, every nurse should be a member of the professional association. During the upgrading programme the students are oriented to different functions of professional bodies and are encouraged to be members of professional bodies.

2.3.13 Initiate and advocate change in the nursing practice and in the health care delivery system

Swansburg and Swansburg (1999:323) said that adapting to change has always been a job requirement for nursing. The nursing profession is dynamic and need to adjust to changes that occur. During the upgrading programme the curriculum incorporates innovative ways of providing nursing and midwifery care. The curriculum will be reviewed every five years to include the changes in providing health care according to the needs of the people. Lecturers are encouraged to attend courses that provide new ways of providing health care. At the end of the day the knowledge is imparted to the students to acquire new ways of providing care.

2.3.14 Assume responsibility of teaching other members of the health team

According to Marquis and Huston (2003:262) “the leader/manager has a responsibility for maintaining a competent staff.” One of the reasons

for the need of training is because of the constant change in equipment, procedures and knowledge.

The nurses responsibility is transmitting knowledge, skills and maintaining standards of care extending to student nurses whenever their learning activity occurs (NMCM 2002:5).

2.3.15 Utilise critical thinking skills when making decisions for nursing and midwifery care

Nurses should use cognitive thinking skills in decision making (Swansburg & Swansburg 1999:319). Effective problem solving requires that the practitioner be frequently at high cognitive level. Graduates will be expected to demonstrate competencies in decision making after undergoing the upgrading programme.

2.4 UPGRADING NURSE PROGRAMME

Ofosu (1996:72) elaborates that continuing education in nursing has been identified as a necessary component of professional competence. MCHS runs an upgrading programme for nurses as a way of continuing their education to improve the competencies for the nurses. The applicants to the upgrading programme are qualified Enrolled Nurse Midwives or NMTs. They should possess a Malawi School Certificate of Education (MSCE) or equivalent with four credits in English, Biology, Physical Science and any other subject plus a pass in Mathematics. A minimum of two years experience is required as an NMT. The implementation of Diploma in Nursing Midwifery is done by both MCHS and KCN.

The faculty works hand in hand with the Dean of Nursing from KCN or her representative. KCN is involved in the recruitment of the academic staff as well as students' assessment at the MCHS. MCHS is offering an

upgrading Diploma in nursing and midwifery to improve the quality of patient care.

2.5 NURSE COMPETENCIES

Australian Nurses Association (2006) described that the registered nurse demonstrates competency by practicing independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to NMTs and other health care workers. Some roles of SRNMs are:

- Provide evidence based nursing care to people of all ages and cultural groups including individuals, families and communities.
- Promotion and maintenance of health and prevention of illness for individuals with physical or mental illness, disabilities and alleviation of pain and suffering at the end stage of life.
- Assesses, plans, implements and evaluates nursing care in collaboration with individuals and the multidisciplinary health care team so as to achieve goals and health outcomes.
- Educator for patients/clients and other members of the health team. According to Mellish et al (1998:72), as nurse educator, one should have clinical knowledge, read widely, keep abreast of developments and be a continuous lifelong learner for one's professional life or carry on the search for new knowledge on a continuous basis.

Verma, Paterson and Medves (2006:110) defined competency as a multifaceted and dynamic concept that is more than knowledge and includes the understanding of knowledge, clinical skills, interpersonal skills, problem solving, clinical judgment and technical skills. Most of the competencies described above are lacking in the NMTs. As such, these can be acquired if they upgrade to SRNMs. In a working environment, certain acts and procedures which have been planned and

initiated by an SRNM are carried out by a NMT. A SRNM has to directly or indirectly supervise the NMT who is the subordinate. NMTs do not carry out professional functions (Searle 2000:118). NMTs cannot be placed to be in charge of the ward unless a supervising SRNM is directly available. Registered persons must ensure that they are familiar with the scope of practice of their subordinates as well as perform as a competent SRNM. The acts and procedures of a RN should be performed by scientifically based physical, chemical, psychological, social, educational and technological means applicable to health care. Clinton, Murells and Robinson (2005:83) found that there is little difference in the overall competence acquired by a graduate and a diplomate.

The Malawi National Health Plan for 1999-2004 highlights that inadequate financial, human, facilities and material resources hamper the provision of health care services provided by Malawi health sector (MOHP 1999b:51). The successful implementation of the fourth National Health plan depends upon availability of appropriate and adequately trained health personnel. The Daily Times (2006a:7) concurred that many people are dying from curable diseases because there is not enough care in the hospitals according to president of NANM. Many nurses are leaving the profession for greener pastures elsewhere because they are failing to cope with ever increasing demands of health services that hospitals need especially with adequate competent staff.

There is need to upgrade the majority of the NMTs to work at SRNM level so that quality care is improved. Meretoja, Leino-Kilpi and Kaira (2004:330) stated that nurses should maintain and demonstrate competence throughout their professional career. NMTs have worked for more than two years and will be motivated as they move up the ladder through promotion at their work place.

The Malawian government is also trying to improve the conditions of service of nurses working in the rural areas. The Nation Newspaper (2006a:6) stated the government has given finance to construct nurses' houses across the country. Good conditions for nurses after going through an upgrading program will improve the quality of care provided by the nurse.

General statistics reveal that the total number of NMTs in Malawi is 507 at central hospitals, 376 at district hospitals, 53 at rural hospitals and 327 at health centres (MOHP 1999b:51). Most of the nursing care is provided by NMTs whose scope of practice has to be done under supervision of the SRNM. There is great need to boost the numbers of SRNMs. Therefore, this study is timely as it assesses the impact of the upgrading programme being carried out by MCHS by analysing competencies of its graduate nurses.

Established posts for SRNMs in the MOHP in 1998 as detailed in the MNHP of 1999-2004 were 717 filled posts and 338 vacancies representing 32.0% unfilled posts (MOHP 1999a:28). This is a clear indication that there is need for more SRNMs and training institutions should be aware of the gap which needs to be filled by highly qualified SRNMs.

Nevertheless, examining the current situation, it is clear that almost all categories of staff are urgently required at all levels of the health delivery system because each level is short of the required numbers. The main constraint however is the limited financial resources. Despite the financial constraints, training should be a priority to have NMTs upgrade to SRNMs.

The clinical competencies of SRNMs are categorised into the following areas according to Connelly et al (2003:301):

- Clinical / technical competence
- Critical thinking competence
- Organisation competence
- Human relations competence

Upgraded NMTs assessment was based on these stipulated competencies in accordance with the curriculum objectives.

2.5.1 Improving nurse competencies

In most circumstances, career advancement positively correlates with demonstrated technical and general skills, candidate character, culture and track record of accomplishments (Ehrat 2001:37). In line with this compiled literature, the following factors contribute to the development of a professional nurse's competencies: teaching methods, clinical practice and clinical supervision. Detailed descriptions of these factors are outlined below:

2.5.1.1 Teaching method

Hlongwa (2003:80) quoted Gwele (1996) that teaching methods could play an important role in the development of a professional nurse's competence to render a comprehensive health service, provide holistic nursing care, think critically, make independent decisions and being able to solve problems. Nursing education is a teaching/learning process which enables the individual to acquire knowledge, skills and attitudes that enable him/her to practice as a competent, responsible provider of holistic patient/client care through the use of the nursing process (MCHS 2000:4). Effective teaching will promote intellectual curiosity and instill critical thinking when providing care.

2.5.1.2 Clinical practice

Zhang, Luk, Arthur and Wong (2001:469) stated that the challenges confronting nurses in rapidly changing health care delivery system require health care workers who should possess competencies acquired through practice. Student nurses need to have hands on work experience. According to Matome (2002) as quoted by Hlongwa (2003:28) some of the areas that could lead to effective learning in the clinical practice are:

- Conducive clinical environment with adequate resources
- An ideal unit supervisor that will be supportive to the students
- Clinical instructor that could bridge the gap between theory and practice

2.5.1.3 Clinical supervision

As part of the programme, students go for clinical practice in different hospitals. During this time, lecturers and clinical instructors supervise them so that they grasp the skills and turn theory into practice.

Minnaar (2008:243) underlines the important role that the clinical supervisor has to play. As a knowledgeable role model, the clinical supervisor needs to be visible and engaged and involved in the clinical activities in the area they are supervising.

2.5.2 Assessment of competencies

Meretoja, Isoaho and Leino-Kilpi (2004b:124) stated that competence assessment of practicing nurses should be a core function in quality assurance systems, workforce planning and human resource development.

Assessment of competencies remains problematic due to lack of the instruments and methods used for assessment (Watson, Stimpson,

Topping & Porock 2002:429). Delaune and Ladner (1998:98) stated that the nurse must possess strong cognitive, interpersonal and technical skills in order to elicit appropriate information and make relevant observations during data collection process.

The scientific base for nursing practice demands competencies (ability to function in a particular way) from multiple sources: philosophy and ethics, physical, economic, behavioural social sciences, nursing sciences and biomedicine. Additional competencies such as collaboration and coordination in the interdisciplinary practice is critical to nursing practice and health care delivery. Delaune and Ladner (1998:43) had highlighted some of the competencies for the year 2005:

- Care for the community health
- Expand access to effective care
- Provide contemplary clinical care
- Emphasize primary care
- Participate in coordinated care
- Ensure cost-effective and appropriate care
- Practice prevention
- Involve patients and families in decision making process
- Promote healthy life styles
- Assess and use technology appropriately
- Improve the health care system
- Manage information
- Understand the role of the environment / the impact of environment hazards on health
- Provide counseling on ethical issues
- Accommodate expanded accountability
- Participate in racially and culturally diverse society
- Continue to learn

These competencies will be assessed on upgraded graduate to evaluate if they have acquired the knowledge and skill to discharge duties as a SRNM. The primary aim of nurse education is to provide education that will equip nurses and midwives to maintain and develop competencies as practitioner of nursing (Quinn 1995:248). The competent nurse is able to identify priorities and able to manage work. Competency is commonly synonymous with safety, in that safety is the main criterion for competence. The main method of assessing competence is by observing the graduates' performance. Quinn (1995:249) elaborates that observation is combined with some form of checklists or rating scale that serves as a guide for the assessor. A checklist is simply a list of student behaviours associated with a particular nursing intervention, with a space for the assessor to check or tick off whether or not that particular behaviour occurred. Rating scales provide an indication of the degree or amount of a particular characteristic and use either numbers or descriptions. The questionnaire included checklists of SRNM competencies for the graduates to assess whether they have been acquired by them.

2.6 CONCLUSION

In conclusion, this chapter gave a clear picture on the need of upgrading course on NMTs to improve their competencies when providing nursing care. The health care system is running short of competent SRNMs that provide quality nursing care according to the literature review compiled. The research provides insight on the competencies acquired by nurses who have undergone the upgrading programme from NMT to SRNM. Competent SRNMs are an asset for the running of health care systems as they are autonomous and ready to assume leadership and management roles in the health care systems.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter, the focus is on research methodology in terms of design, population, sampling, the instrument and procedures that were used to collect data culminating in its analysis.

As described in Chapter 1, the purpose of the study was to analyse the competencies of upgrading NMTs after completion of the bridging programme at MCHS.

The actual objectives of the study were to:

- To determine the effectiveness of the upgrading Diploma in Nursing Midwifery programme in preparing the competencies of SRNM.

- To make recommendations on the training of the upgrading Diploma in Nursing and Midwifery programme

3.2 RESEARCH DESIGN

A quantitative, exploratory, descriptive survey research design has been used in this study in order to assess the competencies of upgraded SRNM who have completed a two year bridging programme at the MCHS. Surveys collect information on people's knowledge, opinions attitudes and values as well as quantify the extent of a problem (Katzenellenbogen, Joubert, & Abdool Karim 1999:66). A detailed description of the methodology follows below. The advantage of survey

method is that the method permits the investigator to collect information on a limited number of variables from many respondents.

3.2.1 Quantitative

The study used quantitative research as opposed to any other research methodology because competencies are being evaluated in the study. Qualitative method on the other hand could not be used because it would only evaluate the process of the programme which is not the intention of the researcher. Babbie and Mouton (2001:52) describe quantitative research as the standard way of assigning numbers to different variables that are susceptible to a variety of statistical manipulations.

3.2.2 Exploratory

The study used exploratory method as it involved gaining insights into the outcome of the upgrading NMTs into SRNMs as far as their competencies are concerned when they applied the knowledge acquired during the upgrading programme to their work places. Babbie and Mouton (2001:80) confirm that exploratory studies help to satisfy the researcher's curiosity and desire for better understanding. In this case the researcher wanted to know if competencies for the upgraded SRNMs have improved following the programme they underwent at the MCHS.

3.2.3 Descriptive

The researcher used descriptive study to analyse the competencies for the upgraded SRNM from MCHS as they deliver health care in various hospitals and clinics. Katzenellenbogen et al (1999:66) concur by stating that the main use of descriptive studies is to give service providers and planners information that will help them design services and allocate resources efficiently or quantify the extent of a problem.

This is in line with the research objectives which has been defined that the researcher wants to analyse the competencies of a SRNM graduate of the upgrading programme from MCHS. The method has been selected because it is ideal to help verify if the programme is providing the required skills and competencies to the students. Babbie and Mouton (2001:105) say description is a precise measurement and reporting of characteristics of the population under study. Descriptive studies are designed to gain more information about variables within a particular field of study.

3.2.4 Survey

Burns and Grove (2001:256) state that a survey describes a phenomenon by using questionnaire or personal interview to collect data. Polit and Hungler (1993:148) concur that a survey is designed to obtain information regarding the prevalence, distribution and interrelationships of variables within a population. Hlongwa (2003:33) described the advantages of surveys as follows:

- It is flexible
- Is used for discovery of new insights as for pointing out typical responses
- Can be applied to many people
- Provide data about the present, what people are thinking doing and anticipating

3.3 POPULATION

The section discusses the total universe available for the study and the criteria used to select the respondents.

3.3.1 The research population

A population is an entire group of persons or set of objects and events the researcher wants to study that contains all variables of interest to the researcher (Collins, du Plooy, Puttergill, TerreBlanche, Van Eeden, Van Rensburg and Wigston 2003:147). In this study, the population refers to all SRNM graduates from MCHS that completed the upgrading programme since its inception in 2002. So far four groups have graduated visa vis 2003, 2004, 2005 and 2006. Currently there are 104 graduates from MCHS working in various hospitals and clinics in Malawi. Table 3.1 below shows the actual number of graduates per year. This represents the total population available for this study.

Table 3.1 Number of graduates since 2003

YEAR	NUMBER OF GRADUATES
2003	33
2004	28
2005	17
2006	26
Total	104

3.3.2 Inclusion criteria

The subjects had to meet the following criteria to be included in the sample:

- Completed the two year upgrading course at MCHS
- Working in any health care facility in Malawi
- Registered with NMCM

Sampling was not done as all the graduates who could be traced were part of the research. Only those graduates who had undergone

upgrading course from MCHS were given questionnaires. Since the current students were working in the same hospital/clinics where the graduates were working, it was very easy to identify those graduates because they knew each other as work mates. This partly explains why the response rate was very good at 93%.

3.4 DATA COLLECTION

This section looks at how data was collected from respondents. There are various methods that can be used to collect data in a quantitative research. The method chosen for this study was through a survey.

A self administered questionnaire was used to collect data from respondents. Since the researcher was a lecturer at MCHS, she took advantage to send the questionnaires through current students studying at MCHS to distribute the questionnaires. For Blantyre based graduates where the researcher is based, the questionnaires were hand delivered by the researcher herself and followed back after a week to collect the completed questionnaires. Electronic mail was used to one of the respondents who also responded via e-mail. For the respondents outside Blantyre, the instructions to the students who distributed the questionnaires were that they just deliver the questionnaire and collect after a week. Questionnaires were delivered during Easter holiday as students were back to their bases for holiday and brought them back as they came for school after Easter break. Each questionnaire went with a cover note from the Campus Director of MCHS (Annexure A), assuring them that their participation in this research is voluntary.

3.4.1 Data collection instrument

A questionnaire (Annexure B) was used to collect data. These questionnaires were sent to MCHS graduate SRNMs for self administration. No face to face interviews was conducted as these

SRNMs are scattered across the country and the researcher has chosen this method of self administration of the questionnaires due to limited resource to travel across the country. According to Collins et al (2003:183) respondents can complete the questionnaire without the researcher's assistance. A questionnaire is a printed document that contains instructions, questions and statements that are compiled to obtain answers from the respondents (Collins et al 2003:183). Polit and Hungler (1993:200) explain that data that will be subjected to statistical analysis must be gathered in such a way that it is quantified. Structured data collection approaches tend to yield data that is more easily quantified.

3.4.2 The questionnaire

The questionnaire was designed in line with the key objectives and research questions to ensure exhaustive data collection is done. Both closed and open ended questions constituted the questionnaire design. The purpose of using questions with such a high degree of structure is to ensure comparability of responses and to facilitate analysis (Polit & Hungler 1993:202).

A questionnaire has the following advantages (Polit & Hungler 1993:205):

- Easy method of data collection and can be distributed to respondents who are geographically dispersed via internet, electronic mail or post.
- As a researcher, you do not need to be present when questionnaires are being completed to ensure anonymity and confidentiality on sensitive issues.
- Respondents are at liberty to be as objective as they can be without the interference of the interviewer so there is no bias.

- It is a rapid and efficient way of collecting data.

However, questionnaires do also have disadvantages, some of which are outlined below:

- Low response rate, sometimes as low as 20% (Collins et al 2003:196)
- Slow response rate as people can take their time to respond.
- No control over the nature of respondents as interviewers can produce additional or misinterpret information (Polit & Hungler 1993:205).
- Responses could be bias, inaccurate or incomplete.
- Not possible to observe behaviours as the researcher is not available when completing questionnaire.

From the study conducted, most of the questionnaires were returned yielding high response rate of 93% (n=70). Some of course failed to respond despite being reminded. One of the respondents whom the researcher was responsible for follow up constantly said she had not completed the questionnaire because she was busy. Some of the respondents did not complete the questionnaires in full. This was discovered when questionnaires were being reviewed before sending for analysis by the researcher. Two out of 70 questionnaires were discarded due to incompleteness. Several questions in the middle were skipped showing the respondents were in a hurry to complete it.

3.4.3 Outline of the questionnaire

The questionnaire included closed and open-ended questions. Closed ended questions are questions in which the response alternative is designated by the researcher. Closed-ended questions are more difficult

to construct but easier to administer and analyse (Polit & Hungler 1993:203). Open-ended questions allow subjects to respond to questions in their own words, more subjective and consume time during analysis.

The questionnaire was divided into various sections:

Section A requested the graduate's general information which included personal data and working profile. This included age, sex, O level achievement, number of years working as NMTs before undertaking the upgrading programme, years worked as SRNMs and finally type of health service and area of specialty.

Section B identifies the competencies graduates acquired after undergoing the programme as perceived by them.

Competencies were measured using a Likert scale. Collins et al (2003:188) state that a Likert scale is one of the most frequently used scales in social sciences research. Respondents will select the categories which best represents their attitudes or opinions.

Section C contained open ended questions to the graduates to make suggestions to improve the upgrading programme.

3.4.4 Research questions

The research questions were based on the following:

- What competencies have the graduates gained after undergoing the bridging programme?

- Does the upgrading programme prepare them for their new role in the hospitals as nurse managers to bring out the required competencies?

- What has been the impact of the upgrading programme in providing nursing care after upgrading and would they recommend someone to pursue the same course?

3.4.5 Validity and reliability

According to Polit and Hungler (1993:445) validity is the degree to which an instrument measures what it is intended to measure. The *criterion-related* validity will be ensured if the scores on an instrument are correlated with some external criterion. *Construct validity* is the degree to which an instrument measures the construct under investigation and in this research it has to determine the competencies of the upgraded nurses. *Content validity* is the extent to which a measure thoroughly and appropriately assesses the skills and characteristics it is intended to measure. In this context, the area of content that the study is addressing will be covered as the questionnaire that was developed by the researcher is based on the literature research.

On the other hand, reliability is the degree to which a scale yields consistent results or scores. It is therefore beneficial to use the instruments that have been tested and are reliable in order to obtain meaningful results. The less variation an instrument produces in repeated measurement of an attribute, the higher is its reliability. Reliability can be equated with *stability* and *consistency* of a measuring tool (Polit & Hungler 1993:445). *Internal consistency* is a form of reliability that refer to the degree to which subparts of the instrument are all measuring the same dimension (Polit & Hungler 1993:438). Pre-

test of the instruments will be done to identify problems which should be rectified before the actual research.

3.4.6 Pre-testing

Pre-testing was done at the Queen Elizabeth Central Hospital (QECH) since it is near the researcher's workplace. QECH has a number of graduates from MCHS qualified between 2003 and 2005. Pre-test is the trial administration of a newly developed instrument to identify flaws and assess time requirements (Polit & Hungler 1993:443). Pre-testing was done to test the feasibility of the research questionnaire. The graduates that were used in the pre-test were omitted from the main study.

The questionnaires were distributed to five graduates working at QECH in medical, surgical and obstetric wards for 1-3 years. It took them time to complete. This was so because respondents said they were most of the times busy. These factors compelled the researcher to have more patience when collecting actual data.

Going through the respondents and discussions with each of the respondents separately, the following comments came through as regards to the questionnaire construction:

- Question number 50 needed to change from handling of scheduled "**substances**" to handling of scheduled "**meeting**".
- Needed more time to fill the questionnaire hence questionnaires needed to be left with respondents for at least a week.
- Backing letter from the college needed to accompany the questionnaire. During the pre-test, the letter was not included. Respondents from far needed evidence and clarification.

- Apart from points raised above, the questionnaire was well understood.

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3.4.7 Data analysis

All returned questionnaires were scanned through to check completeness of the responses. Two questionnaires were found to be incomplete because more than two pages were skipped by the respondents. These were removed hence only 68 out of 70 questionnaires were sent to Research Infomasters (REIMA) for analysis. Since all questionnaires were already coded, REIMA went straight into data analysis using the Statistical Package for Social Sciences (SPSS) tool, version 12.6.

3.5 ETHICAL CONSIDERATION

Respondents were informed that the participation in the study is completely voluntary. The purpose is to critically analyse if the nursing programme is imparting students with competencies. The aim is not to scrutinise the mistakes they make. Explanation was given to reassure respondents that there would be no harm to the participants. **Anonymity** and **confidentiality** was maintained throughout the data collection process. The information about peoples' identity was not required and nobody would know who has responded hence no need to put in the names of the respondent. Specific responses from participants will not be publicised or linked to behaviour of a particular research participant. Numbers will be used not names to prevent identifying a person. All information will be confidential. Confidentiality refers to the situation in which the researcher does not disclose the identity of the respondent to the public (Babbie & Mouton 2001:546). Before the research is done, a letter of introduction was issued by the Campus Director of MCHS to explain why the study is

conducted. The letter accompanied all the questionnaires issued to the respondents.

3.6 CONCLUSION

A description of the research methodology has been covered in this chapter. The quantitative study method was chosen based on literature review carried out and in line with the objectives of the study. The procedure for data collection, sources of data, target population, instrument and ethical consideration have been discussed. The chapter gives an overview on how the research was conducted.

CHAPTER 4

PRESENTATION AND DISCUSSION OF DATA

4.1 INTRODUCTION

This chapter discusses the analysis of data and presentation of findings. According to Burns and Grove (2001:487) the purposes of statistical analysis are as follows:

- summarise data collected
- explore the meaning of deviations in the data
- test the proposed relationships in a theoretical model
- infer that the findings from the sample are indicative of the entire population
- examine causality
- predict
- infer from the sample to a theoretical model

To summarise the purpose of data analysis is to impose some order on a large body of information so that the general conclusion can be reached and communicated in a report.

This chapter deals with the analysis and discussion of data collected as described in chapter 3. The purpose of the study was to analyse the competencies acquired by the graduates at MCHS after undergoing an upgrading programme. Recommendations on the manner to improve the approach in which the programme is run are also given. This will give evidence to the stakeholders whether and how to improve the programme.

Questionnaires comprising of three sections were administered to the respondents. The response rate was very high, 70 respondents returned the questionnaire showing the willingness of the respondents to give their input

to the research. Out of 75 questionnaires distributed 70 were returned from which two were incomplete and discarded. The number of questionnaires analysed was 68. Data from section A and B of the questionnaire were subjected to computer analysis using the SPSS programme. In section A, respondents had to respond to questions by placing ticks in the appropriate blocks or by filling in words to complete given statements. In section B, respondents indicated the competencies that they had mastered upon completion of the upgrading programme using a Likert scale. The following key was used to guide respondents to complete section B of the questionnaire:

5 - Strongly agree (SA)
4 - Agree (A)
3 – Neutral (N)
2 – Disagree (D)
1 – Strongly disagree (SD)

In order to discuss section B of the questionnaire in a more meaningful way, the categories strongly agree and agree were grouped together, while the categories disagree and strongly disagree were grouped together. Numbers were rounded off to first decimal point, for example 46.68% became 46.7%. Due to the rounding off of numbers, the total percentage does not always compute up to 100.0% but to 99.9% or 100.1%.

Data from section C were not subjected to computer analysis. The researcher analysed the data by grouping common concepts together to obtain frequencies. This data from section C required respondents to indicate if they would advocate for the programme to continue upgrading SRNMs in Malawi. The respondents were also requested to give examples of what they have contributed to the nursing profession and recommendations to the way the programme should run.

Findings of this study are presented according to the sections of the questionnaire and are as follows:

Section A – Biographical data of SRNMs after completing the upgrading programme.

Section B – Competencies the SRNMs have acquired during the upgrading programme.

Section C – Advocating for continuity of the programme after recognising its importance.

- Contributions to the nursing profession after undergoing an upgrading programme.
- Suggestions of graduates to improve the programme for them to have adequate competencies imparted to the graduates.

4.2 ANALYSIS OF BIOGRAPHICAL DATA FROM SECTION A

Biographical data was gathered about the characteristics of the respondents. Characteristics of respondents need to be established to assist in understanding the background in relation to the results that were found. The biographical data included age, gender, subjects passed at O level, years worked as NMTs, years worked as SRNMs, type of health service where presently employed and area of speciality one is working as SRNM.

Frequency tables were used to summarise data where appropriate.

4.2.1 Age distribution

Nearly 90% (n=61) of the respondents were between 21-40 years of age, indicating that the recent upgrading training programme is empowering them to practice for at least 10–40 years as SRNMs. The graduates have now also a chance to continue with further education. Ofosu (1996:73) concurred with the research that age is an important variable to consider when studying participation to adult education. The age group between 25-34 years old were more likely to take courses than younger or older women while in the research the graduates were more between 21-30 years old. (See figure 4.1). Studies on nursing competencies have demonstrated that nursing is related

to age, education, working years, job position, marital status and motivation (Tzeng & Ketefian 2003:511).

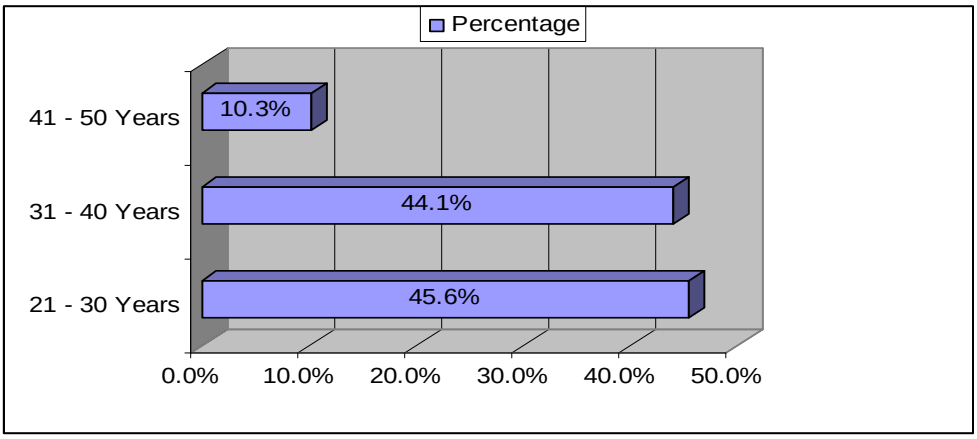

Figure 4.1 Age of respondents (N= 68)

4.2.2 Gender distribution

Findings indicate that more female nurses (91.2%; n=62) than male nurses (8.8%; n=6) completed the upgrading training programme for NMTs at MCHS during the period 2003 – 2006. See table 4.1.

TABLE 4.1 Gender of the respondents (N=68)

Sex	Number	Percent
Female	62	91.2
Male	6	8.8
Total	68	100

Nursing in Malawi is still dominated by female nurses. Some cultures in Malawi still do not prefer to be cared by male nurses. Kozier, Erb, Blais and Wilkinson (1998:6) explain in the history of nursing that it was more dominated by females than the males. It is only recently that more of their male counterparts are joining the profession. Hlongwa (2003:47) agrees that the majority of nurses in Republic of South Africa are females.

4.2.3 Subjects passed at "O" level

For nurses to pursue their studies in nursing they will need to have good scores in physical science, biology, mathematics and any other science related subject. As discussed in chapter one of the study, NMT courses accepted candidates who failed to obtain university entrance. Selection to NMT courses did not demand credit passes. Anyone with a pass is legible to be admitted to the programme. This could affect their performance after qualifying as SRNMs on completing the upgrading programme.

TABLE 4.2 Respondents' O level passed subjects (N=68)

Subject	**Number out of 68 respondents**	**Percent**
English	68	100
Biology	67	98.5
Mathematics	68	100
Physical Science	63	92.6
Geography	56	82.4
Home Economics	38	55.9
Agriculture	49	72.1
General Science	22	32.4
History	34	50.0
Chichewa	30	44.1
Bible Knowledge	25	36.8

Most of the graduates had science subjects such as biology (98.5%; n=67), physical science (92.6%; n=63) and mathematics (100.0%; n=68) which are key subjects when undergoing a comprehensive diploma in a nursing course. (See table 4.2). This enables graduates to complete the course successfully

with only a few hassles, as they can easily comprehend the subjects offered at a nursing course.

4.2.4 Years worked as NMTs

The respondents varied in experience working as NMTs before undertaking the upgrading programme. About the same percentage had experience less than four years (35.3%; n=24) than those who had experience between 5 –9 years (39.7%; n=27) as NMTs. (See table 4.3). Experience plays an important role in improving nurse competencies. Experienced NMTs would be able to use their competencies better after undergoing an upgrading programme when they work as SRNMs.

TABLE 4.3 Years worked as a NMT before upgrading (N=68)

Years worked as a NMT	Number	Percent
Less than 4 Years	24	35.3
5 – 9 Years	27	39.7
10 – 14 Years	16	23.5
15 – 19 Years	1	1.5
More than 20 Years	0	0
Total	68	100

The number of years employed in the nursing profession influence the extent to which RNs attend conferences, workshops and continuing with education (Ofosu 1996:74). The experienced nurses attend more conferences and gain lots of knowledge that is applied to practical nursing.

4.2.5 Years worked as a SRNM after upgrading programme

Most (61.8%; n=42) of the respondents have worked two years and less as SRNMs. Their lack of experience may negatively influence their competencies and confidence as a professional nurse. Experience gained after working in a special area for some time produces nurses skilled and competent at making nursing assessments, performing physical assessment, counselling, teaching and treating chronic and minor illnesses (Kozier et al 1998:21). Booyens (1998:388) concurs that the trainee must master the skill and practice it to the point of over learning in order to retain the skill till it is needed. From the findings most of the subjects (39.7%; n=27) had worked for less than one year as a SRNM. Competencies to render quality nursing care would improve as the nurses/midwives practice their profession. Competence is manifested by the nurse who has been on the job in a similar situation for two to three years (Kozier et al 1998:16).

TABLE 4.4 Years worked as a SRNM after upgrading (N=68)

Years worked as a SRNM	Number	Percent
Less than 1 Year	27	39.7
2 Years	15	22.1
3 Years	14	20.6
4 Years	12	17.6
Total	68	100

4.2.6 Type of health service where respondents work

As can be expected, the majority of the respondents are working in clinical setting such as hospitals (74.0%; n=50) and clinics (12.0%; n=8). (See figure 4.2) Most of them are directly providing bedside nursing care.

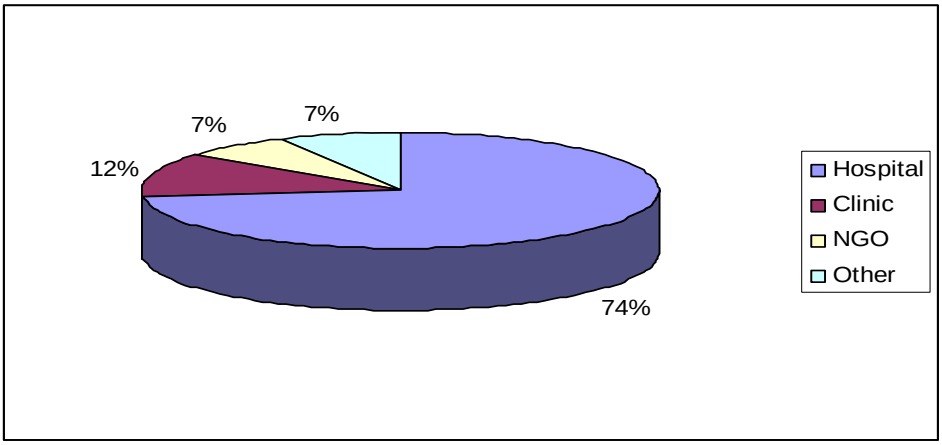

Figure 4.2 Respondents' work places after completion of the upgrading diploma (N=68)

There is proper practice of the competencies learned from the upgrading programme, especially after working for sometime as a SRNM. Soon after graduation graduates need to practice as SRNMs to sharpen their skills through hands on practice. Ofosu (1996:75) found that adult learners have responsibility to pursue education in their area of interest.

4.2.7 Speciality of work area

Most of the respondents work in obstetrics/ gynaecological wards (38.2%; n=26), seconded by medical (23.5%; n=16) wards. (See table 4.5). Their work experience will provide relevant data to respond to the competencies acquired during the upgrading programme. Kozier et al (1998: 21) explain that the nurse specialist has advanced knowledge and skills in particular area of nursing such as medical-surgical nursing, midwifery and community health

nursing. Exposure to different specialities will assist the graduates to choose an area of interest that they can specialise in for their career development.

TABLE 4.5 Speciality of work area of respondents (N= 68)

Speciality	Number	Percent
Medical	16	23.5
Surgical	4	5.9
Paediatrics	5	7.4
Obstetrics/Gynaecology	26	38.2
Clinical – out patient	11	16.2
Other	6	8.8
Total	68	100

4.3 ANALYSIS OF DATA FROM SECTION B

Section B consisted of 15 sections with 131 closed–ended questions. These questions were soliciting the competencies and skills gained by upgrading nurses. Results have been tabulated as tables for ease of referencing. These tables have been developed from frequency output from the statistical analysis of the SPSS.

4.3.1 Comprehensive nursing and midwifery care

With reference to table 4.6, most of the respondents (over 92.6%; n=63) agreed that after the upgrading programme they underwent, they were able to provide comprehensive nursing and midwifery care. The two aspects which they seem to be best qualified to provide care are implementing nursing care plans (97.1%; n=66) and the provision of curative care (97.1%; n=66). When taking into account that (74.0%; n=50) of the respondents had indicated that they are working in

hospitals, it is no wonder that these two items scored the highest in this group of items. Francois, Vinck, Labarere, Reverdy and Peyrin (2005:237) concurred with the study that the more training is done the likelihood of providing quality services in nursing care is very high as those undergone education are able to apply the knowledge learnt.

According to table 4.6, it seems as if the respondents feel that the upgrading programme equipped them well to provide comprehensive nursing and midwifery care to their patients.

A health care professional require an understanding of anatomy and physiology of the human body as experienced practioners have a deeper understanding of the body system based on practical experience coupled with further education and training (Palmer & Knight 2006:1255).

TABLE 4.6 Comprehensive nursing and midwifery care (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
1 assess the physical health needs of a patient/client	5.9	4	-	-	94.1	64	100	68
2 assess the psychological health needs of a patient/client	3.0	2	4.4	3	92.6	63	100	68
3 assess the social needs of a patient/client	4.4	3	3.0	2	92.6	63	100	68
4 develop nursing care plans	4.4	3	-	-	95.6	65	100	68
5 implement nursing care plans	3.0	2	-	-	97.1	66	100	68
6 carry out prescriptions of physicians	3.0	2	4.4	3	92.6	63	100	68
7 evaluate nursing care	1.5	1	4.4	3	94.1	64	100	68
8 provision of preventive and promotive care	4.4	3	-	-	95.6	65	100	68
9 provision of curative care	-	-	3.0	2	97.1	66	100	68

4.3.2 Application of knowledge from biopsychological and nursing science

It seems as if the respondents are confident that the upgrading diploma equipped them well with knowledge from the biopsychological and nursing sciences to apply when nursing patients. At all the items in this category, almost hundred percent (98.5%; n=67) indicated that they will be able to apply biopsychological and nursing sciences when nursing their patients (See table 4.7). Today nursing has defined a body of knowledge specific to the profession and continues to develop this knowledge through research and practice (Craven & Hirnle 1992:23). Biopsychological knowledge is necessary as etiologic factors that affect human beings can be physiological, environmental and emotional in nature (Craven & Hirnle 1992:1229).

TABLE 4.7 Biopsychological knowledge (N=68)

My qualification has prepared me adequately to identify	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
10 the physiological reactions of the body to disease	-	-	1.5	1	98.5	67	100	68
11 the physiological reactions of the body to trauma	1.5	1	-	-	98.5	67	100	68
12 the physiological reactions of the body to treatment	-	-	1.5	1	98.5	67	100	68
13 the physiological reactions of the body to medicine	-	-	1.5	1	98.5	67	100	68
14 psychological reaction of body to illness	-	-	1.5	1	98.5	67	100	68

4.3.3 Utilising communication skills

From the results displayed in table 4.8 except in the case of one item, over 91.2 %(n=62) of the respondents indicated that they are able to utilise their communication skills well when delivering nursing care. However, it is apparent that use of modern technology such as computers and cell phones for the benefit of patients/clients are not that high with a score of only 60.3% (n=41) who agreed. This is an unusual rating bearing in mind that other

ratings were above 90%. However, the reason for this could be the fact that Malawi is a poor country hence far from affording the high technology communication equipment. Most hospitals keep records manually.

Zhang et al (2001:472) highlighted that interpersonal understanding among health care workers is the most important characteristic for good nursing performance. Verma et al (2006:114) stated that a nurse must employ a range and variety of communication skills appropriate to the client. This study agrees that respondents use communication skills learnt at the MCHS. Ogden (2005:18) stated that confidentiality, good communication and documentation are a legal requirement of nursing practice.

TABLE 4.8 Communication skills (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	N	%	N
15 describe procedures to the patients	-	-	1.5	1	98.5	67	100	68
16 orientate the patients on admission	-	-	2.9	2	97.1	66	100	68
17 giving support to the patients	-	-	1.5	1	98.5	67	100	68
18 discuss matters concerning the patient with the doctor	-	-	1.5	1	98.5	67	100	68
19 discuss health related matters with colleagues	4.4	3	3.0	2	92.6	63	100	68
20 discuss patient progress with family members	3.0	2	3.0	2	94.1	64	100	68
21 ensure values, beliefs and religion are adhered to	3.0	2	4.4	3	92.6	63	100	68
22 write reports	1.5	1	4.4	3	94.1	64	100	68
23 keep statistics	3.0	2	5.9	4	91.2	62	100	68
24 handing over reports	4.4	3	4.4	3	91.2	62	100	68
25 maintain good interpersonal relationships with patients	-	-	3.0	2	97.1	66	100	68
26 maintain good interpersonal relationships with the health team	-	-	1.5	1	98.5	67	100	68
27 make use of modern technology (computers, cell phones) for the benefit of the patient/client	29.4	20	10.3	7	60.3	41	100	68

4.3.4 Collaboration with other members of the health team

From responses shown in table 4.9 it is clear that the respondents are practicing collaboration with other members of the health care team in providing quality nursing care where they work. These findings are in line with a study conducted by Al–Gasseer and Persaud (2003:314) whose

findings indicated that it is necessary for nurses and midwives to empower themselves to successfully carry out their expanded responsibilities in stewardship, coordination and collaboration. Empowering is by way of continuing education similar to the upgrading course these nurses from MCHS underwent. Positive teamwork contributes to positive attitudes, friendly colleagues that create a good feeling at work, complement and support to one another to create a therapeutic environment for the patient (Sorlie, Kihlgren & Kihlgren 2005:142). Bailey (2006:290) concurs that it is important for nurses to be involved in a collaborative decision making process with a goal of making ethically defensible decisions about individual patients treatments.

TABLE 4.9 Collaboration with health team (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
28 update ward team about patient issues	1.5	1	3.0	2	95.6	65	100	68
29 update the nurse manager/ matron about patient issues	1.5	1	4.4	3	94.1	64	100	68
30 update and brief doctors during ward rounds	3.0	2	1.5	1	95.6	65	100	68
31 liaise with other departments like laboratory, radiography physiotherapists, dietician, theatre etc	1.5	1	1.5	1	97.1	66	100	68
32 ensure maid servants maintain an infection free environment	3.0	2	3.0	2	94.1	64	100	68
33 ensure filing is up to date by nurses' ward clerks	4.4	3	4.4	3	91.2	62	100	68

4.3.5 Collaboration with the community

Collaboration with the community did not score so well as other items which were most of the time higher than 90.0%. The item in this group which scored the highest, is the preparation of health care talks for the community (85.3%; n=58).

Collaboration with churches, traditional leaders and schools involvement in provision of health education, preventive and promotive care in the

community scored the lowest in this group of items, namely 72.1% (n=49). It is an area that needs more focus and attention to ensure that all graduates do practice collaboration with members of the community in order to obtain their support and trust. In a study by McCusker et al (2004:318) it was found that nurses need to play an autonomous role within multidisciplinary teams in the communities in order to provide comprehensive nursing care. Changes in community health care needs require mastering of critical thinking skills.

TABLE 4.10 Collaboration with community (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
34 liaising with community health personnel on areas that need attention for a particular community	8.8	6	11.8	8	79.4	54	100	68
35 prepare health education talks for the community	5.9	4	8.8	6	85.3	58	100	68
36 collaborate with traditional leaders to provide preventive and promotive care in the community	11.8	8	16.2	11	72.1	49	100	68
37 mobilise community members in health promotion activities	11.8	8	10.3	7	77.9	53	100	68
38 liaise with churches, schools in the area and involve them as part of the community on health education	14.7	10	13.2	9	72.1	49	100	68

4.3.6 Demonstration of leadership and managerial skills

Good competencies have been shown on leadership skills of the graduates according to table 4.11 with scores on agreement between 77.9% (n=53) and 98.5% (n=67). The aspects in which the respondents felt the course has empowered them the most were implementing time management (98.5%; n=67) and determining staffing needs of their unit and orienting newly appointed staff to the unit, which scored both 95.6%(n=65). The two items that the respondents felt less empowered in this section, are to discipline subordinates (77.9%; n=53) and completing incidents reports (79.4%; n=54). Al-Gasseer and Persaud (2003:314) highlight that nurses and midwifes need to empower themselves to successfully carry out their expanded responsibilities in stewardship, coordination, collaboration, education and self

regulation and caring. Nurses who underwent the upgrading programme are empowered with the knowledge to work efficiently and ensure quality nursing care.

TABLE 4.11 Leadership and managerial skills (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
39 implement the policy of the health service	10.3	7	1.5	1	88.2	60	100	68
40 utilise policy manuals	11.8	8	7.4	5	80.8	55	100	68
41 interpret the goals of the health service	3.0	2	5.9	4	91.2	62	100	68
42 set objectives to meet the goals of the service	7.4	5	7.4	5	85.3	58	100	68
43 plan activities in the unit	3.0	2	3.0	2	94.1	64	100	68
44 schedule personnel according to patients' needs	3.0	2	4.4	3	92.6	63	100	68
45 delegate work effectively	5.9	4	1.5	1	92.6	63	100	68
46 implement time management effectively	-	-	1.5	1	98.5	67	100	68
47 develop a budget for the unit	14.7	10	1.5	1	83.8	57	100	68
48 control supplies	10.3	7	4.4	3	85.3	58	100	68
49 control equipment	3.0	2	5.9	4	91.2	62	100	68
50 handling scheduled substances correctly	1.5	1	5.9	4	92.6	63	100	68
51 determine staffing needs of the unit	1.5	1	3.0	2	95.6	65	100	68
52 orientate newly appointed personnel to the unit	1.5	1	3.0	2	95.6	65	100	68
53 give in-service education	3.0	2	4.4	3	92.6	63	100	68
54 create a climate conducive to learning	3.0	2	5.9	4	91.2	62	100	68
55 managing conflict effectively	1.5	1	4.4	3	94.1	64	100	68
56 supervise subordinates	7.4	5	5.9	4	86.7	59	100	68
57 doing effective ward rounds	4.4	3	3.0	2	92.6	63	100	68
58 appraise staff fairly	5.9	4	4.4	3	89.7	61	100	68
59 chair meetings	7.4	5	7.4	5	85.3	58	100	68
60 provide a disaster care programme for the unit	10.3	7	3.0	2	86.8	59	100	68
61 complete incidents reports	13.2	9	7.4	5	79.4	54	100	68
62 discipline subordinates	10.3	7	11.8	8	77.9	53	100	68
63 motivate staff members to increase productivity	11.8	8	-	-	88.2	60	100	68

4.3.7 Professionalism

The results show high performance on professionalism with ratings between 92.6% (n=63) and 100% (n=68). Professionalism is an important aspect of nursing care as it assures privacy, compassionate accountability as priority in rendering quality nursing care. It is very encouraging that all respondents (100%; n=68) indicated that the upgrading programme prepared them to be a role model as concerned, compassionate, competent and comprehensive nursing practitioners. Verma et al (2006:111) concur with the findings that a professional nurse/midwife reports situations that are unsafe for client and health team members which shows responsibility as a professional person. All health care professionals should be fully informed about their codes of professional conduct and make sure they keep up to date with the changes in the law of professional practice (Beech 2007:46).

TABLE 4.12 Professionalism (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
65 promote the patient's/client's right to privacy	3.0	2	1.5	1	95.6	65	100	68
66 recognise unethical conduct of peers and other members of the health team	1.5	1	5.9	4	92.6	63	100	68
67 be a role model as a concerned compassionate, competent and comprehensive nursing practitioner	-	-	-		100.0	68	100	68
68 provide dependent, interdependent and independent role functions of a nurse midwife practitioner	-	-	1.5	1	98.5	67	100	68
69 be responsible and accountable for activities in the ward	-	-	1.5	1	98.5	67	100	68
70 recognise rights and responsibilities of nurses and other ward health personnel as providers of health care	-	-	1.5	1	98.5	67	100	68
71 recognise the role of NMCM as regulatory body	-	-	7.4	5	92.6	63	100	68

4.3.8 Continuing education and development

Ofosu (1996:75) concurred with the research findings that adult learners are allowed to participate in diagnosing their educational needs. Most of the respondents (88.2%; n=60 to 100%; n=68) agreed that the upgrading

programme prepared them in planning continuing education and development for themselves and subordinates. (See table 4.13.) Booyens (1998:390) concurs with the study that continuing education is a phase of the staff development programme aimed at assisting the employees to keep up to date with current health care trends, increasing their knowledge and competence and to maintain sound interpersonal relationships. It is presently the norm to make training and educational opportunities available to all levels and categories of personnel (Booyens 1998:393). In the study 100 %(n=68) of the respondents are able to identify their own learning needs and would benefit from continuing education and development. Being a continuous life long learner is the core competency essential for provisional of care in its deepest sense (Koerner 2003:9).

TABLE 4.13 Continuing education and development (N=68)

.

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	N	%	n	%	N
72 identify learning needs of subordinates	-	-	7.4	5	92.6	63	100	68
73 provide in-service-training to subordinates	1.5	1	8.8	6	89.7	61	100	68
74 give on-the-spot teaching to students	-	-	7.4	5	92.6	63	100	68
75 identify learning needs of myself	-	-	-	-	100	68	100	68
76 attend in service training or workshops	-	-	7.4	5	92.6	63	100	68
77 arrange in-service training for subordinates	5.9	4	5.9	4	88.2	60	100	68

4.3.9 Ethical and legal practice

The respondents showed varied feelings about how well the upgrading programme prepared them for ethical and legal practice. The highest response in this category was scored for respect for human life and protection of human dignity (95.6%; n=65). The two items in this category with the lowest scores were how well the upgrading programme prepared them to apply legislation applicable to professional practice (78.0%; n=53) and formulation of a philosophy for their wards/units (66.2%; n=45). (See

table 4.14.) It goes without saying therefore that graduates still lack the skills to tackle professional practice and especially formulation of philosophy for the ward/unit. Ethically, nurses are supposed to provide quality nursing care by ensuring that they attend to the patient full time. However, due to shortage of staff, nurses are frustrated to have quality time with patients because they have to attend to a high number of patients (Sorlie et al 2005:142). Whatever ethical decisions practitioners make, they remain personally and professionally accountable for their actions (Beech 2007:46).

TABLE 4.14 Ethical and legal practice (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
78 apply legislation applicable to professional practice	10.3	7	11.8	8	78.0	53	100	68
79 formulate a philosophy for my ward/unit	17.6	12	16.2	11	66.2	45	100	68
80 create a safe environment for patients/clients	4.4	3	7.4	5	88.2	60	100	68
81 practice within own scope of practice	1.5	1	5.9	4	92.6	63	100	68
82 demonstrate knowledge of ethical decision- making	1.5	1	5.9	4	92.6	63	100	68
83 respect human life and protect human dignity	1.5	1	3.0	2	95.6	65	100	68

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4.3.10 Research

Except for support to other researchers (92.6%; n=63), the overall score in the research category was low. It is worrying that only 61.8% (n=42) indicated that the upgrading programme prepared them well to conduct research and even less (58.8%; n=40) to write research reports. (See table 4.15.) With the knowledge acquired from MCHS, it is difficult for the graduates to be able to conduct and write research report unless they are exposed to more theory other than introductory course to research. Verma et

al (2006:111) emphasise that research is very important in applying the findings to the care of patients or clients.

TABLE 4.15 Research (N=68)

My qualification has prepared me adequately to:	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
84 identify the need for research In my unit	10.3	7	3.0	2	86.8	59	100	68
85 conduct research	28.0	19	10.3	7	61.8	42	100	68
86 write research report	29.4	20	11.8	8	58.8	40	100	68
87 support other researchers	5.9	4	1.5	1	92.6	63	100	68
88 implement research findings	7.4	5	4.4	3	88.2	60	100	68
89 monitor implementation progress	7.4	5	10.3	7	82.4	56	100	68

4.3.11 Community participation

The respondents identified that the upgrading programme prepared them well to promote healthy living in the community (92.6%; n=63), although there seems to be a problem with their preparation to mobilise resources to work on health related risks (78.0%; n=53). (See table 4.16.) The limiting factor to graduates to participate in community health nursing is that most of them are posted in hospitals/ clinics to render bedside nursing care.

TABLE 4.16 Community participation (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
90 promote healthy living in the community	4.4	3	3.0	2	92.6	63	100	68
91 identify health risk factors in the community	8.8	6	3.0	2	88.2	60	100	68
92 provide health education on risk factors to avoid them	8.8	6	1.5	1	89.7	61	100	68
93 mobilise resources to work on health related risks	11.8	8	10.3	7	78.0	53	100	68
94 incorporate multidisciplinary members of the community in promoting health	14.7	10	3.0	2	82.4	56	100	68

4.3.12 Participation in professional organisations

The graduates participate fully in activities done by NANM and Association of Malawian Midwives (AMAMI) with a response of 94.1% (n=64). A large percentage of the respondents (44.1%; n=30) do not register or participate in activities of East, Central and Southern African College of Nursing (ECSACON) and the International Council of Nurses (ICN). (See table 4.17.) ECSACON is a body that aims at improving nursing services in the region, especially nursing education, research, leadership and management which should be well patronised by professional nurses in Malawi. Some of the challenges experienced by nurses in Malawi include:

- Ignorance by nurses on the importance of being affiliated as most of the nurses are not exposed to literature on ECSACON.
- Weak leadership that is not active in promoting ECSACON.
- Perceived lack of immediate benefits to individuals.

From the findings only 35.3% (n=24) registered with the international professional bodies such as ECSACON and ICN. The reasons could be the ones stipulated above.

TABLE 4.17 Participation in professional organisations (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	N	%	n	%	N
95 registration with professional bodies NANM AMAMI	3.0	2	3.0	2	94.1	64	100	68
96 register with ECSACON, ICN	44.1	30	20.6	14	35.3	24	100	68

4.3.13 Innovation in health care delivery

Although 94.1%(n=64) of the respondents indicated that upgrading programme prepared them adequately to understand new treatment and nursing interventions, this category seems to be one of the problem areas of the upgrading programme, as only a bit more than a half (51.5%; n=35) expressed that the upgrading programme prepared them to be exposed to

international health care and opportunities. It is also of great concern that only 42.6% (n=29) felt that the upgrading programme prepared them adequately to explore new ways of doing things on the Internet. (Refer to table 4.18). Along with increasing complexity of nursing services, hospital employers are demanding qualified and competent staff nurses for high quality clinical care (Tzeng & Ketefian 2003:509).

TABLE 4.18 Innovation (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
97 be able to understand new technologies as they come	7.4	5	16.2	11	76.5	52	100	68
98 keep abreast to new innovations of health care delivery	7.4	5	11.8	8	80.9	55	100	68
99 understand new treatment and nursing interventions	1.5	1	4.4	3	94.1	64	100	68
100 use the Internet to explore new ways of doing things	38.2	26	19.1	13	42.6	29	100	68
101 be exposed to international health care and opportunities	33.8	23	14.7	10	51.5	35	100	68

4.3.14 Teaching members of the health team

More than 94.1% (n=64) of the respondents are actively involved in teaching the health team to improve nursing care. Verma et al (2006:111) concurred with the findings that nurses should utilise knowledge and expertise in health promotion, disease prevention and provide information to a range of stakeholders.

TABLE 4.19 Teaching members of the health team (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
102 identify learning needs of members of the health team	3.0	2	3.0	2	94.1	64	100	68
103 implement teaching strategies	-	-	5.9	4	94.1	64	100	68
104 use teaching aids	-	-	4.4	3	95.6	65	100	68
105 evaluate learning	-	-	5.9	4	94.1	64	100	68
106 demonstrate nursing procedures	1.5	1	-	-	98.5	67	100	68

4.3.15 Critical thinking and decision making in nursing and midwifery

The respondents overwhelmingly (88.2% n=60) agreed that the upgrading programme empowers them with critical thinking and decision making skills when providing nursing care. McCusker et al (2004:319) concur with the results that nurses are to play an autonomous role within the multidisplinary teams that require the development and mastering of critical thinking skills.

Kisiel and Perkins (2006:1051) concur that problem solving approach can be effectively communicated to the multidisciplinary team and lead to more appropriate health care delivery.

TABLE 4.20 Decision making (N=68)

My qualification has prepared me adequately to	Disagree		Neutral		Agree		Total	
	%	n	%	n	%	n	%	N
107 identify problem areas in the unit	1.5	1	4.4	3	94.1	64	100	68
108 suggest alternative solutions to problems	1.5	1	5.9	4	92.6	63	100	68
109 evaluate the outcome of the action to solve problems	1.5	1	10.3	7	88.2	60	100	68
110 make prompt and inexpensive decisions	-		5.9	4	94.1	64	100	68
111 communicate to other health team members on decision taken	1.5	1	3.0	2	95.6	65	100	68

4.4 RESULTS ANALYSIS FROM SECTION C

The analysis of data obtained from questions in section C of questionnaire (see Annexure B), was coded into themes according to answers obtained from each respondent. These themes are described below according to the responses gathered.

4.4.1 Reasons why respondents would advocate for the upgrading programme

The reasons given by respondents for advocating the importance of undergoing the upgrading programme are portrayed in table 4.21.

TABLE 4.21 The importance of undertaking the upgrading programme (N=68)

#	Themes	Percent	n
1	Knowledge and skills acquired	38.2%	26
2	Improves decision making and critical thinking	19.1%	13
3	Provision of comprehensive care	10.3%	7
4	Improve quality care in nursing services in Malawi	14.7%	10
5	Opportunity to go for further studies	7.4%	5
6	Gained recognition in the society	4.4%	3
7	Increase number of professional nurses	5.9 %	4
	Total	100%	68

The research findings show clearly the benefits of the upgrading programme to the graduates, patients, nursing profession and the society. Verma et al (2006:111) concurred with the findings that the knowledge gained during the course will be utilised in health promotion, disease prevention and provide information to a range of stakeholders. Management skills gained will empower graduates to exercise accountability for decisions that are delegated to others and participate in analysing, developing, implementing, evaluating nursing practice and policy at work. The upgrading programme should continue and improve to enrich the nursing profession in Malawi.

4.4.2 Contribution to nursing after undergoing the upgrading programme

All respondents confirm that they have contributed in various ways to their current work places following the upgrading course done as indicated in table 4.22. Covering up the gaps due to shortage of SRNMs has been a major contribution as they can now perform the duties of a SRNM by rendering

quality nursing care. Respondents (41.2%; n=28) gave recommendations that they are able to provide quality nursing care after the upgrading programme. Some of the respondents (5.9%; n=4) take an active role in activities of the professional bodies such as NANM and ECSACON. In section B Table 4.17 most of the respondents (94.1%; n=64) indicated that they participated in local professional organisations such as NANM and AMAMI. However, very few participate in international bodies such as ECSACON and ICN. Therefore there is need of some awareness for the graduates to participate fully in international organisations for professional development.

As nurses in charge of hospital wards/units, they have learned some managerial skills such that they can run meetings, direct the NMTs to provide quality care and also help the District Health Officer in decision making with regards to the needs of the hospitals where they work.

Of the respondents more than a fifth (22.1%; n=15) are functioning as nurse managers after the upgrading programme. One respondent says “since the completion of my upgrading diploma as a SRNM, I was appointed nurse in charge at a health centre and the first role I worked on was to motivate my subordinates so that we can work hard as a team to provide quality care” This means the upgrading programme has really equipped these graduates with skills and competencies that have helped them manage their clinics and hospitals better.

Other areas respondents have contributed so far include improved communication within their workplace, community and with their superior all in view of providing quality care in hospitals and clinics. Respondents also agree that the training has given them skills for presentation now that they attend meetings regularly than ever before when they were NMTs. As a result of the upgrading programme, 4.4% (n=3) respondents have even started palliative care in their communities and provide outreach services to rural areas.

Others confirm that with the skills they have acquired from this programme, they are now managing hospital resources such as human and materials with confidence. Quality and comprehensive nursing care is being provided by graduates from the upgrading programme. Some respondents (14.7%; n=10) assist in supervising and teaching student nurses, while 5.9% (n=4) act as role models to NMTs to promote professionalism. Finally 5.9% (n=4) have participated in research as enumerators.

TABLE 4.22 Contribution to nursing by upgrading nurses (N=68)

#	THEMES	PERCENT	N
1	Rendering quality nursing care through proper decision making and critical thinking	41.1%	28
2	Supervising and teaching student nurses	14.7%	10
3	Role modelling to NMTs to promote professionalism	5.9%	4
4	Active in professional bodies NANM and ECSACON	5.9%	4
5	Nurse managers in various sectors of the health care systems	22.1%	15
6	Participation in research as enumerators	5.9%	4
7	Started palliative care and outreach clinics in the community	4.4%	3
	Total	100%	68

4.4.3 Recommendations for improvement of the programme

The suggestions made by the respondents to improve the upgrading programme are indicated in table 4.23. The priority is to concentrate on material that was not covered in the NMT programme as 13.2% (n=9) of the respondents feel there are repetitions in the programme, and emphasis should be on new subjects that were not included in the curriculum of the NMTs. The upgrading programme should concentrate on teaching the

students the principles of management, education and research as indicated by 26.5% (n=18) respondents.

The respondents seem to experience a lack in technology as I9.1% (n=13) want to include computer lessons and access to the Internet during their training. The respondents varied about the duration of the upgrading programme as 11.8% (n=8) respondents were of the opinion that the programme should be reduced to 1.5 years, while 8.8 %(n=6) felt that the learning content of the programme was too much and the programme should be increased to 3 years.

Other aspects about the upgrading programme that they experienced as hassles, were the unavailability of books in the library (10.3%; n=7), while 10.3% (n=7) of the respondents also felt that the lecturers should supervise and follow up the students in the clinical area for guidance.

McCormack and Slater (2006:135) emphasise that the role of the clinical education facilitator is to coordinate education and training and ensure that nurses maintain appropriate levels of practice. Clinical instructors need to be with the students during practical sessions. Table 4.23 shows that supervision during practical sessions at MCHS is lower than the expectation of students.

TABLE 4.23 Upgrading programme improvements (N=68)

#	THEMES	PERCENT	n
1	Two years programme to be reduced to 1.5 years	11.8%	8
2	Include computer lesson and access to the internet	19.1%	13
3	Supervision and follow up at clinical area	10.3%	7
4	Availability of articles and books in the library	10.3%	7
5	Remove repetitions in the curriculum	13.2%	9
6	Emphasis on learning principles of management, education and research	26.5%	18
7	Increase the period to 3 years as material is too much	8.8%	6
	Total	100%	68

4.5 CONCLUSION

In summary, this chapter highlighted the survey findings. Statistical analysis was utilised with the SPSS computer programme. From the responses, one can draw conclusion that the upgrading programme has a big impact; it has improved the competencies of NMTs to work at SRNM level. The response rate was very high showing the graduates' commitment in support for the continuity of the upgrading programme. The problem of SRNMs shortage in the country can be reduced through the SRNMs produced from the upgrading programme.

CHAPTER 5

CONCLUSIONS, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The chapter provides a brief overview of the study, conclusions, limitations of the study, implications of the findings and recommendations for further research.

The upgrading programme had its first graduates in 2003. The upgrading programme is a bridging programme of NMTs to acquire knowledge and skills and function at SRNM level. Since the inception of the programme there has been no research to evaluate the programme or provide recommendations for its improvement. Since the programme commenced there has been concern that the graduates who completed the programme might have inadequate knowledge and expertise for rendering nursing and midwifery care.

The research was a critical analysis of the competencies of upgrading nurses at MCHS that would provide evidence based information on the performance of the graduates from their own perspective. The researcher saw the significance of evaluating the programme to provide recommendations.

5.2 THE PURPOSE OF THE STUDY

The study was done to evaluate if the upgraded NMTs posses the necessary competencies to deliver quality nursing and midwifery care. It also identifies gaps that existed since its inception. The findings will

provide recommendations to be incorporated into the upgrading programme.

5. 3 OBJECTIVES OF THE RESEARCH

The main objective is to investigate whether the graduates are competently prepared to meet the expectations of the job description, and whether the activities were well coordinated to eliminate overlaps and gaps when implementing the programme. Specific objectives are as follows:

- To determine the effectiveness of the Upgrading Diploma in Nursing and Midwifery programme in preparing the competencies of SRNM

- To make recommendations on the training of the Upgrading Diploma in Nursing and Midwifery programme.

5.4 CONCLUSION

A summary is given below on the major highlights of the findings as set out below:

5.4.1 Biographical data

Most of the respondents were between 21-40 years old a good age for continuing education. Females (91.2%;n=62) still dominate the nursing profession in Malawi. The respondents had necessary subjects to pursue the course at diploma level such as biology, physical science, mathematics and English.

Most of the respondents had worked for 5-9 years as NMTs that provide them with the experience to build on. The respondents have not worked

for more than three years as SRNMs and are still gaining the experience to acquire necessary competencies.

The majority (74.0%; n=50) of the respondents work in the hospitals where they are nurse in charges that practice decision making and critical thinking skills. Moreover, most of them (38.2%; n=26) work in obstetric and gynaecological wards where lots of skills are practiced including vacuum extraction and resuscitation of asphyxiated babies.

5.4.2 Competencies acquired after undergoing the Upgrading Diploma in Nursing

The respondents (92.6%; n=61) agreed that after the upgrading programme they were able to provide comprehensive nursing and midwifery care. Quality nursing care is enhanced as the nurses provide the care competently. The qualifications have prepared the graduates to apply knowledge from biopsychological and nursing sciences as 98.5%(n=67) indicated to apply the knowledge during their practice. The knowledge assists the graduates in providing quality nursing care as table 4.8 displayed communication skills adequacy. Moreover, more than 92.6%(n=63) of the respondents are able to utilise their acquired communication skill when delivering nursing care. However, modern technology use, in particular computers, should be incorporated in the curriculum as many respondents (29.4%;n=20) disagree that they had been prepared during the upgrading programme to use Internet and cell phones when providing nursing care.

A higher number of respondents (92.6%;n=63) agreed to have collaborated with other members of the health team but a lower number (72.1%;n=49) indicated that they collaborated with traditional leaders, churches and schools when providing care in the form of health education to the community. The main purpose of the upgrading programme is to empower the graduates with leadership and managerial

skills at ward level. The programme has thus achieved the results as most respondents (77.9%; n=53) demonstrated to have leadership and managerial skills that enable them to run hospitals/clinics.

The respondents demonstrated that they are able to practice professionalism (92.6%; n=63) at ward level by ensuring patients'/ clients' rights are respected and care is provided as a priority.
The respondents (92.6; n=63) are able to attend in-service training or workshops showing that there is good participation in continuing education. They are able to arrange in-service training for subordinates (89.7%; n=61) in various sectors to improve nursing care. The respondents (92.6%; n=63) indicated that they practice within their scope of practice and 88.2% (n=60) create a safe environment for patients.

On the contrary, only 61.8% (n=42) said they are competent to conduct research and only 58.8% (n=40) can write research report. This means a good number of graduates are not well equipped with research process. The curriculum needs to have a thorough coverage of the research subject other than the current introduction to research.

Due to current shortage of nurses, most of them are doing bedside nursing hence only 78.0% (n=53) involves community to participate in health related issues.

On international health care opportunities and new technologies, it was found that the programme does not prepare the graduates to appreciate this new trend in knowledge to take advantage of international opportunities. It is high time that the curriculum incorporates training in computer skills.

On a positive note, teaching members of the health care team is competently done by graduates with a score of 94.1% (n=64).

5.5 LIMITATIONS

The scope of the study was to assess the competencies of upgrading NMTs from MCHS. There are other institutions that offer similar programme in Malawi like KCN but this study only concentrated on those graduates from MCHS. It is therefore important to highlight some of the limitations of the study which are:

- The study is done in Malawi from one institution only and thus may not be applicable to other countries.
- The study only explored perception of the graduates themselves hence could be an over claim on their knowledge and competencies acquired. No information was obtained from their seniors to prove that their competencies have indeed improved.
- The study only involved SRNMs who have worked less than five years who are still gaining their experience in decision making and critical thinking skills. Inexperienced SRNMs would be less competent in managerial, research and educational skills than others with more practical experience.
- The graduates got average scores at O level and could not be the best in performance as SRNMs.

With these limitations, it is proposed that future researchers need to directly observe or carry out survey with the superiors of these graduates to cross check the findings as given by the graduates themselves.

5.6 RECOMMENDATIONS

The following recommendations are made for improving nursing care and training in Malawi and for further research.

5.6.1 Increase training of SRNMs and NMTs

- Malawi needs to increase its number of nurses and midwives. This can be done by training more NMTs at SRNM level.

- The Government of Malawi must increase capacity for the current schools training SRNMs. These schools are KCN, MCHS Mzuzu University, and Catholic University. This would require increasing intake and number of teachers in these schools.

- Government would also need to lobby for private sector nurse training to assist production of SRNMs.

- There is need to open more schools for NMTs to further increase their numbers which at the moment produces only 400 nurses in a year. Upon training completion, these would then work for two years before going for upgrading to SRNMs. The system will therefore be feeding each other in terms of training as there will be enough training schools at all levels from NMTs and SRNMs.

5.6.2 Improving curriculum

The curriculum need to reflect the increasing requirements from the SRNMs by adding other course subjects to assist them to be abreast with the technology.

5.6.2.1 Research, education and management

While the students get to learn various subjects, there is need for emphasis on research, education and management which they need at their work place. The stipulated subjects should be given enough time and their should be practicals that would enable the graduates to function competently as SRNMs. This will help them know how to conduct research and interpret the data. Since they also oversee the educational needs of their subordinates, they need to have good educational management principles which they need to assist their subordinates. These three subjects will also empower the graduates in critical thinking and decision making skills key to delivering nursing care competently.

5.6.2.2 Information technology

With increasing technology, MCHS does not offer a course that would help graduates appreciate information technology. Students are required to research from various sources including the Internet but none of them have been given formal training in computers. There is no doubt that incorporating information technology course at basic level would assist them to keep abreast to new innovation which they can surf on the Internet on their own.

In future, most hospital record keeping could be computerised and this would assist them to manage information. It is therefore recommended that the upgrading course includes information and communication technology basic appreciation.

The library needs to be well resources with Internet and up to date books with subscription to different journal for students to use as they look for information.

5.6.3 Exposure to international organisations

Graduates seem not to have much exposure to international organisations such as ECSACON and International council of Nursing (ICN) so that they can be following up current information affecting nurses and midwives globally. This will also equip them if they have to work outside their country.

5.6.4 Clinical area supervision

The study has revealed that follow up on clinical supervision was minimal by lecturers for guidance. Currently MCHS has limited lecturers for the college. However, the recommended number for clinical supervision is 1 lecturer to 10 students according to NMCM (1995:22). At the moment the clinical supervision is 1 lecturer to 40 students. This makes it impossible to provide maximum supervision no wonder it came out in the respondents' suggestions for improvement to the programme. There is need to recruit more lecturers or clinical instructors which can be at SNRM level but specific to clinical supervision.

5.6.5 Duration of the upgrading programme

The study reveals that the length of the programme is long and there is room to reduce the period. This can be done by reducing repetition of what they learnt in their previous NMT course and concentrate on new subject matter and practice. Reduce the number of hours for clinical practice because these are already experienced nurses. It is recommended that practical time which is accompanied by full time supervision should be reduced.

5.6.6 Further research

Further research should be conducted on the following:

- The perceptions of the superiors of the graduates on the competencies of the upgrading nurses.
- The perceptions of the patients/clients about the care received from the upgraded nurses.

5.7 CONCLUSION

In this chapter, the conclusion, limitations, implications and recommendations of the study were discussed. It is clear from the research that competencies for the upgrading NMTs were improved. This confirms that continuing education bring positive results and really improve competencies for the upgrading students. While Malawi has the lowest number of health workers in the Southern Africa Development Community (SADC) countries, it is imperative that embarking on this road to upgrade the NMTs is the best the country can do. However, the numbers being upgraded are still very low.

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2nd April, 2007

TO: Graduate of MCHS

Dear Graduate

RE: **RESEARCH ON COMPETENCIES GAINED THROUGH UPGRADING PROGRAM AT MALAWI COLLEGE OF HEALTH SCIENCES**

This is to certify that Mrs Alice Kadango, our lecturer and Head of Midwifery department is carrying out a study on a topic entitled **"A critical analysis of the competencies of Upgrading nurses from Malawi College of Health Sciences in Malawi"** The study encompasses field work and she will be collecting data from graduates of this college through a questionnaire. As a graduate of this school, you are free to participate on voluntary basis. The questionnaire does not required you to fill in the name hence your privacy and confidentiality of the responses will be assured.

The study is a part of the requirements of Mrs Kadango's Masters in Health studies with the University of South Africa.

Your cooperation will be greatly appreciated

Yours faithfully

Mrs Jane Banda
Campus Director
MCHS Blantyre Campus

COMPETENCIES OF SRNMs AFTER COMPLETING THE UPGRADING DIPLOMA IN NURSING AND MIDWIFERY

Number of questionnaire:

1	2	3

All information herewith provided will be treated confidentially. It is not necessary to indicate your name in this questionnaire.

INSTRUCTIONS

1 Please answer all questions by providing an "X" in the box corresponding to the chosen alternative or by writing your opinion in the space provided.
2 Please answer all questions as honestly, frankly and objectively as possible.
3 Answer according to your own personal opinion and experience.
4 Please return the questionnaire by 16th April 2007

Answer the questions by placing an "X" in the box corresponding to the alternative which is applicable to you or write down your response in the space provided.

SECTION A: DEMOGRAPHIC DATA

1 How old are you?

For official use

Age		**ANSWER**
1.1	20 years or younger	1
1.2	21 - 30 years	2
1.3	31 - 40 years	3
1.4	41 - 50 years	4
1.5	51 - 60 years	5
1.6	61 years and older	6

	4

2 What is your sex?

For official use only

		ANSWER
2.1	Male	1
2.2	Female	2

	5

3 Indicate the subjects that you passed at O level.

For official use

Subjects		**YES**	**N/A**		
3.1	English	1	2		6
3.2	Biology	1	2		7
3.3	Mathematic	1	2		8
3.4	Physical Science	1	2		9
3.5	Geography	1	2		10
3.6	Home economics	1	2		11
3.7	Agriculture	1	2		12
3.8	General Science	1	2		13
3.9	History	1	2		14
3.10	Other specify ……..	1	2		15
3.11	Other specify ……..	1	2		16
3.12	Other specify ……..	1	2		17

4 Indicate the number of years worked as a NMT before undergoing the upgrading programme.

For official use

Years worked as NMT		**ANSWER**
4.1	Less than 4 years	1
4.2	5 – 9 years	2
4.3	10 – 14 years	3
4.4	15 – 19 years	4
4.5	More than 20 years	5

	18

5 Indicate the number of years working as a SRNM after completion the Upgrading Diploma in Nursing and Midwifery

For official use

Years working as a SRNM		**ANSWER**
5.1	Less than 1 year	1
5.2	1 – 2 years	2
5.3	2 – 3 years	3
5.4	3- 5 years	4
5.4	More than 5 years	5

	19

6 Indicate the type of health service where you are presently employed.

For official use

Type of service		**ANSWER**
6.1	Hospital	1
6.2	Clinic	2
6.3	NGO	3
6.4	Other ……	4
6.5	Other ……..	5

	20

7 Indicate the type of ward/speciality you presently work in.

For official use

Type of ward		**ANSWER**
7.1	Medical	1
7.2	Surgical	2
7.3	Paediatric	3
7.4	Obstetrics / Gynaegology	4
7.5	Clinic	5
7.6	Other specify ……..	6
7.7	Other specify ……..	
7.10	Other specify ……..	

	21

SECTION B: COMPETIENCIES ACQUIRE FROM THE *UPGRADING DIPLOMA IN NURSING AND MIDWIFERY*

Please indicate to what extent you feel the *Upgrading Diploma in Nursing and Midwifery* programme obtained from the MCHS has prepared you for the following activities in your present position.

Please use the following scale to tick appropriate answer

Strongly agree	5
Agree	4
Neutral (neither agree or disagree)	3
Disagree	2
Strongly disagree	1

1. Comprehensive nursing and midwifery care

For official use

My qualification has prepared me adequately to							
1 assess the physical health needs of a patient/client	**1**	**2**	**3**	**4**	**5**		22
2 assess the psychological health needs of a patient/client	**1**	**2**	**3**	**4**	**5**		23
3 assess the social needs of a patient/client	**1**	**2**	**3**	**4**	**5**		24
4 develop nursing care plans	**1**	**2**	**3**	**4**	**5**		25
5 implement nursing care plans	**1**	**2**	**3**	**4**	**5**		26
6 carry out prescriptions of physicians	**1**	**2**	**3**	**4**	**5**		27
7 evaluate nursing care	**1**	**2**	**3**	**4**	**5**		28
8 provision of preventive and promotive care	**1**	**2**	**3**	**4**	**5**		29
9 provision of curative care	**1**	**2**	**3**	**4**	**5**		30

2. Application of knowledge from biopsychological and nursing sciences

For official use

My qualification has prepared me adequately to							
10 identify the physiological reactions of the body to disease	**1**	**2**	**3**	**4**	**5**		31
11 identify the physiological reactions of the body to trauma	**1**	**2**	**3**	**4**	**5**		32
12 identify the physiological reactions of the body to treatment	**1**	**2**	**3**	**4**	**5**		33
13 identify the physiological reactions of the body to medicine	**1**	**2**	**3**	**4**	**5**		34
14 identify psychological reaction of body to illness	**1**	**2**	**3**	**4**	**5**		35

3. Utilising communication skills

For official use

My qualification has prepared me adequately to							
15 describe procedures to the patients	**1**	**2**	**3**	**4**	**5**		36
16 orientate the patients on admission	**1**	**2**	**3**	**4**	**5**		37
17 giving support to the patients	**1**	**2**	**3**	**4**	**5**		38
18 discuss matters concerning the patient with the doctor	**1**	**2**	**3**	**4**	**5**		39
19 discuss health related matters with colleagues	**1**	**2**	**3**	**4**	**5**		40
20 discuss patient progress with family members	**1**	**2**	**3**	**4**	**5**		41
21 ensure values, beliefs and religion are adhered to	**1**	**2**	**3**	**4**	**5**		42
22 write reports	**1**	**2**	**3**	**4**	**5**		43
23 keep statistics	**1**	**2**	**3**	**4**	**5**		44
24 handing over reports	**1**	**2**	**3**	**4**	**5**		45
25 maintain good interpersonal relationships with patients	**1**	**2**	**3**	**4**	**5**		46
26 maintain good interpersonal relationships with the health team	**1**	**2**	**3**	**4**	**5**		47
27 make use of modern technology (computers, cellphones) for the benefit of the patient/client	**1**	**2**	**3**	**4**	**5**		48

4. Collaboration with other members of the health team

For official use

My qualification has prepared me adequately to							
28 update ward team about patient issues	**1**	**2**	**3**	**4**	**5**		49
29 update the nurse manager/ matron about patient issues	**1**	**2**	**3**	**4**	**5**		50
30 update and brief doctors during ward rounds	**1**	**2**	**3**	**4**	**5**		51
31 Liaise with other departments like laboratory, radiography physiotherapists, dietician, theatre etc	**1**	**2**	**3**	**4**	**5**		52
32 ensure maid servants maintain an infection free environment	**1**	**2**	**3**	**4**	**5**		53
33 ensure filing is up to date by nurses' ward clerks	**1**	**2**	**3**	**4**	**5**		54

5. Collaboration with the community

My qualification has prepared me adequately to						***For official use***	
34 liaising with community health personnel on areas that need attention for a particular community	**1**	**2**	**3**	**4**	**5**		55
35 prepare health education talks for the community	**1**	**2**	**3**	**4**	**5**		56
36 collaborate with traditional leaders to provide preventive and promotive care in the community	**1**	**2**	**3**	**4**	**5**		57
37 mobilise community members in health promotion activities	**1**	**2**	**3**	**4**	**5**		58
38 liaise with churches, schools in the area and involve them as part of the community on health education	**1**	**2**	**3**	**4**	**5**		59

6. Demonstration of leadership and managerial skills ***For official use***

My qualification has prepared me adequately to							
39 implement the policy of the health service	**1**	**2**	**3**	**4**	**5**		60
40 utilise policy manuals	**1**	**2**	**3**	**4**	**5**		61
41 interpret the goals of the health service	**1**	**2**	**3**	**4**	**5**		62
42 set objectives to meet the goals of the service	**1**	**2**	**3**	**4**	**5**		63
43 plan activities in the unit	**1**	**2**	**3**	**4**	**5**		64
44 schedule personnel according to patients' needs	**1**	**2**	**3**	**4**	**5**		65
45 delegate work effectively	**1**	**2**	**3**	**4**	**5**		66
46 implement time management effectively	**1**	**2**	**3**	**4**	**5**		67
47 develop a budget for the unit	**1**	**2**	**3**	**4**	**5**		68
48 control supplies	**1**	**2**	**3**	**4**	**5**		69
49 control equipment	**1**	**2**	**3**	**4**	**5**		70
50 handling scheduled meetings correctly	**1**	**2**	**3**	**4**	**5**		71
51 determine staffing needs of the unit	**1**	**2**	**3**	**4**	**5**		72
52 orientate newly appointed personnel to the unit	**1**	**2**	**3**	**4**	**5**		73
53 give in-service education	**1**	**2**	**3**	**4**	**5**		74
54 create a climate conducive to learning	**1**	**2**	**3**	**4**	**5**		75
55 managing conflict effectively	**1**	**2**	**3**	**4**	**5**		76
56 supervise subordinates	**1**	**2**	**3**	**4**	**5**		77
57 doing effective ward rounds	**1**	**2**	**3**	**4**	**5**		78
58 appraise staff fairly	**1**	**2**	**3**	**4**	**5**		79
59 chair meetings	**1**	**2**	**3**	**4**	**5**		80
60 provide a disaster care programme for the unit	**1**	**2**	**3**	**4**	**5**		81
61 complete incidents reports	**1**	**2**	**3**	**4**	**5**		82
62 discipline subordinates	**1**	**2**	**3**	**4**	**5**		83
63 motivate staff members to increase productivity	**1**	**2**	**3**	**4**	**5**		84

7. Professionalism ***For official use***

My qualification has prepared me adequately to							
65 promote the patient's/client's right to privacy	**1**	**2**	**3**	**4**	**5**		85
66 recognise unethical conduct of peers and other members of the health team	**1**	**2**	**3**	**4**	**5**		86
67 be a role model as a concerned compassionate, competent and comprehensive nursing practitioner	**1**	**2**	**3**	**4**	**5**		87
68 provide dependent, interdependent and independent role functions of a nurse midwife practitioner	**1**	**2**	**3**	**4**	**5**		88
69 be responsible and accountable for activities in the ward	**1**	**2**	**3**	**4**	**5**		89
70 recognise rights and responsibilities of nurses and other ward health personnel as providers of health care	**1**	**2**	**3**	**4**	**5**		90
71 recognise the role of NMCM as regulatory body	**1**	**2**	**3**	**4**	**5**		91

8. Continuing education and development ***For official use***

My qualification has prepared me adequately to							
72 identify learning needs of subordinates	**1**	**2**	**3**	**4**	**5**		92
73 provide in-service-training to subordinates	**1**	**2**	**3**	**4**	**5**		93
74 give on-the-spot teaching to students	**1**	**2**	**3**	**4**	**5**		94
75 identify learning needs of myself	**1**	**2**	**3**	**4**	**5**		95
76 attend in service training or workshops	**1**	**2**	**3**	**4**	**5**		96
77 arrange in-service training for subordinates	**1**	**2**	**3**	**4**	**5**		97

9. Ethical and legal practice ***For official use***

My qualification has prepared me adequately to							
78 apply legislation applicable to professional practice	**1**	**2**	**3**	**4**	**5**		98
79 formulate a philosophy for my ward/unit	**1**	**2**	**3**	**4**	**5**		99
80 create a safe environment for patients/clients	**1**	**2**	**3**	**4**	**5**		100
81 practice within own scope of practice	**1**	**2**	**3**	**4**	**5**		101
82 demonstrate knowledge of ethical decision-making	**1**	**2**	**3**	**4**	**5**		102
83 respect human life and protect human dignity	**1**	**2**	**3**	**4**	**5**		103

10. Research ***For official use***

My qualification has prepared me adequately to							
84 identify the need for research in my unit	**1**	**2**	**3**	**4**	**5**		104
85 conduct research	**1**	**2**	**3**	**4**	**5**		105
86 write research report	**1**	**2**	**3**	**4**	**5**		106
87 support other researchers	**1**	**2**	**3**	**4**	**5**		107
88 implement research findings	**1**	**2**	**3**	**4**	**5**		108
89 monitor implementation process	**1**	**2**	**3**	**4**	**5**		109

11. Community participation ***For official use***

My qualification has prepared me adequately to							
90 promote healthy living in the community	**1**	**2**	**3**	**4**	**5**		110
91 identify health risk factors in the community	**1**	**2**	**3**	**4**	**5**		111
92 provide health education on risk factors to avoid them	**1**	**2**	**3**	**4**	**5**		112
93 mobilise resources to work on health related risks	**1**	**2**	**3**	**4**	**5**		113
94 incorporate multidisciplinary members of the community in promoting health	**1**	**2**	**3**	**4**	**5**		114

12. Participation in professional organisations ***For official use***

My qualification has prepared me adequately to							
95 registration with professional bodies NANM AMAM	**1**	**2**	**3**	**4**	**5**		115
96 register with ECSACON, INCA	**1**	**2**	**3**	**4**	**5**		116

13. Innovations in health care delivery ***For official use***

My qualification has prepared me adequately to							
97 be able to understand new technologies as they come	**1**	**2**	**3**	**4**	**5**		117
98 keep abreast to new innovations of health care delivery	**1**	**2**	**3**	**4**	**5**		118
99 understand new treatment and nursing interventions	**1**	**2**	**3**	**4**	**5**		119
100 use the internet to explore new ways of doing things	**1**	**2**	**3**	**4**	**5**		120
101 be exposed to international health care and opportunities	**1**	**2**	**3**	**4**	**5**		121

14. Teaching members of the health team ***For official use***

My qualification has prepared me adequately to							
102 identify learning needs of members of the health team	**1**	**2**	**3**	**4**	**5**		122
103 implement teaching strategies	**1**	**2**	**3**	**4**	**5**		123
104 use teaching aids	**1**	**2**	**3**	**4**	**5**		124
105 evaluate learning	**1**	**2**	**3**	**4**	**5**		125
106 demonstrate nursing procedures	**1**	**2**	**3**	**4**	**5**		126

15. Critical thinking and decision making in nursing and midwifery ***For official use***

My qualification has prepared me adequately to							
107 identify problem areas in the unit	**1**	**2**	**3**	**4**	**5**		127
108 suggest alternative solutions to identified problems	**1**	**2**	**3**	**4**	**5**		128
109 evaluate the outcome of the action undertaken to solve Problems	**1**	**2**	**3**	**4**	**5**		129
110 make prompt and inexpensive decisions	**1**	**2**	**3**	**4**	**5**		130
111 communicate to other health team members on decision taken	**1**	**2**	**3**	**4**	**5**		131

SECTION C: OPEN ENDED QUESTIONS

1. Would you advocate for other NMTs to go for upgrading course for SRNM? Y or N
   Explain your answer below

……
……
……

2. What has been your contribution to the nursing profession since you upgraded to SRNM? Please write below

……
……
……

3. What improvements would you recommend to the way the upgrading programme is run?

……
……
……..

THANK YOU FOR YOUR PARTICIPATION

Mrs Alice Kadango is a Lecturer and head of Midwifery department at the Malawi College of Health Science, Blantyre campus. She is currently studying with the University of South Africa for the Masters Degree (Health Studies).

Alice is carrying out a study as part of her Dissertation for the Masters Degree titled

"A Critical Analysis of the Competencies of upgrading nurses from Malawi College of Health Sciences in Malawi"

You have been selected to participate in this interview as a graduate of this upgrading programme and your cooperation is highly appreciated

UNIVERSITY OF SOUTH AFRICA
Health Studies Research & Ethics Committee
(HSREC)
College of Human Sciences
CLEARANCE CERTIFICATE

Date of meeting: 20 March 2007 Project No: 3369 634 9

Project Title:	**A critical analysis of the competencies of upgrading nurses from Malawi College of Health Sciences in Malawi**
Researcher:	Mrs A Kadango
Supervisor:	Dr JH Roos
Joint Supervisor	Mrs EN Monama
Department	Health Studies
Degree:	MA Cur

DECISION OF COMMITTEE

Approved [X] **Conditionally Approved** [ ]

Date: 20 March 2007

Prof TR Mavundla
RESEARCH COORDINATOR: DEPARTMENT OF HEALTH STUDIES

Prof SM Mogotlane
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES