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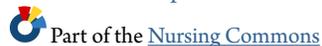
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The effect of continuing professional development from the perspective of nurses and midwives who participated in continuing education programs offered by Global Health Alliance Western Australia: A mixed-method study

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## **Chapter 6: Conclusions and Recommendations**

### **6.1 Introduction**

This study has generated new and more in-depth understandings of the effectiveness of CPD, and strategies to sustain it into the future, from both a Tanzanian and international development support context. By attaining the perceptions of the NMs from WA and Tanzania who participated in the GHAWA program, it was possible to compare the views of the Western educators and Tanzanian participants of CPD. The mixed-methods approach applied in this study resulted in identifying the barriers faced by these participants in the healthcare setting, and the limitations to providing CE in their workplace. Meanwhile, the outcomes of the GHAWA program and suggestions regarding the suitability of CPD in these health organisations were also determined as enabling factors for ongoing education. The one-on-one and focus group interviews with both cohorts allowed this study to describe the research participants' views about CPD in Dar es Salaam, Tanzania. This concluding chapter outlines the key findings generated from this study, and discusses their implications for clinical education, practice development, health organisations and research.

### **6.2 Salient Features of the Study**

The overview of relevant literature demonstrated that CPD and CE play a significant role in enhancing NMs' knowledge and skills. This is widely acknowledged among studies in both developed and developing nations, including Tanzania (Kwesigabo et al., 2012; Nartker et al. 2010; TNMC, 2014; Leshabari et al., 2008). Studies have also indicated that the shortage of human and medical resources for healthcare affects health workers' clinical practice and performance. To address these challenges, efforts to train and educate health workers through CPD would guide the delivery of safe and competent care, and strengthen NMs' professional growth. However, prior to this study, little evidence-based research was available about the effectiveness and sustainability of CPD in Tanzania.

The findings of this study indicated that, as a result of participating in CPD, the NMs articulated that they felt empowered and were inspired to take action by changing their practices and voicing concerns about their work environment. For example, one

participant ensured simple fixtures were repaired, so that basic practices could be possible, such as handwashing and infection prevention. The rich data that emerged during the second phase of this mixed-methods study provided greater understanding and knowledge of the outcomes of attending the CPD programs provided by GHAWA. The knowledge generated from this research highlighted tangible opportunities to help maintain and sustain the future direction of CE in Tanzania. As illustrated in Figure 28, it is necessary to consider the development of a CPD model that involves input from staff, healthcare organisations, policy makers, government administrators, similar aid development programs and research programs.



**Figure 28: Possible Model of Various Stakeholders to Develop Sustainable CPD**

CPD is fundamental for staff working in healthcare organisations to provide best practice and optimal patient outcomes. To implement CPD change in Tanzania, it is necessary to involve policy makers and government administrators to help maintain and sustain CPD into the future. Strategic development programs and research also plays a key role in developing a sustainable model. This study represents and contributes important findings about CPD for NMs from an evidence-based global and developing nation context. The next section discusses the implications for various stakeholders to develop sustainable CPD in Tanzania.

## **6.3 Significance of the Findings for Nursing and Midwifery in Tanzania**

The most significant finding from this research—the reduction of maternal mortality noted by the TNMs—indicates that CPD and education have the ability to alter clinical practice, and consequently improve patient care and outcomes. While some of these NMs had the will and aptitude to support their colleagues and be potential mentors in the workplace, they did not have the means and capacity to do so, as they worked in a society in which they were severely short of staff, and too busy with their daily clinical work to perform additional tasks. As such, this study highlights the below implications.

### **6.3.1 Implications for Clinical Education**

This study acknowledges the breadth of the challenges faced by NMs in Tanzania, including the lack of human resources and medical resources. However, this study demonstrates that the motivated staff supported their colleagues by sharing their knowledge gained after participating in CPD. The effects generated a sense of efficiency in the workplace, which positively altered the status quo among coworkers and patients. This led to the question of how to sustain CPD for the current and future of Tanzania, which was examined in this study. Among other things, sustainable CPD will require the following.

- First, it is necessary to provide ongoing support for clinical education. A tangible way to achieve this is to capitalise on local NMs who are dedicated and committed to enhancing the professional development of the NM workforce within the organisation.
- Second, the issue of understaffing is recognised in this study, yet the issue of professional development is equally critical. This study suggests a trial in which motivated individuals could be, for example, rostered to one shift per fortnight specifically to teach (without any patient load that day). When undertaking the role of a staff development nurse midwife or clinical educator/mentor, dedicated time should be set aside to prepare and deliver education, including clinical supervision support of staff to maintain standards. This would minimise the existing nursing and midwifery workload concerns, as well as the dilemma of having to care for patients and perform the additional task of teaching. This

strategy could help augment the current CPD situation and enhance the NMs' overall clinical practice and knowledge.

- Third, the findings of this study raised the potential question of what motivated these NMs to attend CPD. While this was not within the scope of the study, the need to understand NMs' thinking in this area is central to stimulating learning and motivating staff to attend clinical education.
- Finally, appropriate remuneration by the organisation for providing clinical education to fellow coworkers could further encourage a pathway for career development, and serve as a retention strategy in an already overwhelmed workforce.

### **6.3.2 Implications for Clinical Practice**

As identified in this study, staff development for NMs in Tanzania is ad hoc and unstructured, and it remains unclear how standards are monitored and maintained.

- Consequently, there is a serious need for CE in the workplace to improve local capacity and clinical practice, and subsequently help save lives.
- Parallel to the above recommendations for clinical education, the presence of a staff development nurse midwife or clinical educator/mentor on the wards could help assess staff's clinical competencies and ensure that the individual needs of clinical areas are met.

In turn, this would create a supportive environment that fosters a culture of lifelong learning to improve clinical practice. This notion aligns with the national guidelines for professional practice and requirement for NM re-licensure to practice in Tanzania.

### **6.3.3 Implications for Health Organisations, Policy Makers, Training Institutions and Aid Development Programs**

The findings of this study have provided valuable insights from a group of TNMs who were adaptable, made changes, gave quality care, and subsequently witnessed life-changing outcomes in their patients. From a workforce morale perspective, this created a sense of empowerment, enthusiasm and motivation. Thus, a key consideration for health organisations is to find a way to maintain this momentum. This could be achieved in the following ways.

- First, it is advisable to capitalise on the capabilities of specific NMs who display the attributes of good clinical educators (in consideration of those recommended in Sections 6.3.1 and 6.3.2). Therefore, central to moving Tanzania’s nursing and midwifery workforce forward in embracing CPD, creating local opportunities for CE, and ensuring CPD’s sustainability into the future, it is critical to invest in a strategic professional development model that is supported by healthcare organisations.
- Second, government and policy makers can significantly influence the stability and sustainability of providing CE locally. This recommendation needs to be further tested.
- Third, when implementing a model, a centralised or cluster approach should be considered, whereby hospitals within a region could form a centre of excellence for CPD that is staffed with designated positions, who are responsible for centrally coordinating and delivering staff development education, including ‘train the trainer’ skills, clinical skills support and competency assessment. As supported by Campbell-Yeo et al. (2014), this strategy would facilitate the development of nursing expertise, streamline human resource management, and ultimately improve outcomes. In areas of high need, where support is required, it would also be beneficial to have centralised partnerships with appropriate training institutions and foreign aid programs to develop and facilitate professional development education to meet the unique needs of the health organisation. Keane (2016) also supported a centralised nurse education service model, which was described as a cost-effective model for health organisations that allows for consistency of training and reduces duplication and scales of economy.

#### **6.3.4 Implications for Research**

The views of the NMs from Australia who served as CPD educators and the NMs from Tanzania who were attendees of the education have been captured and compared in this study, thereby giving greater insight into the current state of CPD in Tanzania. However, further research in this area is still necessary. Some recommendations include:

- Examining the views about CPD of nursing and midwifery managers, hospital executives, and the registration and government authorities responsible for the NM workforce. Using a qualitative approach could provide a broader perspective

of CE in the country, and help uncover potential challenges when developing the centralised model suggested in this study.

- Trialling a strategic CPD education model across one hospital or region—for example, by using a mixed-methods approach, undertake a pre- and post-study to determine the effect of the model on staff and patient outcomes. Examination of staff productivity and the costs associated with the model could also be incorporated.
- Undertaking projects that use theories—such as lifelong learning theory, motivational theory, organisational learning theory and force field analysis theory—to better understand the causal links of workplace constraints and CPD to change within health organisations should be considered.
- Undertaking patient outcomes research by measuring, for instance, the clinical incidents and patient outcomes before and after attending CPD in a specific area would be a worthwhile study.
- Evaluating the awareness of the registration and renewal of licensure policy implemented by the TNMC (in 2014) among NMs in Tanzania. This could provide insight into the effectiveness of the policy and identify adherence to CPD in the country.

## **6.4 Conclusions**

New information about CPD and CE in Tanzania has resulted from the findings of this study. While workplace challenges are acknowledged, so are the benefits of CPD. The results demonstrate that CPD directly influenced several aspects, including staff efficiency, staff morale, and, importantly, the end users of hospitals—with patients' lives saved because of improved knowledge and practice. As the TNMs became better able to provide quality care after attending CPD, they became keener to engage in CPD and were empowered to impart their knowledge with their coworkers to provide high-quality care. The struggle and frustration for them was that, while they acquired new knowledge and were better equipped in their skills, their abilities were hampered by the lack of resources and infrastructure to support them. The recommendations identified in this chapter could help assist some of the concerns raised in this study. The NMs' explanations emphasised the importance of ongoing education and the need for designated staff development peer group educators and mentors as fundamental to sustaining CPD into the future. Thus,

further research in this area, including the proposed recommendations, must be explored and evaluated in the future. Appropriate policy to regulate CPD and adequate funding to enable the practicalities of CE are, in addition, central to implementing changes that can be more sustainable.

## **6.5 Final Personal Reflection**

As the author and researcher of this study, it has been a privilege to be a part of this incredible journey. Today, while I reflect at the end of this study and experience, it is gratifying to learn that my peers in Tanzania have gained much from the education, and the results have positively affected the lives of their patients. It is most humbling to recognise that the experience has taught me a great deal. Through embarking on this higher degree education journey, not only have I gained a good understanding about research and the various methodologies involved, I have also gained a greater appreciation about being a global citizen, where CPD is central to our personal and professional growth. To my fellow TNMs, despite the daily challenges, you demonstrated that you are capable of achieving great things, including influencing change and leading the future direction of CPD. I appreciate that navigating a pathway to implement the recommendations of my study will require significant commitment by all concerned; however, I truly believe that, with a united approach, positive change can be enacted. Thus, to this end, in the words of Clare Fagin (as cited in Quotery, 2014), ‘Knowledge will bring you the opportunity to make a difference’. Embrace the opportunity and keep moving forward.