

Transformation of nursing and midwifery profession

Presenter: Vicent Bankanie (PhD)

Lecturer, Department of clinical Nursing ,
University of Dodoma.

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.

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

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???

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- WE NEED TRANSFORMATION

What is transformation?

- 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

Transformation in Nursing and midwifery

The main purpose of transformation in nursing and midwifery is to

WHAT HAS BEEN DONE SO FAR?

1. Improved number of nurses and midwives with higher learning education.
-Universities and the ministry of health
2. Improved strategies by regulatory authority in addressing and taking action to malpractices and neglect.
-TNMC
- 3. Improving licensure requirements that recognizes higher education**
-TNMC
4. Putting in place various guidelines for quality improvement in nursing practice
 1. Directorate of nursing services
 2. -TNMC
5. 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)

- 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
HERE?

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.

How do we move from here

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.

Transformation leaders are NOT

- 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

Transformation leaders are NOT....

- Those who use their influence to convince higher authorities against the nursing Elites
- Those who are too passive to address challenges that affect the nursing and midwifery profession at the local and regional level
- 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 therefor do not want to be surrounded by them. Instead, he/she uses his /her influence to fight against them.

3.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 ?

1. 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.

- 2. 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.

3. 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 doesnot foster collaboration.

4. 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

5. 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?

1. 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],
2. The learning institution must collaborate with health facilities to provide onjob trainings

WHAT SHOULD REGULATORY AUTHORITIES (TNMC and MCT) DO?

1. -Ensure that all training curriculum has a component of interprofessional collaboration before getting approval.
2. 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.

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

4. Provide interprofessional committees to discuss cross cutting issues regarding interprofessional collaborations

5. 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?

1. Ensure that all decisions about the patient care and treatment are done in a multidisciplinary manner. Each opinion is respected, considered, and discussed.
2. Ensure that a person is not selected as a head of unit/hospital or in-charge, until proved to be interprofessionally collaborative.
3. Establish tools for monitoring interprofessional collaboration under quality assurance.
4. Hospital management should offer continuing IPE and cooperation opportunities for all interdisciplinary team members [17].

WHAT SHOULD INDIVIDUAL DOCTORS AND NURSES/MIDWIVES DO?

1. Always love to work and respect multiprofessional and interprofessional collaborative contribution to care.
2. 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.
3. Cultivate love, respect, and acknowledge others' contribution to care. Always prioritize 'we' than 'I'.

THANK YOU