Nurse education in Mbarara, Uganda

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Aim. To describe the establishment of a professional development programme for qualified nurses at Mbarara University Teaching Hospital, Uganda.

Background. Between 1997 and 1999, a group of hospital-based nurses and university lecturers in Hull, United Kingdom, planned and delivered a series of modules to set the Ugandan nurses on course for continuing professional development.

Approach. A descriptive account of the delivery of the programme.

Findings. Evaluation of the programme indicates that the nurses' morale was raised by satisfactory completion of the modules and that there were visible improvements in the organization of patient care in the hospital.

Conclusions. This professional development programme was a learning experience for all the parties involved. Support from Hull for the education of nurses in Mbarara will continue.

Keywords: education, professional development, self-esteem, developing world, aid, nursing, Uganda

Introduction

The purpose of this paper is to describe the initial stages in the process of development of nurse education in one institution, the new government University of Mbarara in Uganda, which incorporates a regional hospital of 218 beds. It involves a project that is an excellent example of collaboration between four bodies – the Tropical Health and Education Trust (THET), the Mbarara University of Science and Technology (MUST), the University of Hull and the Royal Hull Hospitals National Health Service Trust. THET, a London-based charity that works with developing countries, initiated this project and liaises with Uganda, coordinating and advising the three partners. We address nursing staff development in a provincial hospital while always recognizing the wider implications of educating women who can, in turn, teach other women in rural communities, thus helping to bring about a gradual improvement in wider population health.

Support for the anglophone countries of tropical Africa, of which Uganda is one, comes from a variety of sources. Aid comes through global agencies, such as The World Bank, the British government Department of International Development (formerly the Overseas Development Administration, ODA), a range of nongovernment agencies such as Oxfam, Save the Children Fund and Christian Aid, and diffuse programmes to modify conditions in a specific locality. In addition, United Nations agencies such as the United Nations Children's Fund (UNICEF) lead child-survival strategies throughout sub-Saharan Africa. One of the goals of all the above is to improve the public's health in the long term. In Uganda we can find many aided programmes, for example, to provide safe water supplies, to increase agricultural and fishing 'know-how' and to develop local health services, as well as focused medical projects for immunization, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) control and life-saving skills. Civil war in the 1970s and early 1980s, followed by the widespread

effects of HIV/AIDS, have destabilized many families, some of whom have seen their most economically active members die one by one.

It is well recognized that at the grass roots level, women are the key to a family's health (Phillips & Verhasselt 1994). It is they who are intimately involved in breast-feeding, handling and cooking food, using and disposing of water and cleaning the house and its yard. Moreover, a mother's sickness or death, place the health of her children at risk. The nutrition of women in tropical Africa is a critical factor in their health status; in a review of women's health in developing countries, Lewis and Kieffer (1994) point out that women put their family's health and nutrition first, thus depriving themselves of an adequate diet and they are the last to seek medical care. If long-term food consumption does not meet daily energy expenditure, it will produce protein-energy malnutrition and micronutrient deficiencies (World Health Organization 1997a, p. 256). Chronic undernutrition in women is thus related to their workload and energy depletion, their control over resources for household food, and their role in the food chain. Nutritional anaemia is common. Childbearing undermines women's health over many years, for example, in Kenya it is estimated that women spend over 40% of their adult life either pregnant or lactating (World Health Organization 1992, p. 60).

Gender discrimination affects women throughout life, whether or not there is equal status for women and men under the law. Cultivating the family plot of land, in addition to domestic labour and childcare, means that women in rural communities work far more hours than do men. Girls from the age of five regularly fetch and carry water and firewood, as well as doing domestic work and minding younger children. Although young boys also help, these tasks become progressively more and more female-dominated among children from the age of 10 upwards and such load-bearing causes skeletal damage and miscarriage. Brock and Cammish (1997) believe that malnutrition affects the health of girls more than boys in developing countries because boys tend to receive preferential feeding. There is also a relationship between high maternal and infant mortality rates and low literacy rates (UNICEF 1998). The obstacles faced by girls as they proceed through the school system are more frequent and greater than for boys; they include malnutrition, labour within the family, adolescent pregnancy and difficulty in competing with their brothers for school fees. Brock and Cammish (1997) have noted that girls living in a traditional economy in tropical Africa are required to divide their time between school and domestic duties. In brief, girls are more likely to drop out of school and to have a discontinuous school history. We are familiar with this problem – one of us (J.K.) has been a school teacher in Uganda and the other (J.T.) manages women who had to enter nursing at the lower level, the roll, because their families could no longer afford the school fees required to obtain a higher school leaving certificate (and eligibility for student nurse training for the register).

Statistics for 1996, compiled by UNICEF (1998) suggest that the female adult literacy rate in Uganda is 50% and the male rate 74%. Although there has been improvement of both in a more stable Uganda, it is likely that the differential will continue for some years to come. Since the 1970s, less developed countries such as Uganda have been borrowing money simply to pay off the interest on existing debt, while cutting back on services such as health and education, in a spiral of deterioration. Discussions to cancel the debt of poor countries to The World Bank was a protracted process 'dogged by delays and bureaucratic snags' in The World Banks's partner, the International Monetary Fund (The Guardian, *Brown speeds debt relief*, 15 September 1997, p. 2). Debt relief for Uganda is intended to fund free primary education for all children. Post-secondary education in Uganda needs to be understood within the context just outlined. There is a shortage of women with professional qualifications. A major thrust within health care development is to reach and influence women in rural communities. It is here that nurses have a key role to play.

The Mbarara project

Mbarara is a regional capital in south-western Uganda, in a strategic location on the main road leading from East Africa to Rwanda and the Republic of Congo. The second government university, MUST, was established in 1989 on land beside the hospital, which had had a nursing and midwifery school since the 1970s. The university medical school took over the buildings of the nursing school, effectively closing it down. Mbarara hospital, with its staff, was transferred from the Ministry of Health to the university, that is the Ministry of Education. This created an anomalous situation in that medical students were being trained and doctors were graduating from the university but the nurses and midwives whom it now employed had no access to formal continuing education and professional development. Recruits to the nursing workforce, which is 99% female, must be trained elsewhere in Uganda. In 1996, the Dean of the medical school and the Principal Nursing Officer (J.T.) of the hospital began to address the issue of the nurses' lack of development, as it was hoped to re-establish a school of nursing within the university.

In the hospital, nurses felt that they had been displaced by medical students, who were not only using their former

school buildings but who had usurped part of their role by practising (nursing) tasks on patients on the wards. Low morale among the 97 nurses and midwives was regarded as an issue that needed urgent attention. It could undermine plans for opening an undergraduate school of nursing which, like the medical school, will be community-orientated. Ugandan nurses have always been trained in urban settings and are not equipped to work in the community, which is now a priority area for health care improvement. Mbarara hospital serves 1·7 million people, of whom 95% live in rural communities occupied with subsistence agriculture. Although it has, technically, 218 beds, the hospital space may become very congested. In times of great demand for inpatient care it may accommodate up to 350 patients. The Community Health Department and medical students from the university run three outreach clinics in Kinoni, Rugazi and Bwizibwera and wish to establish links with a dozen other rural health centres. The professional development of experienced nurses and midwives who will work with medical students, rather than feel secondary to them, is thus a prerequisite for a successful health care strategy in south-western Uganda. It was in this context that THET applied to the then ODA, in 1996, for joint funding to 'promote the professional development of nurses through hospital and community training in Mbarara, Uganda and neighbouring districts'. This was envisaged as a 3-year programme. The overall aim is to improve nursing and midwifery care in the region by equipping nurses with specialist skills and preparing some of them to be the trainers of future nurses.

Three years later, the process of staff development in Mbarara can be seen to have gone through two stages. The Principal Nursing Officer (PNO) is the linchpin in this process and she has been continuously involved throughout.

Stage 1: strengthening the foundations

Mbarara hospital is a regional referral and teaching hospital offering preventive, promotive and curative services. The PNO has recorded her plan for the future:

> The Dean and I thought of how to develop the nurses on the ground professionally. Contacts were made, networking with other universities in England, namely Nottingham, Hull and Sheffield. A team was sent out to assess the feasibility of establishing this programme. The funding agencies identified by the Dean of the Faculty of Medicine gave us the go-ahead.
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> I became very busy making a project proposal which was polished by the Dean and later sent to THET and ODA. This gave a background of Mbarara hospital, the Medical School, their involvement in Community Health and the role of a nurse. It was my desire to motivate the nurses and midwives by developing their skills and knowledge to assist them to further their education in order to improve their clinical skills, carry out outreach work, improve standards of health care including primary care in the community. I was introduced to THET and I became even more busy. Planning a new programme and change is not very easy. However, I had values and attitudes that encouraged me to go on and not despair. I am an ambitious, dynamic manager.

A consultant physician based in Hull was already involved in the teaching of medical students in Mbarara, so that a plan for nursing education there seemed to be a natural extension of the medical links. In 1997, the PNO identified the topics that she expected Hull teachers to address during a series of 3-week visits to Uganda. The list was wide-ranging, from post-operative care and infection control to nurse – patient communication and ethics in nursing. It seemed to us in Hull that staff in Mbarara did not recognize the difficulties inherent in planning a programme without the contextual information that we required. The process of defining the Mbarara nurses' needs for professional development, which was perceived there as straightforward, proved to be lengthy and lasted for a year.

A practice development nurse from the Royal Hull Hospitals National Health Service Trust and a university lecturer in Nursing (J.K.) made the first visit to Mbarara in 1997. Their purpose was twofold: firstly, to familiarize themselves with the hospital, the teaching facilities and the staff and, secondly, to discuss with the PNO and the Dean of Medicine longer-term aims within the university. They discussed the *curriculi vitae* and applications submitted by the senior registered nurses (nursing officers) for professional development. A series of lectures and tutorials on safe practice in nursing care was offered to all the registered and enrolled nurses and small-group teaching skills were practised by the senior registered nurses (nursing officers). This assessment visit served as a foundation for planning the staff development programme.

Hospital nurses from Hull made a second visit early in 1998 to participate in patient care on the wards. Meanwhile, two overseas nurse tutors were engaged full time to maintain a theoretical input and to encourage writing skills. In June 1998, the PNO made a 4-week visit to Hull, where she observed clinical and managerial practice. In a meeting with the nurse director and nurses who had visited Uganda, the priorities for staff development in Mbarara were refined and the PNO returned to Uganda with what was seen as a realistic timetable and outline of a 1-year series of five modules. All parties acknowledged it as feasible: Hull teachers agreed to

complete the programme by September 1999 and the PNO agreed to facilitate continuous participation by a group of senior nurses whom she would nominate. The five modules included:

- Education – a shorthand for the extension of information-collecting and writing skills and the development of evidence-based reporting in nursing practice,
- Teaching and assessing others in clinical practice,
- Infection control,
- Nursing care of children,
- Pre-, peri- and post-operative care of patients undergoing surgery.

The first stage of the Mbarara project was a period of frustration for the nurses there. It was characterized by a tension between the nurses' desires for, and raised expectations of, certificated achievement and the caution of the British teachers, who would not promise what they could not achieve.

Stage 2: building on the nurses' skills

Two overseas tutors worked full time teaching all the nurses and midwives, registered and enrolled in Mbarara hospital. They covered a very wide range of topics in which the nurses required updating – wound care, catheterization, pain assessment, resuscitation, pregnancy and breast-feeding, being examples.

Thirteen of the senior nurses were identified as candidates for specialist courses at some future date and as potential mentors of student nurses. All had prepared a *curriculum vitae* in 1997, which indicated a wide experience of nursing both in Mbarara and in other parts of Uganda. Many had fluency in several languages, for example, in 2–3 vernacular languages plus Swahili and English. It was normal for nurses to interpret for doctors who did not speak Runyankole (the language of the Mbarara district). Half of them had dual qualifications in, and practised, nursing and midwifery. What they lacked were specialist skills in paediatrics, accident and emergency work and peri-operative care. The subject of sexual health was later incorporated into the programme, with the screening of mothers and children. Four nurses were trained in the use of the microscope preparatory to their taking specimens in the maternal clinic.

Each of the five modules listed above comprised 12 lectures/tutorials, a written assignment and a practical assessment. A team of three lecturers and clinical practitioners travelled to Mbarara three times in 1999, at 3-monthly intervals. The nurses' written work was posted to Hull between modules, and feedback was provided well before the next module began. All were described as enthusiastic and committed to completion of the modules. Internal rotation of shifts is normal practice. Those who were off duty at the time of lectures, attended in their free time. Early in 1999, a newly qualified nurse teacher, educated in Uganda, was appointed to MUST. Her presence in the hospital undoubtedly contributed to the fact that all 13 senior nurses completed the modules. She supported, guided and reassured those who were daunted at the prospect of clinical assessment.

Evaluation of the results in November 1999 suggested that the nurses' morale had been raised over the preceding 2 years. They had a sense of achievement, reinforced by the award of a certificate of achievement. Many were now better able to identify their own strengths and weaknesses in practice and less apprehensive about the imminent arrival in the hospital of undergraduate students of nursing. The PNO was able to detect a greater confidence and assertiveness in the nursing officers. There are now plans for an independent sexual health clinic, for men and women, which is a priority development in the control of HIV/AIDS and other sexually transmitted diseases. In addition, the teachers from Hull have perceived improvements in the organization of patient care over the past 18 months. Nurses in Mbarara have been able to build on the considerable skills that they have acquired during 10–20 years of practice.

Discussion

At the outset, collaboration between Hull and Mbarara was open-ended. None of the parties involved was clear as to how long it would last or, indeed, whether it would work at all. Although British university lecturers and hospital-based clinical practitioners and managers were working with a Ugandan university and a hospital, in terms of structure there was little common ground. The aims of a university that incorporated a hospital and employed its nurses were not readily understood by employees of differing organizations like the British National Health Service (NHS) and the University sector. Nurses in Mbarara had no experience of either of the latter and appeared to take coordination and collaboration between them as natural; to communicate with one was therefore to communicate with both. The process of 'finding out' in Stage 1 was lengthy because misconceptions about our various roles and the limits of our separate autonomies revealed themselves only slowly. Our initial frustrations were because of a mutual lack of the information necessary for us to play our parts in the nurse development programme. In Hull, we needed to know more about Mbarara as an environment for teaching. In Mbarara, we needed an explanation of the British process of post-registration education in nursing and of its accreditation. That we

have now developed, after 2½ years, an effective collaboration indicates the power of good will and motivation to succeed in forging the relationship. In Hull, the Mbarara project involves a group of teachers who did not know each other, 3 years ago. THET has played the role of negotiator and adviser throughout.

Looking at the Mbarara project from a Hull perspective, we must accept that our relationship with Mbarara is not an exclusive one. Our contribution to staff development is only one strand in the process. The MUST obtains advice and support from many quarters, the appointment of two overseas nurse teachers, one from Cuba and one from Germany, being an example. J.T. has already pointed out that they sought advice from a number of British universities. While multiple sources of help are entirely reasonable from the recipient's (Mbarara) perspective, they can be a source of irritation from the provider's (Hull). Help and advice from several British institutions that do not normally collaborate with each other lead to overlap and working at cross purposes, principally when the recipient does not recognize the institutions' inherently competitive nature. Again, the overseeing role of THET is crucial.

The *lingua franca* of Uganda is English. Not only is English the language of education but the British roots of secondary and tertiary education are clearly visible. However, the MUST is ambitious and it aims to be innovative in its provisions. Thus professional education, including medicine, nursing and science teaching in secondary schools, is intended to have a strong rural community bias. The university is engaged in developing curricula to further this aim. The WHO's Nursing/Midwifery Development programme recommends that, in sub-Saharan Africa:

> There is a desperate need to prepare nurses to act as agents of community change who can help people work on clean water and sanitation projects while also helping to combat malnutrition, maternal and child mortality and communicable diseases (World Health Organization 1997b, p. 33).

The initiative in Mbarara to enhance the professional development of its qualified nurses reflects the guidelines to raise the status of nurses. It is important that the nursing curriculum is not framed by theories and models of nursing borrowed from the British (or other Western) settings but that the senior nurses be assisted to construct their own. We who work in Hull may contribute the building blocks according to specification but we shall not impose the design. The stages of the project have made it clear that the nurses in Mbarara are accustomed to working within a tight budget and with intermittent supplies. Creativity and improvization are important assets. Where the professional development programme can succeed is in maintaining the nurses' pride in their work, both in the hospital wards and in health education among women and children. Their practical contribution to the education of undergraduate nurses may lead to home-grown theory strongly rooted in effective practice.

In October 1999, the School of Nursing opened with a first-year cohort of six undergraduate nurses; four would-be entrants could not find the necessary financial resources. Sadly, university fees are beyond those without a parent or sponsoring relative in regular employment, such as teaching or business. All were direct entrants from secondary school with A-level certificates. The nursing officers in the hospital will be their clinical trainers. The Dean of Medicine, the PNO and representatives from THET and Hull have met in Mbarara to identify the priorities for a third stage in their collaboration – these are the continuing development of nurses in the clinical setting, the academic education of the newly qualified nurse tutor and advice and teaching on the undergraduate course in nursing.

Conclusion

The relationship that has developed between Mbarara and Hull is reciprocal. The nurses in Mbarara have been encouraged and challenged by 3-monthly visits from England. Those of us who work in Hull frequently reflect on how much can be achieved by determination in the face of very limited resources. We have written this paper, in partnership, because we believe that nurses working in highly developed health care systems may learn something from the experience of Uganda.

References

Brock C. & Cammish N.K. (1997) *Factors Affecting Female Participation in Education in Seven Developing Countries*. Department for International Development, London.

Lewis N.D. & Kieffer E. (1994) The health of women. In *Health and Development* (Phillips D.R. & Verhasselt Y. eds), Routledge, London, pp. 122–137.

Phillips D.R. & Verhasselt Y. (1994) *Health and Development*. Routledge, London.

UNICEF (1998) *The State of the World's Children*. UNICEF, Geneva.

World Health Organization (1992) *Women's Health: Across Age and Frontier*. WHO, Geneva, p. 60.

World Health Organization (1997a) The World Health Report 1997. *World Health Forum* **18**, 248–262.

World Health Organization (1997b) *Nursing Practice Around the World. Nursing/Midwifery Health Systems Development Programme*. WHO, Geneva (WHO/HDP/NUR-MID/97.5).