



## MAIN TOPIC: TRANSFORMATION S IN NURSING AND MIDWIFERY

### SUBTOPIC: ENHANCING IMAGE AND SCOPE (EVARISTUS MAKOTA)

#### 1.0 Professional Development

##### 1.1. Overview of Transformation in Nursing and Midwifery Profession

The transformation in Nursing and Midwifery has been profound over the years. From traditional roles focused merely on patient care to more diverse responsibilities including advocacy, leadership, and research, nurses and midwives have evolved significantly. This transformation has been driven by various factors such as advances in technology, changes in healthcare policies, and a shift towards patient-centred care. Overall, these changes have elevated the status of nursing and midwifery professions and expand their scope of practice, making them integral components of modern healthcare system

##### Era of Nursing Knowledge

Martha Raile Alligood: The nature of knowledge needed for nursing practice. This highlights developments in nursing history that advanced nursing toward the goal of substantive knowledge for practice and recognition of nursing as an academic discipline and a profession

##### Curriculum Era: The 1900s to the 1940s

In the curriculum era, evidence of efforts to understand what knowledge was needed for the practice of nursing led to an emphasis on curricular content and progression toward standardizing curricula. This emphasis on what nurses needed to know to practice nursing led to an expansion of curricula beyond physiological and pathophysiological knowledge to include social sciences, pharmacology, and formal classes on nursing procedures (Judd, et al., 2010).

##### Research Era: The 1950s and the 1970s

In the 1950s, research emerged as a beginning force. Nurses were encouraged to learn how to conduct research, developing the role for nurses for that specialized body of knowledge

##### Graduate Education Era: The 1950s and the 1970s

During the graduate education era, curricula for master's-level preparation were becoming standardized through accreditation that most schools were seeking by the National League for Nursing (NLN). Only three nursing doctoral programs existed at the beginning of this era, and the federally funded programs established in the 1950s as a result of the post-World War II shortage of nurses were still in place

##### Theory Era: The 1980s and 1990s

The theory era began with a strong emphasis on knowledge development. Although in the previous two decades proponents of nursing theory and nursing theorists had begun to publish their works, it is noteworthy that they denied being theorists when they were introduced as such at the 1978 Nurse Educator Conference in New York with the Nursing Theory theme





## Theory Utilization Era: The Twenty-First Century

Nursing is now in the era of theory utilization—nurses using philosophies, models, and theories for theory-based nursing practice. Soon after we entered the twenty-first century sufficient evidence of theory-based practice existed to declare a theory utilization era (Alligood, 2010).

### 1.2. Basic Concepts of Professional Development

Refers to the process of acquiring new skills, knowledge, and experiences to enhance one's expertise and career growth within a particular profession. In Nursing and Midwifery professional development is a crucial due to the constantly evolving healthcare landscape. Here are some key aspects of professional development in these fields:

#### Continuing Education (CE)

Seminars, Workshops, Conferences and Online Courses

#### Specialization

Pediatrics, Midwifery, Nursing Education, Mental Health etc

#### Clinical Skills Enhancement

Regular training and practices help nurses and midwives refine their clinical skills from basic procedures to complex interventions

#### Leadership and Management Training

Developing leadership and management skills is vital for supervisory or administrative roles

#### Research and Evidence based practices

Encouraging participation in research projects and promoting evidence-based practices empowers nurses and midwives to contribute to advancement in healthcare, improve patient outcome and drive innovation. Research and Innovation play critical roles in advancing the field of nursing, driving improvements in patient care, and shaping healthcare policies: What are the set strategies in our working place for promoting research and innovations ?

### 1.3. Key Actors for Nursing Professional Development in Tanzania

Nurses and Midwives

TNMC – Department of Professional Development Services

MoH – Human Resource Development, Nursing Training Section

Universities: CUHAS-AAMSON; UDOM-CHS (School of Nursing & Public Health); MUHAS-School of Nursing; SJUT-SONU;

Non-tertiary Colleges: School of Nursing

## 2.0 Scope of Practices

### 2.1. Overview of the Scope of Practices for Nurses:

In Tanzania, the scope of practices for nurses is regulated by the TNMC. The council sets standards and guidelines that govern the roles, responsibilities, and permissible activities for nurses practicing in the country. Here are some key aspects of the scope of practices for nurses in Tanzania:





**2.3. Expand practice authorities**

TNMC is under amendment process for the Nursing and Midwifery Act 2010; it could be better if the following areas will be added and recognized by the Council:

**Where to Go (Mitigations):**

- Nursing Informatics
- Nutritional Nurse
- Public Health Nurse (for nurses persued MPH)
- Leadership and Management
- Ophthalmic Nurses
- Psychiatric Nurse

**Conclusion and way forward**

Prioritizing professional development not only benefits individual nurses and midwives but also enhances the quality of care, promotes patient safety, and contributes to the advancement of healthcare as a whole. The key actors for enhancing profession images and clear scope of practices are the nurses and midwives themselves.

**Way forward**

- Revitalization of nursing profession:
- Education and training: system and structure
- Updating and exercising scope of practices
- Promotes evidence based practices
- Improved customer care
- Set strategies for shape community images on nursing profession

**Welcome note for Q & A Session**

Are there challenges faced nursing professional development in Tanzania? If yes, what are those challenges.....?????

Do the key actors in professional development take their roles?

What should be done to address the observed challenges?

Are there challenges faced scope of practice for nurses in Tanzania?. If yes, what are those challenges.....??????

Do the key actors in professional development take their roles?

What should be done to address the observed challenges?

What are the community images on nursing profession in Tanzania?.

How the community views nursing profession in Tanzania?

What should be done shape community images on nursing profession?





**General Nursing Practices**

Registered nurses in Tanzania are trained to provide a wide range of general nursing care services. This assessing patient health status, planning and implementing nursing interventions, administering medications, monitoring patient's progress

**Specialized Nursing Areas**

Nurses may also practice in specialized areas such as Pediatric nursing, psychiatric nursing, nursing education etc; specialization requires additional requirements training, certification, or qualifications recognized by the TNMC

**Collaborative care**

Nurses collaborate with physicians, social workers and other healthcare professionals

**2.2. Current Situation: TNMC Nurses Registration Status vs Scope of Practice**

According to Nurses and Midwifery Act 2010 and its Regulation; nurses and midwives

The bearer of the licence is registered nurse with this Council as

<input checked="" type="checkbox"/> Part I for Nurses	<input checked="" type="checkbox"/> Part VII for Nurse Tutors
<input type="checkbox"/> Part II for Midwives	<input type="checkbox"/> Part VIII for Midwives Tutors
<input type="checkbox"/> Part III for Public Health Nurses	<input type="checkbox"/> Part IX for Operating Theatre Nurses
<input type="checkbox"/> Part IV for Ophthalmic Nurses	<input checked="" type="checkbox"/> Part X for all Advanced Nursing Practitioners
<input type="checkbox"/> Part V for Pediatric Nurses	<input type="checkbox"/> Part XI for any other Nurses or Midwives not covered by the foregoing parts
<input checked="" type="checkbox"/> Part VI for Nurse Psychiatric	

**Specific Scopes Of Practice**

- 6.1. Public Health Nurses
- 6.2. Paediatric Nurses
- 6.3. Specific Scope For Nurses In Imci
- 6.4. Infectious Diseases
- 6.5. Non Communicable Diseases
- 6.6. Mental Health And Psychiatric Nurses
- 6.7. Operating Theatre Nurses
- 6.8. Nurse Anaesthetist
- 6.9. Ophthalmic Nurses
- 6.10. Nurse Tutors/Lecturers

**Advanced Nursing Practice**

- 7.1. Paediatrics
- 7.2. Mental Health And Psychiatry
- 7.3. Critical And Trauma Care
- 7.4. Midwifery





**SUBTOPIC: OPTIMIZING CARE DELIVERY (DR. VICENT BANKANIE)**

Imagine

Imagine nurses coming together to lead the way to a new healthcare system designed to thrive on wellness  
Imagine a system where all care professionals are treated with respect and whose contributions are equally valued.  
Imagine that the next generation will have high-quality care that doesn't empty their bank accounts.  
Imagine each person in our country receiving high-quality care and living in health, without needing a special zip code.  
Imagine a Tanzania healthcare system that operate by the new model that reflects the actual definition of Health according to WHO.

Message

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Perception

Any reasonable nurse of any level, and any health and non health professional would need that *So ,what do we need from where we are???*

What is Transformations

A marked change in form, nature, or appearance.  
A complete change in the appearance or character of something or someone, especially, so that that thing or person is improved.  
The process of changing completely the character or appearance of something in order to improve it

What has been done so far?

Improved number of nurses and midwives with higher learning education (Universities and the ministry of health)  
Improved strategies by regulatory authority in addressing and taking action to malpractices and neglect (TNMC)  
Improving licensure requirements that recognizes higher education (TNMC)  
Putting in place various guidelines for quality improvement in nursing practice (Directorate of nursing services) and (TNMC)  
Periodic employment of nurses and midwives (MOH)

But why are there no significant desirable outcomes?

Challenges in leadership in various corners. Scarcity of transformative leaders  
Challenges in the model of care delivery that has not been addressed enough  
Challenges in policies and procedures  
Challenge in representation of nurses in higher level of country decision making bodies(ministry, parliament, and executive)



But why are there no significant desirable outcomes?

Challenges in healthcare financing (and more specifically in nursing)  
Challenges in training institutions (quality control and EBP in nursing)  
Challenges in gap between training institution and clinical practice  
Challenges in licensure examination issues  
Challenges in health professionals (Nurses, midwives, doctors, pharmacists) attitude toward nursing and midwifery  
Challenges in accessing updated resources  
Challenges in a mismatch between law, regulations and seculars  
Challenges in implementation of seculars and policies at the local level  
Challenges in mentoring junior students and professionals  
Challenge in upholding the scope of nursing practice  
Challenge in changing the image of people who are serving Health professionals (complaining against nurses vs acknowledging when they need other professionals services)  
Challenges in reimbursing quality nursing services  
Challenges in negative attitude among nurses (low –high, high to low level nurses, low-low, high-high)

How do we move from there?

1.The ministry should change the model of healthcare delivery  
At present ,the dominant model is the medical model.  
Most of the decisions from patient bedside to the ministry level is predominantly medical.

2.Get transformational leaders  
Transformational leaders in nursing are distinguished by their awareness of the current health care system and their eagerness to collaborate with their team to identify flaws and transform the system for the good of patients and staff.

*Transformational leaders are NOT:*

Those who fight against mentally smart nurses around them, but make use of the strength of each of them and collaborating with them to bring positive change.  
Those who stay in the office and criticize those who pursued higher learning, or those with a particular strength, just because they are protecting their positions.  
Those who fail to inspire nurses go for higher education  
Those who do not appropriately utilize the nurses higher level of education for the benefit of the patient and the profession.  
Those who do not participate in efforts to improve welfare of the nurses and the profession.  
Those who treat subordinate disrespectfully.  
Those who uses their influence to convince higher authorities against the nursing Elites





*Transformational leaders are NOT:*

Those who do not use their position to foster quality of nursing and midwifery services at their workplaces

Those who do not perform workplace research and/or advocate the evidence based practices at their local levels.

Those who do not participate in generating new knowledge that improve services.

Those who do not empathize with patients, and with their fellow professionals at workplace.

Those who do not encourage innovation, and support nurses with innovation ideas

Those who perceive the smart nurses as a threat, and therefore do not want to be surrounded by them. Instead, he/she uses his /her influence to fight against them.

*Foster interprofessional and intraprofessional collaboration*

This is vital to the proper functioning of a healthy healthcare system Tanzania healthcare system faintly demonstrate it.

*What should the Ministry of health do to improve collaborative decision?*

At the central level, ensure that administrative positions of the ministry of health are not predominated by one profession. The current practice of the ministry where most of the departments are headed by a single profession conveys a negative impression/message to workers in lower levels, and may be contributing to impaired interprofessional collaboration.

Even in a department headed by a person from one profession, the organogram of the department/unit should ensure that interprofessional representation in coordination of activities is well reflected.

Employ Nurses with equal level of education to doctors that can work with minimal knowledge gap among them. The current practice of preferring to employ lower cadre nurses/midwives to work with doctors with higher level of education does not foster collaboration.

The ministry should use interprofessional collaboration as one of the indicators for monitoring and evaluation of qualified practices at the ministry and all institutions under it.

The Ministry should empower, and demand the regulatory authorities (TNMC and MCT) to closely monitor and reinforce interprofessional collaboration as one of the quality issues.





*What should learning institution do?*

Interprofessional education (IPE) should be incorporated into the curricula of medical and nursing/midwifery schools to promote an understanding of the complementary roles of doctors and nurses and to facilitate the growth of an interdependent relationship between them [26]. Medical and nursing students must take IPE courses [27],

The learning institution must collaborate with health facilities to provide on job trainings

*What should regulatory authorities (TNMC and MCT) do?*

Ensure that all training curriculum has a component of interprofessional collaboration before getting approval.

All staff who are reported to have challenges with their practices or interprofessional collaboration, and happen to be punished should be given an opportunity to pursue the course before resuming their practice.

Each of the staff (doctors and Nurses/midwives) MUST be evaluated on the aspect of interprofessional collaboration as a requirement for license renewal.

The renewal document should contain a component of interprofessional collaboration which is signed by a professional practitioner of a respective profession for verification (Doctors signed by nurses, and nurses signed by doctors).

Provide interprofessional committees to discuss cross cutting issues regarding interprofessional collaborations

Provide certified seminars and trainings about inter-professional collaborations, which adds to CPD points. These certificates should be the requirement for holding leadership positions in health facilities.

*What should Hospital Facilities do?*

Ensure that all decisions about the patient care and treatment are done in a multidisciplinary manner. Each opinion is respected, considered, and discussed.

Ensure that a person is not selected as a head of unit/hospital or in-charge, until proved to be interprofessionally collaborative.

Establish tools for monitoring interprofessional collaboration under quality assurance.

Hospital management should offer continuing IPE and cooperation opportunities for all interdisciplinary team members [ 17 ].







*What should individual Doctors and Nurses/Midwives do?*

Always love to work and respect multiprofessional and interprofessional collaborative contribution to care.

Always be aware that the main goal of our daily job activities should be to prioritize clinical patient better outcomes than unnecessarily defending or protecting our own professional's statuses and esteem at the expense of patient's outcomes. By doing so, we will acknowledge our strengths and weaknesses, which will be complemented by other profession for better outcomes.

Cultivate love, respect, and acknowledge others' contribution to care. Always prioritize 'we' than 'I'.

**SUBTOPIC: EMPOWERING AND SUPPORTING NURSES AND MIDWIVES (MAGWA KIYUMBI)**

*Employee empowerment*

Empowerment means people having power and control over their own lives.  
They are respected and confident in their communities  
Knowledge and skills  
Communication  
Trust  
Incentives

*Investing in education and training*

Diploma colleges – 102  
Universities  
University of Dodoma  
St. John  
Catholic University of Health and Allied Sciences (Bugando)  
KCMUco  
Kairuki Memorial University  
Agha Khan University  
Muhas

*Work - life balance*

Work takes precedence over everything else in our lives

Our desire to succeed professionally can push us to set aside our own well-being

Creating a harmonious work-life balance - improve our physical, emotional and mental well-being hence succeed in our career



*Causes of poor work – life balance*

Increased responsibilities at work  
Working longer hours  
Increased responsibilities at home  
Having children

*Positive effects of work – life balance*

Stress reduction  
Lower risk of burnout - severe fatigue, feelings of dread and negativity  
Greater sense of well-being

*Factors in employee well-being*

Feeling energized  
Having a sense of belonging  
Feeling trusted  
Achieving goals  
Being paid fairly  
Feeling included  
Being supported by management  
Having flexibility  
Feeling appreciated  
Getting opportunities to learn

*How to boost employee well-being*

**Set clear company culture guidelines** - find a balance of working hours and personal time  
**Seek – and act on – employee feedback** – know what they want to lower employee turnover and keep your team stable  
**Celebrate employees’ achievements** - to seek appreciation and recognition, even over money

*Recognizing and rewarding excellence*

**Introduce a professional development program** - setting up an internal professional development program  
**Pay your employees well** - prioritize other ways to keep employees happy  
**The more you improve employee well - being**, the more likely your business is to meet goals.  
**Is a crucial factor in ensuring** employee satisfaction, motivation, and retention.  
**It is essential to acknowledge the hard work**, dedication, and achievements of employees to boost their morale and encourage them to perform better.  
**The Importance of Recognizing Excellence** - it creates a positive work environment and fosters a culture of appreciation  
**The Importance of Rewarding Excellence** – this goes beyond recognition, it include bonuses, promotions, pay raises, or other benefits.  
**The Influence of Cash Awards** - are not always the best option as they can lead to a focus on short-term gains.  
**Merit Bonuses** – they provide a direct link between an employee's effort and the reward.  
**Non-Financial Rewards** - are effective in promoting work-life balance and employee well-being





*On image aspect*

The public image of nursing influences someone's decision to choose the nursing profession, to remain in nursing, to promote nursing, and to progress in nursing. The society undervalued nursing as a profession probably due to its female dominion, suppression of females in the society, and the portrait of nurses as 'physician's maid' in the media. We need to redefine our image around professional attributes such as critical thinking, therapeutic interventions, problem-solving, health teaching, leadership, and communication. Our image is evolving as nurses take up the lead role and prove their efficiency in healthcare delivery, hospital administration, medical education, and healthcare research. Though these developments on one side are promising; on the other side, our professional image needs more care. Beyond the professional ethics and conduct, we need to assume certain strategies to improve the societal image of our profession. We need to have a positive perception and attitude that will automatically be reflected in our behavior, and our positive projection in the society will change the perception of society. We have the responsibility to protect ourselves well in front of the society. Conversing positive about our profession and professionals will make us love our profession one day. It will also help others to value our profession. We must promote our multiple inputs to the society through media and social networks so that it reaches out to the non-nursing professionals. Though our education, legislative bodies, and leaders empower us, until we proudly say that "I am a nurse" with our shoulder straight, our professional image in the society will not improve.

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