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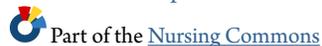
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The effect of continuing professional development from the perspective of nurses and midwives who participated in continuing education programs offered by Global Health Alliance Western Australia: A mixed-method study

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# Chapter 1: Introduction

## 1.1 Introduction

The availability of drugs, equipment and human resources to support health infrastructure is a core component of health system inputs and a basic consideration of health service demands (Manzi et al., 2012). The 2008 World Health Organization (WHO) Executive Board Report about strengthening nursing and midwifery supported this view, stating that, ‘the functions of any health systems depend on the effectiveness of its components and a major aspect of the health system is the health workforce’ (WHO, 2008, p. 1). Workers are fundamental to the provision of health services, and nurses and midwives are the skilled health professionals most needed in hospitals (WHO, 2017). The provision of effective nursing and midwifery care can be gained from continuing professional development (CPD) and education to enable and ensure a continuum of quality care and best practice (Plager & Razaonandrianina, 2009). According to the WHO (2012), CPD serves as a vital contributor to achieving the ambitious United Nations’ Millennium Development Goals (MDGs) to improve health in developing countries.

Opportunities for CPD are readily accessible by nurses and midwives (NMs) in most developed nations; however, this is not always the case in developing countries, such as Tanzania, where resources are scant (Kwesigabo et al., 2012; Leshabari, Muhondwa, Mwangu, & Mbembati, 2008). An international aid program from the Western Australian (WA) Health Department is called the Global Health Alliance Western Australia (GHAWA), and its mission aligns with the WHO objective of strengthening the nursing and midwifery workforce and the MDG for improving maternal and child health. This program assists the capacity and capability building of the health workforce in Tanzania by providing a range of continuing education (CE) opportunities for the professional development of NMs in particular, to improve their health practices and care outcomes.

The aim of this study was to investigate NMs’ perceptions of CPD and to evaluate the effectiveness of the program delivered by GHAWA in Tanzania. The study applied a mixed-method research approach involving two phases, commencing with a quantitative review of the program, followed by focus group interviews with relevant NMs to gain

insights into CPD in Tanzania. To introduce this study, the following section provides background information that leads to a discussion of the significance of the research topic.

## **1.2 Background**

CE assists NMs to stay current in their practice within an evolving healthcare system (Garafalo, 2012). After completing basic training and gaining an initial qualification to commence work, NMs are encouraged to engage in a lifelong learning process for professional growth. This is achieved through CE to enhance professional development, and through keeping abreast of contemporary practice and current competencies (Dickerson, 2010). NMs often seek CE opportunities in their workplace, as these opportunities are mostly free and convenient to attend (Garafalo, 2016).

According to the African Health Professions Regulatory Collaborative for Nurses and Midwives (2012), a partnership for excellence of Africa's health workforce, as well as the critical shortage of nursing and midwifery staff, a lack of capacity to scale up the education of NMs exists in Eastern, Central and Southern Africa, including knowledge gaps among some facilitators of CPD. Previous studies from developing countries have examined the quality of CPD and linked CE programs directly to healthcare workers' specific learning application and practice outcomes (Brigley, Hoseln, & Myemba, 2009; Kemp & Tindiweegi, 2001; Manning & DeBakey, 2001; Muliira, Etyang, Muliira, & Kizza, 2012; Walters & Furyk, 2010). However, there is a dearth of published studies about the perceived change in knowledge among such health professionals, or their willingness and ability to share their knowledge gained through CPD after attending CE in developing countries. In addition, little research has been undertaken on the continuation and sustainability of CPD in developing countries, specifically where CE was delivered by local NMs after the completion or departure of the initial provider of CE by foreign aid organisations.

GHAWA, a program of the Health Department of WA, collaborated with the Tanzania Ministry of Health and Social Welfare (MoHSW) to assist with the development of a sustainable health system by providing CPD for NMs to build their capacity and capability in Tanzania. To fulfil this goal, in 2011, GHAWA commenced the provision of CPD in the country. The professional development education of GHAWA was delivered by NMs from WA to their international counterparts in Tanzania. An

anticipated outcome of providing CE to NMs was that the attendees would in turn promote and teach other colleagues, thereby bringing gradual improvement to the broader health of the population (Kemp & Tindiweegi, 2001). To provide context for this study, the below section briefly describes the health system of Tanzania, within which the GHAWA program was delivered.

### **1.2.1 GHAWA Partnership with Health Organisations in Tanzania**

Discussions to provide assistance for health practitioners in Tanzania were begun by the former Australian and Tanzanian Ministers for Foreign Affairs. Through this cooperation and backing from the Australian Federal Government, a strategic partnership began in December 2009, whereby the WA Department of Health later established an international health development program, named GHAWA, to build the capacity of health professionals. Endorsed by a former Health Minister of WA, this program was established to provide CPD education for NMs at various primary and community healthcare organisations in the coastal region of Dar es Salaam, Tanzania, located in South East Africa (Government of WA, 2017).

The structure of the Tanzanian health care system is categorised under several levels of service found in urban and rural areas, including dispensary, health centre, district, regional and referral hospitals (Kwesigabo et al., 2012). The majority of these healthcare services come under the national administration of the MoHSW, while some are operated by private and faith-based organisations. GHAWA worked with several health organisations across all the service levels mentioned above, including education institutions that trained NMs in Dar es Salaam. This outreach enabled NMs in the relevant organisations to access CPD.

The significance and effect of CPD lies in enhancing the ability of NMs, and a desirable goal of many foreign aid programs is to assess the sustainability of CPD programs. However, there are seldom opportunities to examine this because of finite funds and timeframes (Ahluwalia, Robinson, Vallely, Giesecker, & Kabakama, 2010). Considering the lack of published findings regarding the sustainability of CPD in developing countries, it was apparent that conducting research in this area could be a useful contribution. Thus, the topic of this study is covered in the following section.

### **1.3 Topic and Purpose**

It is well recognised that CPD and education are connected closely to a process of lifelong learning (Dickerson, 2010; MoHSW, 2014; Ryan, 2003). In today's world of evolving healthcare and practice, where patient safety is paramount, one of the key contributors of providing safe patient care is competent NMs (Dickerson, 2010). As a result, opportunities in professional development enabled NMs to grow and helped them understand different perspectives that affected their practice (Dickerson, 2010). The purpose of this study was to explore the perceptions of NMs regarding the effectiveness of the CPD and CE provided by GHAWA in Tanzania. Of particular interest was whether knowledge gained from initial participation in CE continued to be shared among peers once the education program ended. The next section presents rationales for why this study is significant, as well as its potential contribution to the existing literature.

### **1.4 Significance of Study**

Statistics are often primarily highlighted in healthcare and hospital reports. This is typically because the outcomes and performances of healthcare for a country or organisation are measured by factors such as the size of an established system, infection rates, number of medical incidents and mortality rates. Equally significant is the question of how and what helps to reduce such events. However, these are understated, and the need to provide evidence for how CPD and education contribute to dealing with the factors mentioned above.

The WHO (2012) asserted that, after economic concerns, health is rated as one of the highest priorities. In a bid to address health improvements, the United Nations (2000) Millennium Declaration sought to combat diseases and reduce maternal and child morbidity and mortality in developing countries. The WHO (2012) affirmed that one of the ways to improve and sustain health is through education of health professionals and the community at large.

As one of the poorest and least urbanised countries in Sub-Saharan Africa (Lofmark & Thorell-Ekstrand, 2009), Tanzania is facing a shortage of human resources for health (Kurowski, Wyss, Abdulla, & Mills, 2007; Manzi et al., 2012). According to Kurowski et al. (2007), 'the scaling-up of priority interventions to achieve improvements similar to

the Millennium Development Goals will require human resources ... and reducing future shortages will require policy action that improves staff and service productivity' (p. 114). Moreover, it is evident that the Government of Tanzania is committed to improving human resources for health, undertaken through positive partnership arrangements with foreign aid organisations and programs (Gross, Pfeiffer, & Obrist, 2012; Kurowski et al., 2007; Manzi et al., 2012; Nartker et al., 2010).

Education does not stop after finishing school or achieving a specific professional discipline, such as nursing. While CE may be readily available and accessible in developed nations, this is not necessarily the case in Tanzania (Keyes, Lane, O'Nions, & Stanley, 2011). A qualitative study conducted by Mathauer and Imhoff (2006) in Kenya asserted that CE promotes motivation among health workers. The study confirmed its hypothesis that non-financial incentives played an important role in increasing health professionals' motivation—one that strengthened professional efficacy. Ongoing supervision, training and follow-up were required, which also necessitated a realistic human management resource plan. It was acknowledged that high staff turnover may have affected the sustainability of staff training. While the study assessed the non-financial incentives for motivation of health professionals in rural districts in Kenya, it did not examine the sustainable effect of their motivation in the workplace.

Nartker et al. (2010) also highlighted that CE undertaken through distance learning increases health workers' capacity to competently perform their work in Tanzania. As a result, CPD opportunities have a direct effect on the capacity and capabilities of the NMs themselves, while also further enhancing service delivery through the NMs' provision of care to patients and communities at large. However, Nartker et al. did not compare the clinical performance of the health workers who completed the distance learning program with those who completed local residential and traditional CE learning programs in Tanzania. Considering these gaps, the current study sought to identify the effectiveness and sustainability of CPD from the perspective of NMs who participated in locally delivered CE programs offered by GHAWA in Tanzania.

Health education and the upskilling of nurses has been trialled in Africa to assist with the needs of the poor public healthcare system; however, the sustainability of implementation is questionable (Brigley et al., 2009; Nartker et al., 2010). Ahluwalia et al. (2010) observed that lack of funds and project timeframes have resulted in few opportunities to

examine the sustainability of CPD following the departure of foreign aid providers. Subsequently, it was imperative that the CE program implemented by GHAWA provided the opportunity for the continuation of CPD in Tanzania. The program had committed to supporting NMs in Tanzania to build their capability and extend their professional growth, so they could deliver education sessions themselves.

To establish an understanding of the subject matter, this study aimed to explore the perceived effectiveness and sustainability of the CPD and CE programs provided by GHAWA to NMs in Tanzania, and to examine whether the sharing of knowledge among peers continued beyond the initial participation of CE. Based on this aim, objectives were developed to guide the study as described in the following section.

## **1.5 Research Objectives**

The objectives of this research were to:

- determine the number and variety of CE sessions presented by GHAWA to NMs in Tanzania, including learning sessions that encompassed ‘train the trainer’ concepts
- examine the effectiveness of CE and the sustainability of CPD delivery in Tanzania from the perspective of Western Australian and Tanzanian NMs involved with GHAWA
- identify from the Western Australian and Tanzanian NMs perceptive any barriers and enablers for Tanzanian NMs to provide CPD opportunities to their colleagues.

## **1.6 Summary**

This introductory chapter has provided background information about the topic, indicating the research purpose, significance and objectives. This thesis is presented in six chapters. Following this, the remaining chapters are organised as follows:

- Chapter 2 provides a review of the literature related to nursing in Tanzania and CPD. It also describes the process of how knowledge and skills development are gained, including what constitutes sustainable opportunities for CPD in an African context.

- Chapter 3, as part of the mixed-method study, discusses both the quantitative and qualitative approaches, and details the methodology.
- Chapters 4 and 5 present the comprehensive findings of the research, including a comparison of the results from both cohorts. They also compare the study findings with the literature, and explore the limitations of the study.
- Chapter 6 concludes with recommendations that consider the significance of the findings to guide future directions for the nursing and midwifery workforce in Tanzania, similar aid programs offering CPD in developing countries, and potential research strategies.