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NAZERENE NURSING COLLEGE
MANZINI, SWAZILAND

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Curricular Consultancy

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Evaluation and Report by

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NAZERENE NURSING COLLEGE CONSULTANCY

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PART ONE

SWAZILAND INSTITUTE OF HEALTH SCIENCES NURSING PROGRAM

Evaluation Criteria, Interpretations

Observations and Assessments

I Background

Until 1979 all para-medical training in the Kingdom of Swaziland was done by private mission hospitals in which the services and training were focused on inpatient treatment of illness.

Since then with the assistance of the U.S. Agency for International Development, Health Manpower Training project, the Government of Swaziland has been training their own paramedical cadres - basic nurses, "doublely qualified nurses", health inspectors and dental assistants at the Swaziland Institute of Health Sciences (SIHS).

There are few medical doctors available in the rural areas of Swaziland and the likelihood of increase in the number of physicians is not promising. Therefore for the foreseeable future nurses are and will be the major health care providers and need diagnostic and treatment skills above those regularly included in a basic nursing education curriculum.

Thus the curricula developed at SIHS is designed to conform to the Ministry of Health's policy of preventive health care in response to Swazilands health care delivery needs.

The MOH now desires to evaluate the components of the SIHS Nursing program and extend the essential ones to other nurse training institutions as part of the National strategy for manpower development.

II: Structure and Governance (Organization and Administration)

CRITERION 1. THE PROGRAM'S PHILOSOPHY AND GOALS ARE CONSISTENT WITH THE MISSION(S) OF THE PARENT INSTITUTION.

The Nursing program's goals, philosophy and purposes are consistent with the policy, goals and objectives of the Ministry of Health and SIHS, and in keeping with their commitment to undergraduate education in the preparation of leaders in a variety of fields. The faculty, the statement of the Nursing program's philosophy and goals and the Ministry of Health's policy statement, all indicate that this criterion has been met.

CRITERION 2. FACULTY, ADMINISTRATORS AND STUDENTS PARTICIPATE IN THE GOVERNANCE OF THE PARENT INSTITUTION.

2.1 Relationships among educational and support units with central administration are clearly identified and supported by the organizational structure.

The Chief Administrative Officer of SIHS is a Nurse. Each discipline should have an administrator that reports to the Chief Administrator.

- 2.2 Nursing faculty and administrators participate on central committees, associations and boards of the parent institutions.

A Nursing faculty member, preferably elected by the SIHS NURSING FACULTY ORGANIZATION, should be a member of all committees, associations and boards of the parent institution. Provision for these elections should be included in the Bylaws of the Nursing Faculty Organization. Nursing faculty members should be encouraged to be leaders on all central committees, associations and boards.

Nursing education, nursing research and nursing service do not exist in a vacuum. There must be an interdisciplinary effort to assess, diagnose, plan, implement, and evaluate the Nursing and health needs and services for the people of Swaziland.

The Ministry of Health's planning and implementation, to meet the health needs of the country, has to be in conjunction and complete cooperation with all the other ministries of the Government.

- 2.3 There is opportunity for student input into governance in the parent institution.

A Nursing student should be a member of all central committees, associations and boards. Provisions for these elections should be included in the by-laws of the SIHS Student Association.

CRITERION 3. THE ORGANIZATIONAL STRUCTURE OF THE NURSING PROGRAM
PROMOTES EFFECTIVE FUNCTIONING AND FOSTERS THE ATTAINMENT
OF PROGRAM GOALS.

3.1 The organizational structure is appropriate to the size of the
program(s).

The current organizational chart was appropriate for the first three years. There should be a program director for the basic Nursing program and a program director for the post graduate program. These appointments should be for one-year terms. All administrative assignments should be understood to be one-year term appointments. Hopefully, these program directors will be effective and creative enough to be able to continue in order to provide continuity and stability.

There should be levels 1, 2, and 3 coordinators for the Basic Nursing Program (S.R.N.) and a coordinator for the Midwifery Program, a coordinator for the Community Mental Health Nursing Program, and a coordinator for the Nurse Practitioner Program.

The primary responsibility of these second and third level faculty (program directors and coordinator) administrators will, by necessity today, continue to be teaching. However, in the future, when the school is larger and the financial (austerity) problem is solved, these faculty members should have their teaching load reduced, and be compensated for their additional administrative responsibilities.

3.2 Committee(s) and other appropriate mechanisms are established as needed to carry out the functions of the faculty and program in Nursing.

The SIHS Bulletin, August 20, 1983, indicates that there are six (6) committees, associations and boards of the Swaziland Institute of Health Sciences. They include:

- A. Disciplinary Committee
- B. Student Uniform Committee
- C. The Social Committee
- D. Library Committee
- E. Student Association
- F. Advisory Board

The Nursing Program Committees should include:

- A. Program (S.R.N., Midwifery, Community Mental Health and Nurse Practitioner)
- B. Admission, Progression and Graduation
- C. Curriculum Committees for each Program
- D. Curriculum Coordinating Committee

Because of the small size of Nursing faculty, committees and meetings should be held to a minimum. There should be just enough for adequate functioning of the programs. Decisions made by consensus rather than votes, usually keep faculty cliques to a minimum.

The Curriculum Coordinating Committee should be composed of curriculum chairpersons from all disciplines in the institute. The function of this committee should be coordinating decisions made by curriculum committees that affect all the disciplines at SIHS.

3.3 Purposes, functions and membership of each committee are defined.

The format for the minutes should be standardized, and the type of decisions made by individuals/groups identified. A copy of the Minutes of each standing committee must be available to each faculty member for reference, on file in the program director's office, and a copy sent to the chief administrator of the Nursing Programs.

3.4 Students have the opportunity for representation within the Programs Organizations.

There should be student representation (with a full vote) on all Nursing faculty committees. The time for meetings should be convenient for the student member to attend.

CRITERION 4. THE PROGRAM(S) ADMINISTERED BY A NURSE EDUCATOR WHO HOLDS AN EARNED DOCTORAL DEGREE AND HAS EXPERIENCE IN BACCALAUREATE AND/OR HIGH DEGREE PROGRAMS IN NURSING.

The consultant is aware that this is, by necessity, a goal for the future for nursing in Swaziland. The history of nursing and its development in Swaziland parallels that of the history of nursing in other parts of the world. The Swaziland nurses have had to assume more responsibility because of the shortage of physicians.

The two principal tutors (administrators) of the two nursing schools in Swaziland meet the Nursing Education Board of Botswana, Lesotho and Swaziland (NEBBS) regulations:

"A person who is registered both as a general nurse and against whose name an additional qualification in Nursing education is registered, is designated to the NEBBLS as the person in charge of the school."

The Principal of SIHS, Ms. Nester T. Dlamini is, a Nurse and, as qualified as many of the deans of BSN Programs, and some of the Masters of Science in Nursing (MSN - Graduate) program, in the U.S.A. Ms. Dlamini is a Nurse Educator, S.R.M. Nazarene College of Nursing and Community Health, Manzini, Swaziland; Diploma in Nursing Education, College of Nursing, Melbourne, Australia; B.Sc.N. (second class honors upper division) University of Ibadan, Ibadan, Nigeria; M.P.H. University of Pittsburgh, Pittsburgh, Pennsylvania, U.S.A.; FPNP Planned Parenthood of New York City at Margaret Sanger Center, New York, U.S.A.

Ms. Dlamini's diploma in Nursing Education in Australia would have been a M.S. in Nursing Education in the U.S.A. and her post-basic nursing preparation is the equivalent of a doctorate in nursing.

SIHS is administered by a talented nurse educator whose credentials makes her qualified for her present responsibilities. She is also qualified to be Dean of a BSN Program if SIHS decides to offer such a degree.

At present Ms. N. Dlamini is acting Chief Nursing Officer, Ministry of Health, while the Chief Nursing Officer Ms. Maggie P. Makhubu is in the U.S.A. Ms. Louisa Dlamini is Acting Principal for SIHS. It is reported that Ms. Makhubu is returning to Swaziland July 18, 1984.

CRITERION 5. THE ADMINISTRATOR OF THE NURSING PROGRAM WITH INSTITUTIONAL CONSULTATION AND NURSING FACULTY INPUT HAS THE RESPONSIBILITY FOR PLANNING AND ALLOCATING PROGRAM RESOURCES.

5.1 Faculty advice is sought in regard to plans that affect fiscal resources.

Ms. Eunice M. Mabuza, SIHS Nursing faculty member, accompanied the consultant and Mrs. E. Hlophe (Public Health Nurse and faculty member from Nazarene Nursing College) to the Primary Health Care Centre at Sithobela, on Friday, June 29, 1984, to see if the facilities, resources and services of this center is suitable to place nursing students there for public health nursing experience.

5.2 Derivation of the Program's budget is consistent with institutional policy for like programs.

The present administrator for SIHS is a nurse. It is expected that she will make budget allocations according to need. Faculty salary usually takes priority over other expenses. From the SIHS list of faculty, sixteen (16) (including one [1] nurse guest lecturer) out of a total of twenty-eight (28) were nursing faculty.

- 5.3 Administrators of the parent institution (MOH) provide consultation to the Nursing Administrator in budgetary matters.

The Ministry of Health (MOH) is used as the parent institution. If SIHS decides to upgrade the disciplines and award degrees, then SIHS becomes the parent institution for the "College of Nursing" and the "College of Allied Health".

Minutes of meetings could verify the budget decision process to be used by external program evaluators (Swaziland Nursing Council or NEBBLS).

III Material Resources

CRITERION 6. THE FISCAL RESOURCES ARE ADEQUATE TO SUPPORT THE NURSING PROGRAM IN ACCOMPLISHING ITS GOALS.

- 6.1 Faculty Members are sufficient for clinical teaching in a professional program.

The faculty student ratio at SIHS in clinical units is kept within the 1:10 ratio for patient safety. In the clinics, operating room and delivery room, the ratio, because of space and selected learning experiences, may be 1:3 to 1:5.

- 6.2 The number of full-time faculty supports curriculum continuity and consistency.

- 6.3 Faculty and administrative salary levels support recruitment and retention of prepared persons.

It is reported that teaching staff for general education programs are paid and promoted above the faculty in schools of nursing.

- 6.4 Support staff are sufficient in numbers and type to support the faculty and administrative responsibilities.

There are three (3) secretaries and one (1) librarian at the Institute. This is not sufficient to maintain quality programs.

- 6.5 Learning resources are current and of sufficient breadth; e.g. library and audio-visual materials.

The number and titles of books are limited. The faculty and students are to be complimented for their success in the National and NEBBLS examinations. It was reported that Dr. Helen Dunn, Dean, School of Nursing, Louisiana, State University Medical Center, New Orleans, Louisiana, had sent books for the library. The audio-visual materials were impressive. Books found on the shelves in nursing schools in the U.S.A. were noted. The consultant was told that the communicable and tropical disease books are usually from the U.K. or South Africa. Nursing textbooks for communicable and tropical diseases in the U.S.A. either do not exist or are inadequate for

Swaziland. One or two copies of the latest nursing textbooks, printed within the last five (5) years should be available. These should include:

- A. Medical Surgical Nursing (or Nursing Care of the Adult client)
- B. Psychiatric and Community Mental Health Nursing
- C. Parent Child Health Nursing (Obstetrics and Pediatrics)
- D. Public Health and Community Nursing

The basic nursing principles are applicable worldwide. Some of the content of these books will have to be omitted and additions made specific for the needs of Swaziland. Time and resources should be made available in the future for some of the nursing faculty to write textbooks. A single faculty member should be encouraged, or she may be the editor of a book with articles written by several faculty members.

6.6 Research monies and support services are consistent with the Programs' Mission.

Faculty members, with research interest, should be encouraged to periodically conduct surveys to determine nursing care input and outcome. Surveys of appropriate samples of health problems must continue in order to assess the health needs of the Swaziland population.

It is indicated from the faculty members' educational preparation that they continue their development. They are also active in their community and professional organization.

CRITERION 7. THE RESOURCES ALLOCATED TO THE PROGRAM ARE COMMENSURATE WITH THE RESOURCES OF THE PARENT INSTITUTION.

- 7.1 Faculty salaries reflect institutional policy for similar programs within the institution.
- 7.2 Institutional support for the Program's Mission is evident in the fiscal resources allocated to it.
- 7.3 The program has access to all institutional support services available to like programs; e.g., library, consultive services, computer services, institutional research, legal counsel and faculty development.
- 7.4 Institutional support is adequate to the program's Mission and comparable to that of similar programs within the institution.

CRITERION 8. THE PHYSICAL FACILITIES ARE ADEQUATE FOR THE PROGRAM TO ACCOMPLISH ITS GOALS.

8.1 There are sufficient:

- Offices for administration, faculty and staff.
- Space and support equipment for research.
- Storage space for equipment and instructional materials.
- Classrooms, conference rooms, and laboratories.
- Space for non-instructional activities of faculty and students.

The consultant toured the physical facilities and assessed the adequacy for program goals.

CRITERION 9. A COMPREHENSIVE AND CURRENT LIBRARY, DEVELOPED WITH INPUT FROM NURSING FACULTY, IS AVAILABLE.

9.1 Policies for library acquisition include faculty input.

9.3 Inventory of library holdings in nursing and acquisitions budget are adequate to program goals.

Dr. DeBose indicated that books and journals have been ordered to update library holdings.

9.3 Faculty and students use the library facilities.

In reality, the use of professional journals will be limited by faculty and students. No journals more than five (5) years old should be purchased. Funds available should be used to purchase three (3) copies each of the textbooks in the specialty areas (Maternal Child Health Nursing, Medical-Surgical Nursing, Psychiatric Nursing, etc.).

CRITERION 10. THE CLINICAL FACILITIES ARE SELECTED TO PROVIDE OPPORTUNITIES FOR A VARIETY OF LEARNING EXPERIENCES AND TO PROMOTE ATTAINMENT OF THE OBJECTIVES OF THE CURRICULUM AND GOALS OF THE PROGRAM.

10.1 Appropriate agreements with extramural agencies are mutually developed and periodically reviewed.

A formal process for selecting clinical agencies should be developed. The contracts or agreements with the major agencies should be signed by the administrator of SIHS, the nursing school administrator, and the administrator of the clinical agency.

- 10.2 Criteria based on analysis of instructional objectives are developed by faculty and used for selection of clinical facilities.

NEBBLS has developed requirements for the selection of major clinical agencies.

- 10.3 The agencies are approved by the appropriate accrediting or evaluating bodies, if such exist.

The MOH should develop criteria for evaluating hospitals, visit them at periodic intervals and see that the necessary standards are met. If these hospitals are not accredited (or approved), nursing students should not be assigned to these facilities.

- 10.4 The clinical facilities should be of sufficient variety, size and number to meet the objectives of the program.

NEBBLS has developed such requirements. A clinical instructor must supervise students when they are assigned to clinical facilities. The instructors teaching the theory (content) should supervise the students.

Evidence of evaluation of clinical agencies in terms of established criteria should be kept on file.

The SIHS nursing faculty indicated that the Mbabane Government Hospital is totally inadequate to meet instructional objectives.

It was reported that the SIHS nursing students did not have the minimum equipment necessary for nursing care at Mbabane Hospital. The faculty indicated that they need to use RFM Hospital until the Mbabane Hospital conditions are improved. The administrators of SIHS, Mbabane Hospital and the nursing faculty should work together, with the MOH, to improve the Mbabane Government Hospital facilities. Until this is done the students should use RFM Hospital.

SIHS students are using the Good Shepherd Hospital without SIHS clinical instructors' supervision. If a nursing student is on a unit, without supervision, this is work, and not a clinical learning experience.

IV Policies

CRITERION 11. FACULTY AND STUDENT POLICIES ARE WRITTEN, IMPLEMENTED, AND MADE AVAILABLE TO THOSE AFFECTED.

Guidelines for Interpretation

- 11.1 Student policies include admission, progression, retention, dismissal, graduation, and rights and responsibilities.
- 11.2 Faculty policies are those related to appointment, termination, rights and responsibilities, academic rank, tenure, salaries, promotion, and recognition of professional competencies.
- 11.3 Policies are published in catalogs and/or faculty and student handbooks.
- 11.4 The records of meetings, and of students and faculty reflect consistent implementation of written policies.
- 11.5 Freedom to discuss, inquire and express opinion is provided for student and faculty.

11.6 Channels for receipt of student and faculty views and grievances are well defined.

It was indicated that because the nursing faculty members are civil servants they may be moved, or assigned, to other facilities. It is important that faculty feel that they will be allowed to remain as faculty in their selected schools of nursing. This is necessary for continuity of the curriculum and a feeling of loyalty to a particular institution.

CRITERION 12. POLICIES RELATED TO GOVERNANCE AND THE CONDUCT OF THE PROGRAM ARE DEVELOPED BY NURSING ADMINISTRATORS AND FACULTY WITH INPUT FROM STUDENTS.

12.1 There is faculty and student representation on policy-making committees.

12.2 Primary responsibility for the development and conduct of the academic programs rests with the faculty.

The procedures used for curriculum revision and for development of academic and personnel policies should be available in the by-laws of the faculty organization and minutes of meetings.

CRITERION 13. POLICIES OF THE NURSING PROGRAM ARE NON-DISCRIMINATORY AND ARE CONSISTENT WITH THOSE OF THE PARENT INSTITUTION; POLICIES WHICH DIFFER FROM THOSE OF THE PARENT INSTITUTION ARE JUSTIFIED BY PROGRAM GOALS.

This should be verified from the content of publications which include policies for both parent institution, the program and the minutes of meetings.

It is reported that the general education teachers, with less formal academic preparation and less experience as nursing faculty members, are promoted to senior teachers at the twenty (20) grade level. It was also indicated that these general education teachers are provided housing. Two rooms for nursing faculty are provided in the student dormitory at the Primary Health Care Center in Sithobela. The nursing faculty could not provide justification for these policy discrepancies.

Policies such as these communicate to the nursing faculty members, and the community, that they are less important than general education teachers. This will make it more difficult to recruit good students for the Nursing Program. If nurses are going to be required to assume more primary health care responsibilities, it is important that an adequate number of the best qualified students graduating from high school are recruited. If nursing is not made attractive, recruitment becomes critical for the preparation of primary health care providers for Swaziland.

The people of Swaziland deserve the same level of health care from intelligent well trained public health nurses as any other country. This is especially true, since the Swaziland nurses are required to assume many of the physicians' responsibilities. They are expected to assess illnesses make nursing and medical diagnoses, plan, and provide preventive, therapeutic and rehabilitative care for the majority of the people of Swaziland.

V. Students

CRITERION 14. ADMISSION, PROGRESSION, RETENTION, DISMISSAL AND GRADUATION REFLECT THE GOALS AND RESOURCES OF THE NURSING PROGRAM AND THE OBJECTIVES OF THE CURRICULUM.

14.1 The admission and progression policies are implemented to ensure that the size and academic qualifications of the student body are consistent with both the instructional resources and the objectives of the program.

The size of the entering class is determined by the number of faculty. The SIHS pre-nursing students can be identified by the School of Nursing. The first year should be core courses in the natural (anatomy, physiology, mathematics, microbiology, nutrition and chemistry) sciences, the behavioral (sociology and psychology) sciences and the humanities, including English. There may or may not be an introduction to nursing course, including the History of Nursing in the first year. This first nursing course can be an elective open to all students at SIHS. This course should be theory only, no clinical experience required, and used to recruit good SIHS students to enter nursing rather than pre-med, pre-dentistry, teaching training etc.

The latter three years should be devoted to nursing courses with at least one non-nursing course, or an elective, each year in order to keep the nursing students in contact with students in other disciplines.

It was reported that "core" courses at SIHS are taken by students from all disciplines. Also it was indicated that one science teacher was teaching all the science courses. The teachers in the Swaziland University, Department of Science should be teaching the natural science courses. When available physicians or laboratory technologists teachers can teach special courses such as anatomy, physiology and microbiology.

If students successfully complete the first year, then they would be fully matriculated into the nursing program. This procedure will reduce the attrition rate due to academic failure. It will be less costly to the government and the student. This procedure will also bring the faculty-student ratio to a level that is clinically acceptable and provide better clinical supervision.

- 14.2 In accordance with policies of the parent institution, there is a mechanism for evaluation of prior learning for admission and/or advanced placement of students in the current program and future degree programs.

When SIHS is allowed to award the BSN degree, first priority should be given to the present Nazarene Nursing College faculty members. They have experience teaching nursing, and a "bridge course" could be developed to introduce them to "professional nursing". In order to evaluate them, and determine that they have the same content as the SIHS generic students, final examinations for the core courses and Nursing courses (theory and practice) can be used in awarding

credit. In order for the clinical courses to be acceptable, a clinical practicum exam (observations by clinical instructors) should be included.

The BSN should be retroactive to include the SIHS Nursing students that have graduated from the present curriculum. Even though it is called a three (3) year program, the contract hours and curriculum is equivalent to a BSN program.

The courses required by the SRN nurses may be offered in the evening or weekends to make them convenient for those desiring the BSN. Intensive "crash" courses may also be developed for the SRNs during vacation, semester breaks or summer sessions.

The attrition rate and reasons were not reviewed or discussed with the SIHS faculty. The State Board Examination scores and pass rates are excellent. Several candidates passed with merit and honors. Only one SIHS student failed the last examination. Students should be allowed to repeat the examination more than three times.

VI. Faculty

CRITERION 15. THE SIZE, ACADEMIC AND EXPERIMENTAL QUALIFICATIONS, AND DIVERSITY OF BACKGROUNDS OF THE FACULTY ARE APPROPRIATE TO PROGRAM GOALS.

The Swaziland Institute of Health Sciences Bulletin, August 20, 1983, pages 28-31, and discussions with SIHS faculty, give evidence that this Criterion is met.

15.1 There is rationale for faculty-student ratio including consideration of effective teaching/learning strategies.

A large class for Nursing Theory is not a major problem. Although it reduces the opportunity for student participation in discussion. The faculty-student ratio in the clinical laboratory should not exceed 1:10. If there is one faculty member and 10 students and each student is assigned one patient, that faculty member is responsible for supervising and teaching those ten students and, in addition, the faculty member is responsible for the total care of those 10 patients. This is not possible for quality supervision, nor safe patient care. If the students are assigned more patients, the faculty member's responsibility is multiplied by the number of students times the number of patients assigned.

The faculty member is responsible for the assignment of students. If she accepts the responsibility to supervise more than 10 students and assigns them more patients than they can give adequate care, and if a serious error is made, she may have her registration suspended. The faculty member is usually legally responsible for students and the assigned patients under her supervision.

15.2 The number of faculty is sufficient to:

- Participate on committees/projects within the nursing unit.
- Participate in the affairs and organization of the parent institution.

Knowledge in medical and nursing sciences that is more than five (5) years old may be out-of-date. Health service providers that do not keep up-to-date may not know that they are doing more harm than good. The explosion in medical and nursing knowledge from research findings make it imperative that faculty and nursing service practitioners continue to keep their knowledge up-to-date.

- 15.3 There is diversity among faculty with respect to personal characteristics, professional experience, and the academic institutions at which they earned their degrees.

There are thirty-three (33) institutions represented by the nursing faculty's preparation. The institutions represented included:

Nazarene College of Nursing and Community Health,
Manzini, Swaziland (9)
Edinburgh Royal Infirmary School of Nursing,
Scotland, United Kingdom (1)
Bradform-upon-Avon Maternity Hospital,
Wiltshire, England (1)
Newcastle-upon-Tyne Polytechnic, England (1)
National Health Institute, Gaborone, Botswana (2)
Olivet Nazarene College, Kanakee, Illinois, U.S.A. (1)
New York University, New York, U.S.A. (2)
Edendale non-European Hospital, Natal, R.S.A. (2)
University of Ibadan, Ibadan, Nigeria (3)
College of Nursing, Melbourne, Australia (1)
University of Pittsburgh, Pittsburgh, Pennsylvania, U.S.A. (1)
Margaret Sanger Center, New York, NY, U.S.A. (1)
Mid-Staffordshire School of Nursing, United Kingdom
School of Surgical Chiropody, Surrey, England (1)
Manhattan State Hospital School of Nursing,
New York, New York, U.S.A. (1)
Long Island University, Brooklyn, New York, U.S.A. (1)
University of Ghana, Legon, Ghana (1)
University of Science and Technology, Kumasi, Ghana (1)
Meharry Medical College, Nashville, Tennessee, U.S.A. (1)
School of Public Health, Accra, Ghana (1)

Training Center for Health Personnel, Lagos, Nigeria (1)
 University of Cardiff, Wales, United Kingdom (1)
 All India Institute of Hygiene and Public Health,
 Calcutta, India (1)
 Pretoria General Hospital, Pretoria, R.S.A. (1)
 King Edward VIII Hospital, Natal, R.S.A. (1)
 Louisiana State University Medical Center School of Nursing
 New Orleans, Louisiana, U.S.A. (1)
 Baragwanath Hospital, Soweto, Johannesburg, R.S.A. (1)
 Bridgman Memorial Hospital, Transvaal, R.S.A. (1)
 Dillard University, New Orleans, Louisiana, U.S.A.
 Howard University, Washington, D.C., U.S.A. (1)
 Cuttington University School of Nursing, Liberia (1)
 Phebe Hospital School of Nursing, Liberia (1)
 Certificate in "Ward Management", Copenhagen, Denmark (1)

This program should have the envy of many nursing programs in the world. With thirty-three (33) institutions, located in various parts of the world, represented by 'SIHS' nursing faculty, they can select the best from each program and adopt this to the health and nursing needs of Swaziland. There is a wealth of information and experience represented in the faculty. This nursing faculty is more than qualified to prepare students for the BSN degree.

CRITERION 16. FACULTY MEMBERS HOLD AS A MINIMUM QUALIFICATIONS A MASTER'S DEGREE APPROPRIATE TO THEIR AREAS OF RESPONSIBILITY.

16.1 Faculty who teach nursing hold a master's degree in nursing with clinical specialization appropriate to their area of teaching responsibility.

The United States of America was the pioneer in placing nursing schools in institutions of higher learning and awarding the degree in nursing. Many of the SIHS nursing faculty have more than the equivalent of a Master in Nursing preparation, in formal education and experience. If they had attended programs in the U.S.A., they

would have their masters in nursing instead of the diplomas or certificates. The content and contact hours in these programs are equivalent and should be used to evaluate and rank these faculty members with the Master in Nursing prepared faculty.

In terms of long range planning, Ms. Maggie P. Makhubu, Chief Nursing Officer, (a doctoral candidate) and Ms. Nester T. Dlamini, Principal, SIHS, with input from the SIHS faculty, should develop a MSN program. Not more than five (5) student should be accepted at a time until more Swaziland nurses are prepared at the doctoral level. The Swaziland nursing faculty and the Swaziland Nursing Council are the only groups that should make decisions regarding the WHO, WHAT, WHERE and WHEN for nursing education and nursing in Swaziland. They are the only groups qualified to make and implement the decisions. The nurses may use input from nursing students and consultants from Medicine, Health Planning, and other disciplines, but the final decisions MUST come from the nurses. Serious problems that are difficult to solve develop when decision that affect nursing and nurses are made by others.

16.2 Faculty who teach non-clinical courses (e.g., issues and trends, research, management, pharmacology, pathophysiology) have advanced preparation appropriate to their area of responsibility.

16.3 The minimum expectation is a master's degree; however, doctoral preparation in nursing is preferred.

CRITERION 17. A MAJORITY OF FACULTY MEMBERS TEACHING GRADUATE COURSES
HOLD EARNED DOCTORATES.

Graduate nursing education should be one of the long-term goals for the nurses in Swaziland. This would be much more cost effective than sending faculty abroad for graduate preparation.

- 17.1 The earned doctorate is preferably in nursing but may be in a related field.

Until the doctorate in nursing was available, all the doctorates held by nurses were in non-nursing fields. The same is true for the BSN and MSN degrees. The pioneers in nursing and nursing education were prepared at the diploma level. They had the vision and knowledge to develop and implement the degree programs in nursing.

CRITERION 18. FACULTY MEMBERS HAVE AND MAINTAIN EXPERTISE IN THEIR AREAS
OF TEACHING RESPONSIBILITY.

- 18.1 Faculty keep up-to-date with the literature in their area.
- 18.2 Faculty teaching nursing courses maintain their clinical expertise.
- 18.3 Faculty maintain current knowledge.

CRITERION 19. THERE IS EXPERTISE WITHIN THE FACULTY IN CURRICULUM
DEVELOPMENT AND EVALUATION, INSTRUCTIONAL DESIGN, AND
RESEARCH.

Documented evidence of faculty preparation is evidence that this criterion is met.

19.1 Expertise may be acquired through educational preparation or experience.

19.2 There is consultation available for assistance with curriculum development and evaluation or instructional design if faculty expertise is lacking.

Nurse consultants have been provided. Nursing programs in the U.S.A. have external evaluators (consultants) periodically to evaluate their programs.

19.3 There is evidence of efforts to strengthen faculty expertise or facilitate faculty development in curriculum, instruction and research.

Faculty preparation display ample evidence of their continued professional development through continuing education as well as continued academic work.

CRITERION 20. FACULTY ENDEAVORS INCLUDE PARTICIPATION IN SCHOLARLY AND PROFESSIONAL ACTIVITIES, AND COMMUNITY SERVICE CONSISTENT WITH THE MISSIONS OF THE PARENT INSTITUTION AND THE GOALS OF THE PROGRAM.

Discussions with faculty provided evidence of a positive and supportive environment for faculty participation in scholarly and professional activities.

The Nurse Educators Committee should have a newsletter to be used as a mechanism to report decisions made at the meetings and other relevant information to nursing service staff.

- 20.1 Among the faculty are members who conduct and report research, conduct evaluation studies, develop curricular/teaching innovations, and participate in other scholarly activities which advance the science of nursing.

The time spent by faculty, reading the annual Nursing Council and NEBBLS essay examination questions, and supervising the practice section of the exam, could best be spent in meeting the criterion above, and supervising students in the clinical areas.

The nursing schools are approved by NEBBLS and the Nursing Council. The individual schools evaluate their students for graduation. The student are not being prepared to be anatomists or physiologist, and the examinations in anatomy and physiology are unnecessary, costly, and take valuable time from faculty and physicians that could best be used elsewhere.

The practice of using physicians to test nursing students should never have been started and should be discontinued immediately. Physicians would not like the idea, or allow, nurses to examine their students or decide if they pass or fail medicine.

The SRN examinations should include nursing content only. The questions should be of the objective (multiple choice) type. This type of test allows for the testing of a much wider range of knowledge than essay tests with practicums. The type of tests used by NEBBLS were discontinued over forty (40) years ago in the U.S.A. If non-nurse members are kept on the Council, they should have no vote and should not be used as examiners. The multiple choice type exams can be computerized and the students will not have to wait several months for the results. If they are not computerized, and have to be graded by Council members, the time and effort would be less costly with the objective (multiple choice) tests.

20.2 Among the faculty are those who participate in community and professional service through such activities as membership/office in professional organizations, provision of continuing education offerings, membership/office in or service to community agencies and organizations, publications or presentations of professional papers, and consultation.

See 20.1

VII Curriculum

CRITERION 21. THE CURRICULUM IS LOGICALLY ORGANIZED AND INTERNALLY CONSISTENT. (Met)

- 21.1 The curriculum is based on the philosophy, purposes and objective of the program.
- 21.2 Organizing framework(s) is/are used for the selection and sequencing of content.
- 21.3 There is rationale for organization of content, sequencing of courses and allocation of credit.
- 21.4 The educational requirements are organized so that the knowledge and skills (contents) are developed progressively throughout the program.

Discussions with faculty and review of curriculum and course syllabi demonstrated that this criterion is met. The nursing major is organized according to a conceptual framework. There are both level and terminal objectives which corresponds with course objectives.

CRITERION 22. THE MAJORITY OF LEARNING EXPERIENCES OF NURSING THEORY AND PRACTICE ARE AT THE UPPER DIVISION LEVEL.

Approximately one-third (1/3) of the major is at the lower division (first two [2] years). The first year focus is the core (or foundational) non-nursing course taken with non-nursing students.

CRITERION 23. THE CURRICULUM CONTENT FOCUSES ON THE DISCIPLINE OF NURSING AND IS SUPPORTED BY OTHER SCIENCES AS WELL AS THE ARTS AND HUMANITIES. (Met)

- 23.1 There is emphasis on nursing theory and research as a source of curriculum content.
- 23.2 The content reflect the interactive nature of nursing science and medical science, as well as behavioral, physical, and natural sciences.
- 23.3 There is opportunity for students to study the interactive nature of nursing science with liberal arts and humanities.

CRITERION 24. THE CURRICULUM PROVIDES LEARNING EXPERIENCES IN HEALTH PROMOTION AND MAINTENANCE, ILLNESS CARE, AND REHABILITATION FOR CLIENTS FROM DIVERSE AND MULTICULTURAL POPULATIONS THROUGHOUT THE LIFE CYCLE.

The priority focus is health promotion and maintenance.

- 24.1 Content and instructional activities are designed to assist the student in attaining the ability to:

Engage in systematic process for providing nursing care to individuals, families, and communities.

- Accept individual responsibility and accountability for nursing care.
- Work with other disciplines in meeting the total health care needs of the client.

CRITERION 25. THE LEGAL, HISTORICAL, POLITICAL, SOCIAL, AND ETHICAL ASPECTS OF NURSING ARE INCLUDED IN THE CURRICULUM. (Met)

25.1. Course objectives/content address the past, present and emerging roles of professional nursing.

25.2 Technological advances in health care addressed in the context of personal, client, and professional values.

25.3 The decision-making process for nursing care includes examination and clarification of personal and professional values associated with health care policy and delivery.

25.4 Opportunity is provided for students to integrate into their practice ethical, moral, and legal aspects of nursing.

CRITERION 26. THE RESEARCH PROCESS AND ITS CONTRIBUTION TO NURSING ARE INCLUDED IN THE CURRICULUM. (Met)

26.1 Content and instructional activities are designed to assist the student in attaining the ability to evaluate research for the applicability of its findings to nursing actions.

26.2 Content and instructional activities are designed to assist the student in attaining the ability to identify research problems in nursing practice.

CRITERION 27. THE CURRICULUM PROVIDES FOR THE DEVELOPMENT OF SKILLS IN LEADERSHIP AND MANAGEMENT FOR BEGINNING PROFESSIONAL PRACTICE. (Met)

CRITERION 28. THE CURRICULUM EMPHASIZES THE DEVELOPMENT OF CRITICAL THINKING, DECISION-MAKING, AND INDEPENDENT JUDGMENT. (Met)

28.1 Nursing and other relevant theory are utilized in making decisions on nursing practice.

28.2 Theoretical and empirical knowledge from the physical and behavioral sciences and humanities are synthesized with nursing theory and practice.

CRITERION 29. THE INSTRUCTIONAL PROCESSES SUPPORT THE PHILOSOPHY AND GOALS OF THE PROGRAM AND THE OBJECTIVES OF THE CURRICULUM. (Met)

29.1 Instructional processes reflect the statement of belief about learning in the program's philosophy.

29.2 Classroom and clinical experiences are guided by relevant learning principles and theory and characteristics of students.

29.3 Classroom and clinical instruction methods are designed to effectively and efficiently achieve objectives.

29.4 Evaluation of student achievement in theory and clinical practice is consistent with instructional objectives.

VIII Evaluation

CRITERION 30. THE FINDINGS FROM THE ON-GOING SYSTEMATIC EVALUATION OF ALL PROGRAM COMPONENTS ARE USED FOR PROGRAM DEVELOPMENT, MAINTENANCE, AND REVISION. (Partially Met)

Guidelines for Interpretation

- 30.1 The evaluation includes input, process, and outcome.
- 30.2 There is evaluation of administrators, faculty, students, curriculum, and resources.
- 30.3 The evaluation plan follows a timetable specified by faculty.
- 30.4 There is evidence that graduates have met the objectives of the program.
- 30.5 There is evidence that graduates are prepared for assuming entry level or advance positions in nursing based on their program of study.
- 30.6 There is evidence that graduates are prepared for advanced study in nursing.
- 30.7 There is evidence of administrator, faculty, student, and employer input into program evaluation.
- 30.8 There is evidence that program decisions reflect the use of evaluation findings.

Evidence Required for External Evaluator

1. Instruments used in evaluation
2. Personnel and student records with evidence of evaluation.
3. Evaluation reports.
4. Minutes of meetings in which evaluation data is used for program decisions.

The critical areas for a quality program are:

1. Faculty
2. Finances
3. Facilities
4. Evaluation

RECOMMENDATIONS FOR SIHS

ORGANIZATION AND ADMINISTRATION (structure and Governance)

1. Each discipline should have an administrator (Director) that reports to the Chief Administrator.
2. SIHS represented on all committees of the MOH.
3. Multidisciplinary committee to assess, diagnose, plan, implement, and evaluate (research) the health needs and services for the people of Swaziland.
4. MOH planning and implementation, to meet the health needs of the country, work with and have complete cooperation with all other Ministries of the Government.
5. See that the Primary Health Care Center at Sithobela has adequate staff and housing facilities for faculty and students.

MATERIAL RESOURCES

1. Faculty members sufficient for clinical teaching (clinical supervision).
2. Administrative and faculty salary levels support recruitment and retention of prepared persons.
3. A secretary for each level in the basic nursing program; a secretary for the Director of other disciplines and the librarian.
4. Library acquisitions required for quality programs.
5. MOH fiscal support adequate to meet SIHS' goal to prepare nurses for an extended role for rural health care.

6. MOH develop criteria for periodic evaluation of hospitals to see if necessary standards are met (multidisciplinary committee to accredit hospitals).
7. The administrators of SIHS, Mbabane Hospital, and the Nursing faculty work together with the MOH to improve Mbabane Hospital facilities.
8. SIHS faculty assignment made permanent... For continuity of curricula... Decision made known to faculty.
10. Discontinue requiring nursing faculty teach non-nursing courses.
11. Discontinue allowing one "Science" teacher to teach all the biological sciences. One person is seldom, if ever, prepared adequately to teach anatomy, physiology, physics, inorganic chemistry, biochemistry, and microbiology.
12. If SIHS decides to award the BSN degree, first priority be given to NNC faculty.
13. Students failing the State Board examination be allowed to repeat more than three (3) times.
14. SIHS faculty is qualified and should apply to Ministry of Education for permission to award the BSN degree... Swaziland will then have two institutions of higher education.
15. Allow the Swaziland Nursing Council, Nurse Educators, and Swazi nurses to assume their responsibility and make decisions regarding the WHO, WHAT, WHERE, and WHEN for nursing and nursing education in Swaziland.
16. Provide courses to assist nurses (especially in rural clinics) in acquiring skills in order to participate in research studies.
17. Discontinue NEBBLS Examinations and use objective (multiple choice) test items only. NEBBLS may be used as an Advisory Council.
18. Discontinue using physicians' time to examine nursing students (internal decision).
19. Allow SIHS nursing students to study the interactive nature of nursing science with liberal arts and humanities (at the University of Swaziland). This should be an internal SIHS decision negotiated by the SIHS Administrator and the Chief Nursing Officer, MOH.
20. Periodic evaluation of all programs' components...(see Evaluation Guideline for interpretation).

PART TWO

EVALUATION OF RESOURCES AND CURRICULA

THE NAZARENE NURSING COLLEGE

NAZARENE NURSING COLLEGE CURRICULA CONSULTANCY

FACT SHEET

General Information

A. Name and Address of the Parent Institution:

Raleigh Fitkin Memorial Hospital
Post Office Box 14
Manzini, Swaziland
Southern Africa

B. Name and Title of the Chief Administrative Officers:

Mr. Elisha Mdluli, Hospital Administrator
Ms. Amy J. Manthata, Deputy, Nursing Services

C. Name and Address of the Educational Unit in Nursing:

Nazarene Nursing College
Raleigh Fitkin Memorial Hospital
Post Office Box 14
Manzini, Swaziland
Southern Africa

D. Name and Title of the Administrator of the Unit in Nursing:

Ms. Sharon E. Jones, SRN, SCM, BSN, Principal Tutor

E. Program(s) Offered:

State Registered Nurses (SRN)
(General Nursing Program)

State Certified Midwives (SCM)
(Midwifery Program)

F. Total Number of Nurse Faculty Members:

Full-Time 7 Part-Time 1

G. Total Current Student Enrollment in the College:*

Programs	<u>Full-Time</u>		<u>Part-Time</u>
	<u>July</u>	<u>1 Aug 84</u>	
S.R.N. (General Nursing)			
First Year	20	25	none
Second Year	28	20	none
Third Year	<u>29</u>	<u>32</u>	none
TOTAL	<u>77</u>	<u>77</u>	
S.C.M. (Midwifery)	<u>14</u>	<u>30</u>	none

* July 20, 1984... To graduate eight (8) Midwifery students on August 27, 1984. Number enrolled with this group was nine (9). (Not included in numbers above.)

PART TWO

Nazarene Nursing College

Curricula Consultancy

I. BACKGROUND:

The Raleigh Fitkin Memorial Hospital (RFM), a Nazarene mission facility located in Manzini Swaziland, Southern Africa has one of the two registered nurse (RN) training institutions in Swaziland. Previously RFM was self-financed and therefore totally responsible for its nursing program. However, due to financial constraints the Ministry of Health (MOH) now supports 80% of the RFM's budget.

Because of their financial relationships the MOH and RFM are concerned over the appropriateness of RFM's nursing college's curricula, which is more traditional and hospital based than that of the nursing program at the government's institution, the Swaziland Institute of Health Sciences (SIHS).

Thus the objective of this Nazarene Nursing College (NNC) consultancy is to assist the MOH and RFM in the development of a long range strategy for strengthening the NNC as part of the national strategy for manpower development.

In carrying out the consultancy the Consultant was requested to

1. Make preliminary assessment by: (A) reviewing relevant documents including Ministry of Health policy document (July 1983); Health sector component of the fourth National Development Plan; Ministry of Health Manpower needs assessment (June 1983); Swaziland Institute of Health Sciences (SIHS) curricula; and others. (B) interviewing relevant officials including Ministry of Health senior management; students, faculty, and administration of Nazarene Nursing College; Raleigh Fitkin Memorial Hospital Officials; SIHS Principal, faculty, and students; Good Shepherd Hospital nurse assistant training program officials; Department of Establishments and Training, GOS; and others as necessary; (C) visiting (NEBBLS) Nursing Education Board of Botswana, Lesotho, and Swaziland in Botswana; (D) visiting National Institute of Health in Botswana for purpose of comparison.
2. Assess and make recommendations regarding the specific role of NNC within the overall context of Ministry of Health Manpower Development efforts.
3. Assess and make recommendations regarding NNC curriculum, both didactic and clinical. This curriculum assessment should include (but not necessarily be limited to):
 - General analysis of strengths and weaknesses of curriculum.
 - Relevance of curriculum to actual work experience in field.
 - Relevance of curriculum to Ministry of Health Policy and planning priorities (i.e., community health and public health emphasis).
 - Effectiveness of curriculum as preparation for nursing Education Board of Botswana, Lesotho, and Swaziland (NEBBLS) examinations.
 - Consistency of curriculum to NEBBLS system and requirements.
 - Consistency between NNC and SIHS nursing curricula (and whether more or less consistency is needed in order to best meet national health needs).
4. Assess existing plans for expansion of the program and physical plant, and make recommendations on specific inputs required to implement the plan. Issues on which recommendations should be made will include:

- appropriate size of teaching complement, and faculty/student ratio, both for classroom faculty and clinical instructors;
 - adequacy of clinical sites (RFM hospital and clinics) to support increased teaching load; and
 - adequacy of teaching, hostel, and other physical plant areas.
5. Assess and make recommendations regarding faculty qualifications and training needs. This should include in-service as well as long-term training for both classroom faculty and clinical instructors.
 6. Assess degree of coordination between Ministry of Health and NNC, and between SIHS and NNC, and make recommendations for strengthening organizational relationships.
 7. Assess student attrition rate at NNC and SIHS, and; if necessary, make recommendations for improving attrition.

The material contained in this report has been prepared from the review of the documents, on site observations by the consultant and input from administrators, the Principal Tutor, members of the faculty and students of the Nazarene Nursing College. The consultant was guided in her observations and assessments by the National League for Nursing Criteria for Appraisal of Nursing Programs.

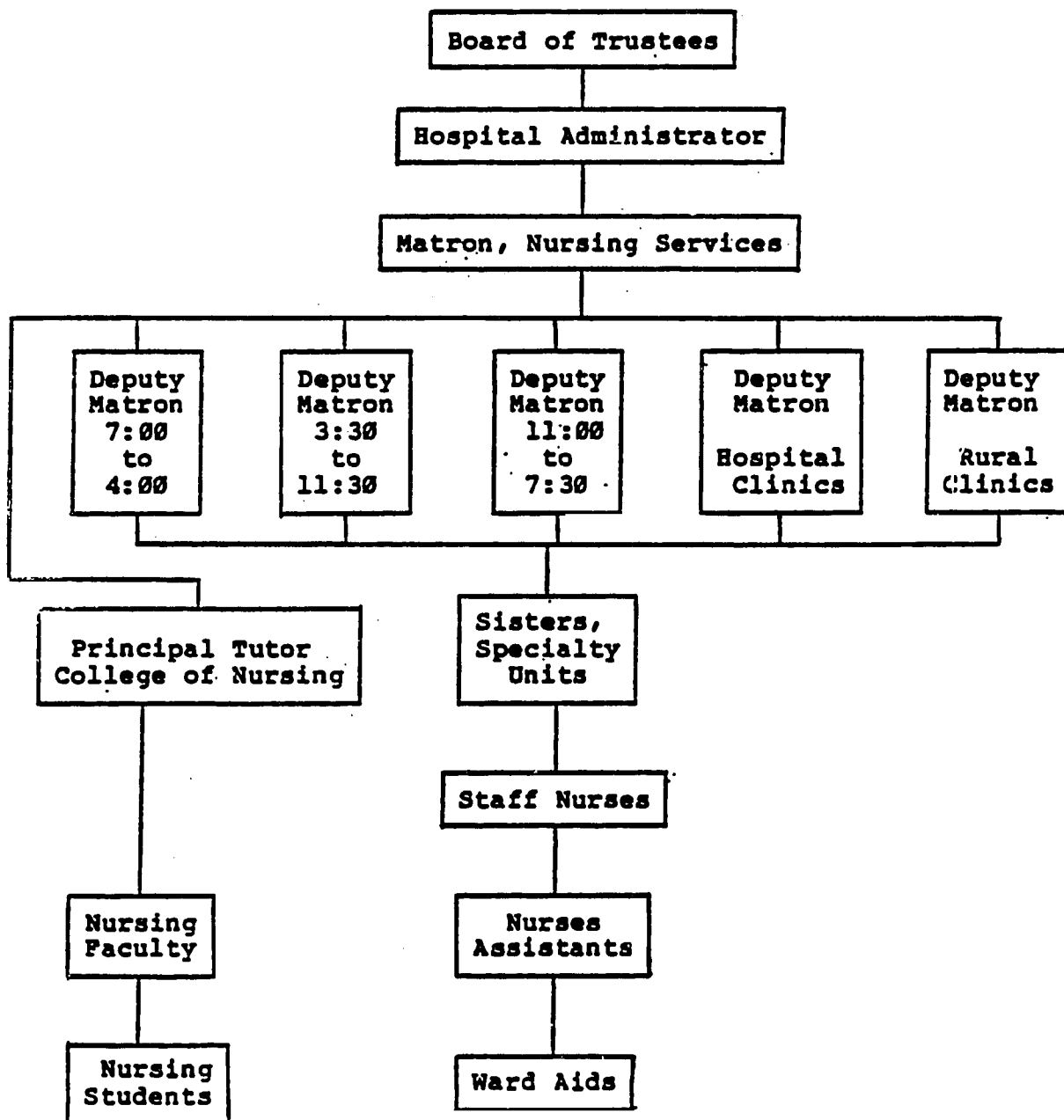
II. ORGANIZATION AND ADMINISTRATION (Structure and Governance)

- A. The Nazarene Nursing College (NNC) did not have a formal statement of philosophy. Its purposes were consistent with the purpose of the Raleigh Fitkin Memorial Hospital... "to minister to the soul of man, to his spiritual needs as well as to his mind and body." A statement of philosophy was prepared during the consultancy.

- B. NNC is not organized in accordance with the structural plans of the parent institution. The relationships with central administrative, and support service units of RFM are weak or in most instances do not exist. The principal tutor, faculty or students, are not represented on any committees of RFM. Revised organization charts were prepared for Nursing Services and NNC. See Figures 1 and 2.
- C. The organization of the college's faculty is not appropriate to its size, and its effective functioning. There are no written policies and rules of procedure for the faculty organization. All members of the faculty do participate in the activities of NNC in ways consonant with their individual expertise and responsibilities. Committees are not established as needed to carry out the functions of the faculty effectively. Relevant committees must be established, and the purposes and the membership of each clearly defined. There is one "Staff Committee" that includes the total faculty, chaired by the principal tutor. This "Staff Committee" should be a Program Committee with the total faculty and at least one student represented. The other committees should include: curriculum, Admission, Progression and Graduation, Student Welfare, Library and Faculty organization. Students should be represented on all NNC committees. All committee minutes should be sent to the Matron, RFM Nursing Services. All committee minutes, including faculty actions (decisions) should be recorded, filed systematically, and kept available for references.

FIGURE 1

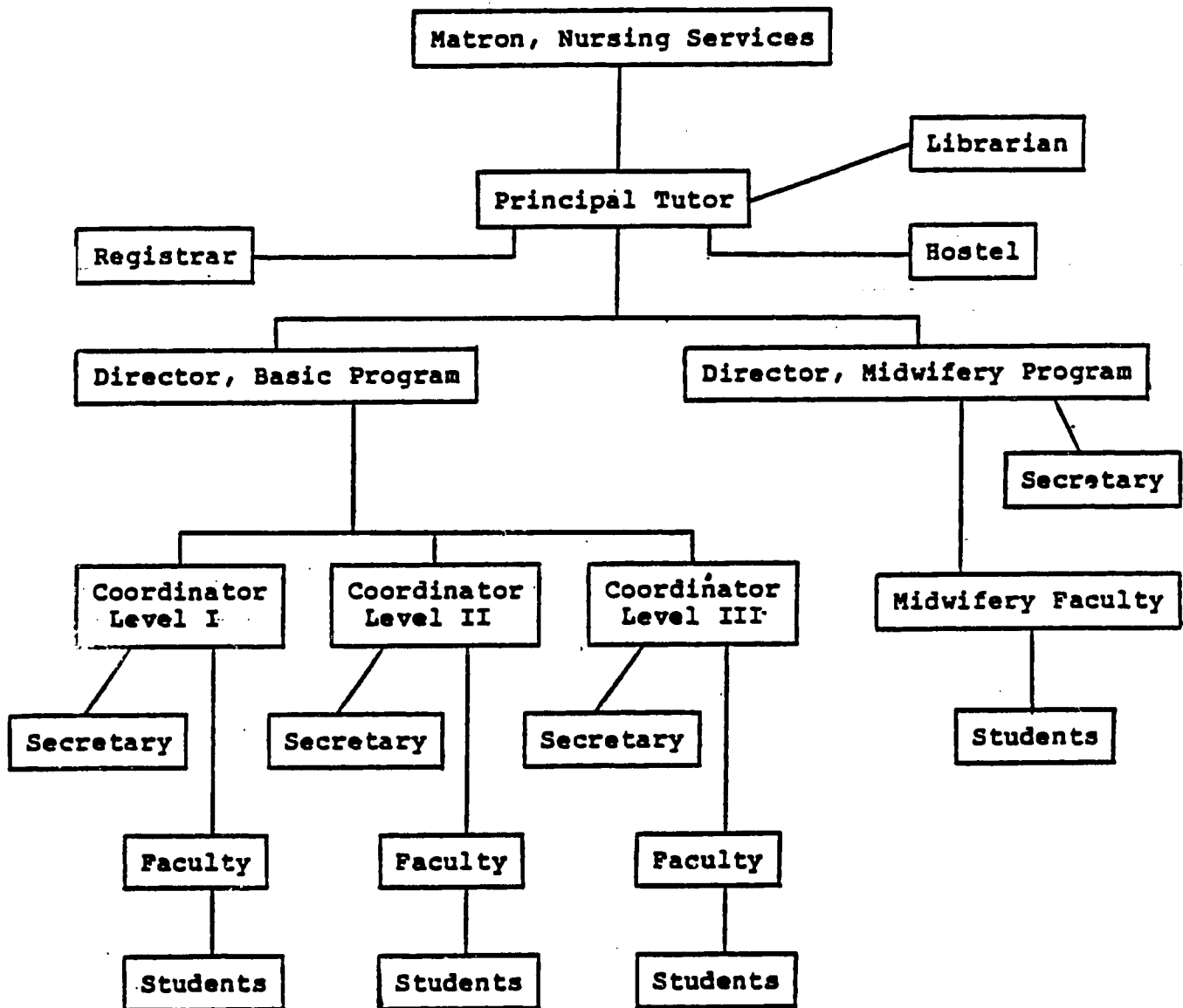
RALEIGH FITKIN MEMORIAL HOSPITAL
DEPARTMENT OF NURSING
ORGANIZATIONAL CHART



Revised
July 15, 1984

FIGURE 2

NAZARENE NURSING COLLEGE
ORGANIZATIONAL CHART



July 15, 1984

The college receives financial support commensurate with the financial resources of RFM. The financial support is not appropriate to the needs of a professional nursing school. The value of the amount of nursing service time contributed, eight (8) months each year, by all S.R.N. and S.C.M. students is more than the E200,000 annual budget for NNC. No advance planning can be done because the College has no idea the amount of the next year's budget or what it will include, even though new students are admitted.

Personnel policies should be written for NNC faculty members in regard to appointment, responsibilities, academic rank, tenure, salaries, promotion, and recognition of professional competencies.

The administrator of the Nursing College, with the participation of the faculty, should be responsible for:

- (1) faculty appointment and review. It is reported that all the faculty members have temporary appointments. They are never sure whether they will be reassigned to some other post. This policy does not provide for continuity for the programs;
- (2) the educational programs; and,
- (3) the preparation and administration of the budget.

D. The college is administered by a nurse educator who:

1. Holds an earned doctoral degree.
2. Has preparation and experience in teaching and administration in diploma, baccalaureate and/or higher degree programs in nursing.

The administrator of NNC meets the Nursing Education Board for Botswana, Lesotho and Swaziland (NEBBLs) requirements. Long range planning should include preparing the administrator to implement a quality program. The principal tutor and faculty are to be complimented for getting students through this program and the success rates of seventy percent (70%) and more on the Board exams. The goals must be one hundred percent (100%).

III. MATERIAL RESOURCES

- A. The fiscal resources are not adequate to support the nursing program in accomplishing its goals. The number of faculty members is not sufficient. SIHS nursing faculty members are helping.
- B. The resources allocated to the program are not commensurate with the resources of RFM. The students are used for nursing services. It is reported that the college has no control over the students. Students may be required to work all three shifts during one week. This practice prevents students from developing sleep habits; is not conducive to maintaining their health or studying. The students are on the ward units alone for evening and night shifts. The faculty reported that the students are not available for clinical supervision or demonstrations to meet specific course objectives. The students indicated that, if they did not know how to handle a problem, they asked another classmate assigned to another unit. Students are required to work a forty (40) hour week eight (8) months each year, and are paid as a student rather than a nursing assistant. The students are allowed thirty (30) days vacation each year. This allows the nursing school only

three (3) months for classroom teaching for each student each year. The students felt that they are "being used".

- C. The physical facilities are not adequate for the program to accomplish its goals. Offices for administration, faculty and support staff are totally inadequate. All of the faculty members assigned to the school are required to share one medium sized room. They are overcrowded, have no privacy to advise students or prepare lesson plans. There is one small office for the principal tutor's secretary. There are no secretaries for the faculty. One course outline is posted on the bulletin board. Students are not given course outlines. When asked, how does a student know what to prepare for the next class?. The consultant was told, "the student does not have the time to study".

The female hostel is in an extremely poor condition. Several of the rooms are leaking. The students have had to be moved from one of the rooms because the roof is leaking. The first year female students have an open community shower facility (several spinklers in front and back) in a large room, no shower curtains or hot water. There is no stove or refrigerator in the female or male hostels. Several of the rooms in the female and male hostels have the double-decker bunk beds, there are no ladders. This is unsafe. The sofas and chairs need repairing and/or replacing. Space is extremely limited for: (1) support equipment, (2) storage of

instructional materials, (3) conference rooms, (4) laboratories and (5) noninstructional activities of faculty and students. The school is expected to be a model health facility and there is only one door (front door) for the entire building. This is a fire hazard.

Each faculty member is required, once a week, to work a split shift 7:00 am to 1:00 pm and 7 pm until 9:00 pm. They are requesting a lounge or tea room with a couch and a bed. They have to supervise the 7:00-9:00 pm study period in the school's classroom because there are no study rooms in the hostels. The students reported that they "come for the 7:00-9:00 pm study period because they have to come. "They cannot study, concentrate or absorb anything during this time." It is too crowded." This practice is not effective and should be discontinued.

- D. A comprehensive and current library developed with input from the nursing faculty is not available. There is a room (library) with a few books, that is kept locked. There is no librarian. It was reported that "the students do not have time to study. The knowledge they do get is from memory from their teachers." An adequate and current library (used by faculty and students) is the most important resource in any school NNC, must have a library and a librarian.

- E. The clinical facilities must provide opportunities for a variety of supervised learning experiences that promote

attainment of the objectives of the curriculum and goals of the program. An adequate nursing staff must be on any unit that is used for students' clinical learning experiences. The nursing faculty members are responsible for the clinical supervision. Students assigned to a work unit must have a specific course goal or objective for that day. If a course does not require clinical (laboratory) learning experiences, it is limited only by adequate seating spaces and arrangements where each student can see the teacher, chalk board and/or visual aids used. The number of faculty members assigned responsibility for clinical supervision, for a specific course, is determined by the number of students, a ratio of 1:10.

IV. POLICIES

The administrator of the college of nursing must make provision for:

- A. Facilitation and coordination of student and faculty activities related to curriculum development, academic policies, personnel policies, and program evaluation.

Students are not involved in any of the above decision-making processes. There are no written policies related to curriculum development, academic policies, personnel policies or program evaluation. It was suggested that this should be corrected by forming committees to bring these policies to the "Program Committee" meetings that should meet every month. The total faculty are to approve decisions submitted from committees.

B. Involvement of faculty and students in:

1. Improving health care delivery. It is reported that the faculty has no control over students. Priority, by necessity, has been staffing the hospital units on all shifts. Adequate nursing service staff must be made available in order for the students to be available for education. The matron reported that more staff was requested in January. She is aware of the problem and is doing her best by using students to meet nursing service needs.
2. Strengthening nursing as a profession. The administrator, faculty, and students are performing in a "crisis" situation to keep the program going. However, they do find time to participate in professional organization.

C. An environment conducive to scholarly and creative pursuits.

Faculty are teaching four (4) or five (5) periods a day, and do not have time to up-date lesson plans, or do any clinical supervision, and obviously no time for any scholarly or creative pursuits.

D. Liaison with central administration of the institution and with other faculties in the institution.

It was reported that the Principal Tutor was recently removed from the Administrative Council. NNC is represented by the Matron. The Administrative Council must have faculty and student representation. There appears to be excellent cooperation between NNC and the faculty from the School of X-Ray Technology.

- E. Involvement of community agencies as participants in the educational enterprise.

The Principal Tutor must encourage and make provisions for the involvement of agencies in the educational program. At least once during each year matrons and staff of each of the clinical agencies utilized by NNC, should meet with faculty and administrators. The meetings would provide an opportunity for faculty and agency representatives to discuss the philosophy and objectives of the nursing program and assist in making decisions concerning learning experiences for students. The meetings would also provide an opportunity for the participants to explore ways that service and education can work together to achieve the mission of the college and improve health care delivery. New developments in the curriculum, and beginning plans for the next academic year can be shared with agency representatives to obtain their comments and recommendations.

Throughout the year, faculty should informally consult with community agencies for advice and suggestions regarding future

directions of the program. Agency staff can share with faculty and consumers the need for strengthening selected areas in the nursing curriculum. Opportunities should be provided for agency members to utilize the College's Learning Resource Center for their own continued development, if and when one is available.

Because a majority of graduates from NNC staff the health agencies in Swaziland, information regarding the competencies of new graduates are frequently communicated through informal channels. Formal follow-up of graduates should be done every five (5) years. Graduates serve as role models for students and demonstrate much interest in the professional development of future graduates.

The Matron, Nursing Services of RPM, should have an academic appointment in the Nursing College. She should provide lectures in the course Nursing Leadership and Management. The college must be committed to maintaining a high level of involvement of community agencies in the nursing program. It is the belief of the NNC faculty that quality health care delivery is a shared responsibility of educators and health care providers.

P. Periodic evaluation of organization and administration.

Evaluation was done during the workshop and the organizational chart was revised. (See Figure 2)

V. STUDENTS

- A. Qualified applicants are admitted without discrimination in regard to religion, marital status, or sex.

Applicants are accepted between the ages of 18-30. The consultant suggests that applicants should be considered as soon as they complete Form V, with the understanding that they will be allowed to write the examinations, but not allowed to officially register until they are of legal age. Unless this is done, the nursing profession may lose academically advanced applicants. The upper age limitation of 30 should be discontinued with applicants older than 30 being evaluated individually. They may have had preparation in other disciplines and decide to change to nursing. As they reach retirement age, they can go into private practice. In the U.S.A. we have retired policemen, firemen, and military medics (medical corpsmen), and persons who have Ph.D.s, master's and baccalaureate, law degrees, etc., entering nursing schools.

- B. The general policies in effect for students in nursing should be consistent with policies common to all students in other schools in the parent institution. Policies specific to students in nursing should be developed by the faculty with provision for student involvement. The policies should be justified in terms of the nature and purposes of the programs. The policies should be in written form and available to students. Students are allowed limited input in the

decision-making processes at NNC. Students must be allowed to participate on all committees, if they are to be prepared for leadership and management positions later in their careers.

- C. Accurate and clearly stated information about admission, progression (promotion), retention, dismissal and graduation requirements should be available in written form. This information should be given to students on admission.

- D. A statement of student's rights and responsibilities should be available in written form and should be implemented through student-faculty-administrative relationships. The exercise of the right and responsibility to discuss, and express opinions, should be encouraged. Channels for the receipt and consideration of student views and grievances should be clearly defined. NNC students are trying to develop their constitution and by laws for their student association. The document has not been accepted by central administrative authorities of RFM. This document must provide for student representation on all committees and a grievance procedure. Administrators will find that problems and especially complaints will decrease when students are allowed to participate in the decision-making processes. Students are usually reluctant to talk, but like to be present, during meetings.

E. Although ultimate responsibility for and decisions about the development and conduct of the educational programs in nursing and midwifery rest with the faculty and principal tutor, channels are provided for student involvement in:

1. The development of criteria for admission, progression, retention, dismissal, and graduation;
2. Curriculum planning and evaluation; and,
3. Evaluation of courses and teacher effectiveness.

F. Written Requests Submitted by Students

1. Adequate number of electrical outlets in hostel.
2. Bulletin Board in rooms.
3. Hot water.
4. Enclose showers.
5. Face basins in community sleeping rooms.
6. Repair chairs.
7. Repair leaks in room 3, next to office, and room 2 upstairs.
8. Stove.
9. Refrigerator.
10. Remove top beds (no double-decker beds).
11. Public telephone, enclosed to reduce noise, in hostel.
12. Uniforms (unhappy that the color of the domestic's uniforms' is similar to the color of nursing students' light blue uniforms).
13. Washing machines and driers in hostel.
14. Hostel maintenance (preventative maintenance?) and expansion.

The size of the hostels are inadequate for the number of students. Four (4) to eight (8) or more students in a room is not conducive to good mental health or studying.

VI. FACULTY

- A. The size, academic, and experiential qualifications, and diversity of backgrounds of the faculty are not appropriate to meet program goals.

There are currently seven (7) full-time faculty members for the general nursing and midwifery programs. Three (3) others are on study leave at Boston University (two from the nursing college and one from RPM Hospital Nursing Service). The two from the nursing college have not been replaced, even though they may be away for three (3) years, pursuing the BSN degree. Three (3) from the current seven faculty members were planning study leave in 1984. This would have left four responsible for the program. The Principal Tutor, Ms. Sharon Jones, is due to go on leave in November or December, 1984. Ms. Avinell McNabb, expatriate midwifery tutor, expects to retire in April, 1985. The program requires a minimum of eleven (11) full-time faculty today. There are 109 students in the college. For a faculty-student ratio of 1:10, eleven are needed for the implementation of a quality program. These are required today. This does not include the guest lecturers or the SIHS faculty members who are helping to teach at NNC.

2. The faculty members academic and experiential qualifications meet NEBBLS requirements. All of the faculty members are doubly-qualified (S.R.N., S.C.M.). There are ten (10) institutions represented by the faculty's preparation. Their experiential learning having been supplemented by having the responsibility for teaching the non-nursing biopsychosocial sciences. A student from the University of Swaziland, majoring in Chemistry, has taught chemistry. The Principal Tutor is not sure if she will be allowed to employ him for the next chemistry course. See Table 1.

The nursing faculty members are all on temporary assignments. The Matron, Nursing Services RPM, assured the consultant they will continue to be assigned to the school for curriculum continuity.

The faculty members are concerned that the students are taught three (3) months each year and work eight (8) months, with one month vacation. They are concerned that they cannot control the students because of nursing service needs. They teach four to five (4-5) periods each day, supervise the 7:00-9:00 pm study period, and are not available for clinical supervision of students.

3. Faculty members have and maintain expertise in their areas of teaching responsibility.

This faculty is to be complimented for their loyalty, hard work and accomplishments. To be able to get 70-95% of their students through the Board Examinations is proof of their dedication. Some of the faculty members are enrolled in science courses. They are all active in the Nurse Educator Committee's activities.

TABLE ONE

NAZARENE NURSING COLLEGE FACULTY PROFILE

Manzini, Swaziland

1. Dlamini, Dudu
S.R.N., S.C.M., Nazarene Nursing College, Manzini, Swaziland
2. Dlamini, Ellen
S.R.N., S.C.M., Nazarene Nursing College, Certificate for Teachers in Nursing, Royal College of Nursing, London, U.S.
3. Hlatshwayo, Elizabeth
S.R.N., S.C.M., Nazarene Nursing College, Manzini, Swaziland
4. Hlophe, Elizabeth
S.R.N., Charles Johnson Memorial Hospital, R.S.A., Diploma in Public Health Nursing, Lady Reading College, New Delhi, India, S.C.M., Nazarene Nursing College, Manzini, Swaziland
5. Khumalo, Eleanor
S.R.N., S.C.M., Nazarene Nursing College, Manzini, Swaziland
6. McNabb, Avinell,
S.R.N., St. Vincent School of Nursing, Little Rock, Arkansas, B.S.N., Northwest Nazarene College, Nampa, Idaho, S.C.M., Queen Victoria Maternity Hospital, Johannesburg, R.S.A.
7. Makhubela, Beauty
S.R.N., S.C.M., Nazarene Nursing College, Certificate for Teachers in Nursing, Royal College of Nursing, London, U.S.
8. Jones, Sharon
S.R.N., S.C.M., B.S.N., (Principal Tutor); S.R.N., St. Anthony School of Nursing, Terre Haute, Indiana; B.S.N., Olivet Nazarene College, Kankakee, Illinois; S.C.M., Bellshill Maternity Hospital, Bellshill, Scotland

4. There is expertise within the faculty in curriculum development and evaluation, instructional design, and research.

The matron, principal tutor, faculty, and two (2) students participated in a two-week formal workshop with the consultant. The workshop included: (a) principles of administration in nursing education, organization and administration, students, faculty, curriculum and resources, facilities, and services; and, (b) strengthening and restructuring the curriculum. The faculty decided to go to the semester system instead of the trimesters. A long range plan is to be able to award the BSN degree. The proposed plan, approved by the faculty, meets NEBBLS and BSN (U.S.A.) requirements. If the biopsychosocial sciences are taught at the University, as planned, the students will get credit for those courses.

The consultant's report of SIHS program evaluation was shared with the workshop participants. The report was used for the agenda of the workshop. The faculty, as a result of this experience, has some expertise in program and curriculum development and implementation.

5. Faculty endeavors include participation in scholarly and professional activities and community services consistent with the missions of the parent institution and the goals of the program.

Faculty activities display ample evidence of their continued professional development through courses, continuing education, and attendance at symposia and professional meetings, as well as other academic work. There is evidence of a positive and supportive environment for continued development. Research was also stated as a goal. A separate course in research has been added.

VII. CURRICULUM

A. Philosophy

The Nursing College functions within the philosophy of the Church of the Nazarene and Raleigh Fitkin Hospital system. This is to minister to the soul of man, to his spiritual needs as well as his mind and body. As an integral part of the system, the Nursing College contributes to the achievement of these purposes through two major instructional programs.

Nursing is a dynamic, creative, educational and therapeutic process that occurs in any health-illness setting where needs arise. The goals of nursing are to maintain and promote high levels of wellness through:

1. coordinating health-directed activities;
2. disseminating knowledge;
3. providing nursing care and therapy;
4. enabling individuals to find meaning in illness and peace in dying.

It is the role of the nurse to Facilitate the self-renewing process within each individual. These goals result in directing nursing care of quality to individuals, families, groups, and communities. Nursing activities are generated and directed in response to the needs of the client. The cornerstones of nursing are education, service, and research.

Each person is perceived as a unique holistic individual. Individuals have the right to maintain their human dignity by being informed about their health status and their health care. Nursing is a service concerned with health rights and delivery of health services and as a result responds to societal demands. Nursing shares responsibility for health-care delivery with other interdisciplinary groups by consultation, coordination, and collaboration.

Students and teachers have the right of informed participation in structuring the educational process and providing an atmosphere for learning. Awareness of the goals of the Nursing College enables them to facilitate development of their own philosophy of nursing. Nursing education stimulates a desire for continued learning and provides a foundation for further study. The programs are designed to provide an educational opportunity for active learning which requires involvement of teacher and learner. Each is encouraged to be increasingly self-directing and autonomous in the pursuit of learning and in the provision of nursing care.

The nursing college supports the concept of career mobility. The instructional programs focus on preparation for primary health care, direct nursing-care activities, and implementation of nursing knowledge and preparation for futuristic roles.

The faculty believes that the generation of knowledge is achieved at the master's level in nursing through a focus on theory and research as a basis for structuring and reformulating nursing knowledge and practice.

B. Overview of the Curriculum

The curriculum of the Nursing College has undergone considerable change over the period 1928 through 1984.

Ms. Dorothy F. Davis, in her book 'Nursing in Swaziland', 1975, pages 17-20, states:

In 1938 Dr. David Hynd approached the Director of Medical Services requesting that steps be taken by the Government to provide for full registration of nurses and midwives who would have completed periods of training at Raleigh Fitkin Memorial Hospital equivalent to the requirements for such registration in other British Commonwealth countries. In 1945 owing to the steady increase in entrance requirements, the High Commission Territories Nursing Council was formed. In 1948 the Nurses' Training School at Raleigh Fitkin Memorial Hospital was first

in the three High Commission Territories to be recognized and registered under the Nursing Council.

...The length of course: 3 1/2 years for nurse aids, 4 years for male dispensers (2 years in hospital and 2 years in out-patient department)... They would be taught to recognize the more ordinary ailments and diseases and how to treat them by stock mixtures or simple remedies...

The Committee recommended that the females who qualified under this scheme for the High Commission Territories should be termed 'Nurse Aids' and that males qualified under the scheme be termed 'Nurse Dispensers'. Such designations will prevent any confusion between them and such nurses as have qualified for State Registration as trained nurses in Great Britain or in the Union of South Africa... In 1933 a four year course including Midwifery was started."

As the only school of nursing in Swaziland until 1980, the curriculum has had to be responsive to community needs as well as to changing trend in nursing education. The results of the planned change was the development of educational programs consistent with the trends of the time in which nursing, along with other health professionals, moved with the society toward the solution of our recurrent and potential health problems. The Nazarene Nursing College is not unique in that it shares

that approach to nursing education with the programs throughout the world.

These curricula for the State Registered Nurse (S.R.N.) and State Certified Midwife (S.C.M) programs are based on a model that focuses on man as a holistic being existing in a number of environments and striving for the attainment of maximum levels of wellness. The model on which the educational program of the college of nursing is built, is a dualistic one in that it incorporates nursing's concern with high level wellness (prevention, promotion and health maintenance), and with low level wellness (illness and rehabilitation care).

Developmental and situational events in the human life cycle and the process utilized by the helping disciplines provide the basis for structuring courses of interest and learning experiences of the nursing major. Courses from general education and the related biobehavioral-social sciences form the basis for a variety of core (cognate and supportive) courses.

The health model of nursing practice provides the basis for the programs that include the study of individual, recipients, families, groups, communities, institutions, strategies and systems.

C. Conceptual Framework

The conceptual framework of the Nursing College is based on a model that focuses on preparing a practitioner of nursing that approaches man as a holistic being existing in a number of environments and striving for the attainment of maximum health potential or wellness level throughout the varied aspects of the life cycle. In this model man is viewed as an "integrated being" in that throughout the life cycle his sociological and physiological components are interrelated. Thus, nursing interacts with man to facilitate wellness seeking behavior. Nursing responds with appropriate professional behavior based on understanding key concepts growing out of man and society's needs and responses and the human processes (knowledge and technology) to facilitate the change needed to maintain and/or attain high level wellness. The three major concepts are man, nursing and society.

D. Glossary of Terms Relevant to the Curriculum of the Nursing College.

During these times of rapid curriculum change in nursing, we find that words sometime have varied yet valid meanings. Developing a common terminology has been one approach to facilitating communication within and across educational programs in nursing. The purpose of the glossary of terms presented as an introductory part of this document is to

clarify for the reader, the meaning of curriculum terms utilized within the College of Nursing.

E. Terminology

1. Concept: An idea or belief.

Concept: High Level Wellness - Interrelatedness between inner and outer balance that includes environmental wellness, social wellness, provision for nature and needs of cells, and integrity of self (balance and integration, spirituality, and interaction of mind and body).

Concept: Low Level Wellness - Disequilibrium, imbalance in interrelatedness between inner and outer balance and lack of homeostasis. Imbalance might exist in the following ways: unfavorable environment, social unwellness, deprivation of cells, destruction of tissue, disability, disintegration of self, and deprivation of basic needs.

Conceptual Statement - A conceptual statement which is useful for planning a unit of instruction is a description of the properties of a process, structure or quality stated in a form which indicates what has to be demonstrated or portrayed to the learner, so that a learner can perceive the process, structure or quality for himself.

Interrelatedness of Concepts - A term utilized to portray the grouping of concepts into models which describes the components of nursing behavior.

Theoretical Framework or Theoretical Frame of Reference - A theoretical frame of reference is a set of interrelated internal consistent concepts, definitions, postulates, and principles that provide a systematic description of and prescriptions for a practitioners interaction within his domain of concern. It delineates the nature of human and nonhuman objects with which the practitioner interacts and in turn serves as a guide for his actions relative to these objects. A theoretical framework is used as a guide to assist the faculty in curriculum development, planning, implementation and evaluation. Man, Nursing and Society are the concepts used in this theoretical framework.

2. Terminology on Teaching Strategies and Learner Experiences

Independent Learning:

Structural or unstructured learning in which direct supervision by a teacher is not a part of the learning experience.

Independent Study:

Curriculum learning experiences which are independently pursued by the learner. This term is undergraduate

education refers to learning experiences in which the learner is expected to work independently in covering a developed unit of instruction. The learner is provided with the necessary teacher - made guidelines (instructions, syllabus, descriptions, written programs, audiovisuals, practice tests, practice tasks, etc.), sometimes used synonymously with learning module.

Learning Experiences:

Specific activities within a given learning unit that facilitates the learner in attainment of the defined objectives. They include a wide spectrum of possible learner and/or teacher involvement.

Learning Module:

A learning module is a package containing the whole of the instructional materials necessary for the learning of an entity... Usually conceived as being small.

Learning Laboratory Experiences:

Curriculum experiences may be programmed for the learner to pursue in an independent manner... Settings or "learning culture."

Learning Units or Tasks:

Learning takes place over time, and the instructional materials must be organized into smaller units than an

entire course, grade or program. The instructor or curriculum developers must determine steps by which student experiences may be planned over a period of time so as to attain the desired outcomes. This requires that there be an overview of the structure of the subject or ideas to be learned; a breakdown of this structure into a series of steps or units to be learned in some sequences; and a further analysis of what is included in each learning unit or task. Each unit or task may be conceived of as comprising the learning to take place in a relatively short period of time - a day, week, or months, perhaps. Each learning unit may also be conceived as subtasks which can best be learned as a series of short steps, each related to the others, building from relatively simple concrete elements (terms, facts, procedures) to more complex and abstract ideas (theories, models, to applications and analysis). The art of instruction consists in large part in breaking down a relatively complex idea or process into a series of smaller elements or steps, and then finding a way of helping individual students learn these elements.

Clinical Laboratory Experiences:

The professional laboratory experiences provide the student an opportunity to apply concurrent classroom information (didactic, theory) in the practice setting. Specific objectives are to be met.

Clinical Laboratory:

This is a clinical practices setting, selected by the teacher, or curriculum developers and is used to assist in meeting specific course objectives. The clinical laboratory may be a large general hospital, a rural health clinic, a primary health care center, a mobile unit, a rural or urban school, a mobile health unit, a mental hospital, homes, community, etc. The clinical laboratory experiences provide opportunities for the student, in terms of the level of readiness, to participate in representative activities of the profession; it requires student-teacher involvement in interaction by providing a guided experience which makes a direct contribution to the student's understanding.

Self-pacing:

Learning at a rate of speed determined and regulated by the learner. Self-pacing provides for the individuality of learners.

Simulation:

A situation or environment that approximates reality, but is not reality.

3. TERMINOLOGY IN THE CURRICULUM PATTERN

Core Courses:

Courses common to more than one area of study. In an undergraduate program, the term is used to describe courses common to several health disciplines. The term core courses is used synonymously here with supportive courses from the biological (or natural), behavioral, and social sciences, humanities, and the content is often applied to the practice of nursing.

Functional Areas of Study:

This term refers to the post-basic nursing area of preparation, such as midwifery, teaching, advanced psychiatric nursing, etc.

General Education:

Courses required for all undergraduate students; requirements of a liberal education; foundation for students in the upper division in nursing.

Nursing Courses:

Term used to refer to the process of studying the body of nursing knowledge. The focus of the nursing sciences is on relating and applying nursing theory and research to the practice of nursing.

Specialists:

A specialist in a defined advanced area of nursing, such as midwifery. The content is based on advanced knowledge pertinent to an area of health/illness needs.

Specialization:

A special area of study in which the student focuses on the development of depth in an advanced, identifiable body of knowledge. The term "area of specialization" is viewed as synonymous with specific clinical nursing courses.

Primary Health Care:

The nursing process, in primary health care, considered in relation to acting in behalf of man's self-care needs.

Emphasis on maintaining wellness by identifying and predicting general stressors and implementing actions for supporting clients adaptive state in primary health care settings. Focus on systematic observations, interviewing skills, and use of basic measuring and screening techniques.

Client:

The client refers to an individual, family, group or community.

F. General Nursing Curriculum

1. INTRODUCTION TO THE GENERAL NURSING CURRICULUM

Sound general nursing education is a part of higher education in Swaziland. The curriculum includes foundational courses from the natural and biopsychosocial sciences which provide a base of scientific knowledge for the nursing process. Nursing courses build upon and integrate concepts from the foundational courses.

a. Purpose:

- (1) The purpose of the general nursing program is to prepare a primary health care nurse-generalist in the practice of professional nursing. This program offers educational opportunities for the student to develop as a professional person by providing an environment which will aid in the development of self-discipline, intellectual curiosity and critical thinking. Professional education prepares the learner to assume the responsibilities of an educated person, stimulates the desire for continued learning and provides a foundation for upward mobility.
- (2) To inculcate christian ideas during the preparation of the nurse for her/his life work.
- (3) To emphasize the importance of ministering to the spiritual as well as the physical needs of individuals.

b. Program Objectives:

- (1) Integrates knowledge from the biopsychosocial sciences in the development of self and the practice of professional nursing.
- (2) Incorporates a personal and professional philosophy of "holistic man" as the central focus of nursing.
- (3) Synthesizes knowledge and skills from the cognitive, affective and psychomotor domains in substantiating scientific nursing practices.
- (4) Generates the nursing process in assisting individuals, families, groups, and communities to attain their optimum level of wellness.
- (5) Integrates theories, principles and techniques of communication in all aspects of nursing practice.
- (6) Collaborates, coordinates and cooperates with other health professional and consumers to prevent, promote and maintain health or attain their optimum level of wellness for individuals, families, groups or communities.
- (7) Incorporates professional, legal and ethnical knowledge in all aspects of nursing.
- (8) Functions as a change agent in response to political, socio-economic and professional trends to improve the delivery of health care.
- (9) Utilizes leadership ability as a nurse in professional settings and as a citizen in society.

- (10) Uses analytical thinking in the practice of nursing.
- (11) Utilizes research to improve nursing care and to strengthen the scientific basis of nursing.
- (12) Utilizes opportunities to expand knowledge for continual personal development and professional competence.

c. CHARACTERISTICS OF THE GRADUATE (Terminal Behaviors)

- (1) Identifies the spectrum of health and illness by using interviewing and health assessment skills.
- (2) Motivates individuals to participate in preventing illness, maintaining and promoting health and participating in the promotion of community health.
- (3) Functions within the legal definition of nursing practice.
- (4) Demonstrates clinical competence.
- (5) Functions as a change agent to improve health care.
- (6) Collaborates effectively with others in health-care delivery.
- (7) Communicates effectively with different members of society as well as with health professionals.
- (8) Demonstrates in nursing care an acceptance of the individuality and totality of humans in the environment.
- (9) Keep apprised of current events which affect or have significant impact on the health field.

- (10) Applies the concept of interdependence of the patient's needs, health care systems and the utilization of health care facilities in nursing care.
- (11) Applies knowledge of pathophysiology, human development and human behavior in caring for individuals with diverse backgrounds and health problems.
- (12) Applies the theories of group dynamics to promote the welfare of the individual, the family and the community.
- (13) Utilizes the nursing process as the scientific basis for creative nursing intervention.
- (14) Integrates the concept of professional responsibility into nursing practice.
- (15) Integrates health teaching into nursing functions.
- (16) Reflects an acceptance of the value of professional and liberal education in order to improve as a person and as a nurse.
- (17) Recognizes the necessity for additional research to develop the science of nursing.
- (18) Uses research data to prevent illness and improve patient care.
- (19) Works toward effectuating self-awareness and self-actualization.
- (20) Demonstrates leadership and management skills.
- (21) Accepts responsibility for continued self-development.

2. CURRICULUM DESIGN

	<u>FIRST YEAR (Fall)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Hum.	English Composition	3	30
Nat.Sc.	Mathematics (Elementary Statistics)	3	30
Nat.Sc.	General Chemistry	4	40
Bio.Sc.	Anatomy	4	40
Nurs. N101.	Nursing Ethos	<u>2</u>	<u>20</u>
	(4-5 months) TOTAL	16 hrs	160

	<u>FIRST YEAR (Spring)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Bio.Sc.	Physiology	4	40
Bio.Sc.	Basic Organic & Biochemistry	4	40
Hlth.Sc.	Medical Biophysics	3	30
Nurs.	N102. Nursing Process I: Preventive, Promotive Health & Family Planning	3*	56
Hlth.Sc.	Nutrition & Dietetics	<u>3</u>	<u>30</u>
	(4-5 months) TOTAL	17 cr. hrs	196

(2 hours class, 4 hours clinical)

	<u>SECOND YEAR (Fall)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Behav.Sc.	General Physiology	3	30
Hlth.Sc.	Microbiology & Parasitology	4	40
Hlth.Sc.	Pharmacology	4	40
Nurs.	N103. Nursing Process II: Nursing Science & Arts, Care of Well Individuals	<u>8*</u>	<u>216</u>
	TOTAL	17	306

* (4 hours class, 16 hours clinical)

	<u>SECOND YEAR (Spring)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Nurs.	N201. Nursing Process III: Health & Physical Assessment	8*	216
Behav.Sc.	Sociology	3	30
Hlth.Sc.	Social Medicine & Community Health	3	30
Hlth.Sc.	Environmental & Occupation Health	<u>3</u>	<u>30</u>
	(4-5 months) TOTAL	17	306

	<u>THIRD YEAR (Fall)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Nurs.	N301. Nursing Process IV: Pathophysiology (care of the adult client)	8*	216
Hlth.Sc.	Epidemiology & Communicable Diseases	3	30
Hlth.Sc.	Public Health Legislation	3	30
Hlth.Sc.	Health Education	<u>3</u>	<u>30</u>
	(4-5 months) TOTAL	17	306

* (Medical, Surgery or Operating Room)

	<u>THIRD YEAR (Spring)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Nurs.	N302. Nursing Process V: Parent-Child (Biopsychosocial needs of childbearing family)	10*	319
Hlth.Sc.	First Aid	3	30
Hlth.Sc.	Maternal Child Health & Family Planning	<u>3</u>	<u>30</u>
	(4-5 months) TOTAL	16	306

* (6 hours class, 16 clinical)

	<u>FOURTH YEAR (Fall)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Nurs.	N401. Nursing Process VI: Psychiatric & Community Mental Health Nursing	10*	319
Nurs.	N402. Nursing Process VII: Communicable Diseases & Tropical Medicine	<u>4**</u>	<u>87</u>
	TOTAL	14	406

* (6 hours class, 16 clinical)

** (3 hours class, 8 clinical)

	<u>FOURTH YEAR (Spring)</u>	<u>Credit Hours</u>	<u>Contact Hours</u>
Nurs.	N403. Nursing Process VII: Pediatric Nursing	10	319
Nurs.	N404. Nursing Process VIII: Nursing Leadership & Management	4*	87
	N405. Nursing Research	<u>3</u>	<u>30</u>
	TOTAL	17	436

* (2 hours class, 8 clinical)

NOTES:

1. Concepts to be integrated throughout the curriculum are:
Preventive and Promotive Health, Mental Health, Communicable
Diseases, Tropical Medicine, and Parent-Child Health Nursing.
2. The ratio for classroom and clinical laboratory hours are 1:4.

3. COURSE DESCRIPTIONS (Recommended)

*English Composition

Basic concepts of English composition. 3 credit hours.

*Mathematics (Elementary Statistics)

Basic concepts of biometry, including: the scientific method, types of studies most-often used in health sciences, elements of survey and experimental design, data-reduction, probability, and uncertainty, collection, analysis, and interpretation of data.
3 credit hours.

*General Chemistry (Basic Inorganic Chemistry)

Modern chemical theories and principles and quantitative approach and problem-solving; descriptive chemistry of selective elements and compounds.
4 credit hours.

*Basic Organic and Biochemistry

A presentation of: the fundamental reaction capabilities of organic molecules and their functional groups and the basic principles of physiological chemistry with emphasis on their application to problems encountered in the delivery of health care.
4 credit hours.

Taught at University of Swaziland

***Anatomy**

Gross anatomy of the human body presented systematically. Laboratory demonstrations of body structures. 4 credit hours.

N101: Nursing Ethos

Preparation for professional nursing with concentration on fundamental explanations of philosophy, ethics and morals. 2 credit hours.

***Physiology**

Basic principles on the function, regulation, and coordination of the various organs and tissues of the human body. Provides the basic understanding of normal physiological mechanisms. 4 credit hours.

***Medical Biophysics**

Basic principles and concepts of physics; the relationship between matter and energy including: electricity, magnetism, vibrations of light, heat and sound in relation to the behavior of the human body. 3 credit hours.

Taught at University of Swaziland

N102. Nursing Process I: Preventive, Promotive Health
and Family Planning

A study that deals with organized community efforts and involves sanitation of the environment, control of communicable infections, education of individuals in personal hygiene, organization of medical and nursing services for early diagnosis, prevention and treatment of diseases and development of a social machinery to ensure everyone a standard of living adequate for maintenance of health. Family planning counseling is a major consideration (See SIHS Bulletin). 3 credit hours: 2 hours class and 4 hours clinical or field trips.

*Nutrition and Dietetics

Study of the science of nutrition and its application to health and disease. 3 credit hours.

*General Psychology

Understanding, prediction, and control of human behavior. 3 credit hours.

*Microbiology and Parasitology

Structure and function of microbes and parasites and their relationship to individuals in the environment. 3 credit hours.

Taught at University of Swaziland

***Pharmacology**

Understanding the fundamental action of drugs and their effects through physiological and biochemical mechanisms. Emphasis is placed on toxicology and side effects of each group of drugs with appropriate implications. 3 credit hours.

N103. Nursing Process II: Nursing Science and Arts

Utilized in the care of well individuals throughout the life cycle, focuses on those activities that assist clients to maintain health in relation to maturation levels. Includes nurses roles in relation to: change agent, advocate, planner, health teacher and mental health counselor.

N201. Nursing Process III: Health and Physical Assessment

Mental and physical assessment of clients throughout the life cycle. Emphasis on diagnostic skills required of primary health care nurses based in rural health settings and out-patient departments. 8 credit hours: 4 hours class and 16 hours clinical laboratory.

***Sociology**

Major subject areas and principles of sociology.
3 credit hours.

* Taught at University of Swaziland

***Social Medicine and Community Health**

Social and economic foundations of community health; demography; organization of public health services; factors in the delivery of primary care: first aid, referral procedures, emergency measures and triage during man-made or natural disasters; care of clients with diarrhea, mumps, measles, chicken pox, malaria, tuberculosis, amebiasis, bilharzia, kwashiorkor, anemias, and other identifiable diseases; mental health alcoholism, hospital care, rehabilitation; health centers, health team and methods of operation. International agencies: Red Cross, Feed the Children Fund; United Nations Agencies: UNDP, WHO, UNICEF, ILO, FAO, IBRD, and other unilateral, bilateral, and other volunteer agencies: USAID, CIDA, etc. No clinical laboratory. 3 credit hours.

***Environmental and Occupational Health**

Sources of environmental pollution; occupational hazards; emphasis on administrative and preventive aspects. No clinical laboratory. 3 credit hours.

Taught at University of Swaziland

N202. Nursing Process IV: Pathophysiology

Pathological conditions requiring medical or surgical and nursing intervention. Emphasis on mental health concepts and rehabilitation to maximum level of wellness. Includes operating room (theater) experience. 8 credit hours: 4 hours class and 16 hours clinical.

*Epidemiology and Communicable Diseases

- 0 Basic principles of epidemiology and communicable disease problems in Swaziland. 3 credit hours.

*Public Health Legislation

- 0 Constitutional framework of the judiciary and legal systems; public health legislations, acts, rules, regulations and bylaws; power of agency and attorney; contract law, labor laws and contracts; particular aspects of water laws and acts, drainage regulations, industrial waste and effluent regulations; factory machinery and construction works acts; waste water and sewerage regulations; food and dairies rules; drugs and chemical settlements. 3 credit hours.

* Taught at University of Swaziland

- 0 See Swaziland Institute of Health Sciences Bulletin

*Health Education

Principles, methods and practices of health educations; importance of individual and community participation and cooperation in health programs; social, cultural, psychological and economic factors affecting health education programs, poverty, religion, ethnic differences, educational levels, superstitions, motivation, etc.; uses of visual aids and mass media in health education programs. Includes principles and procedures in community organization; diagnosis of community; definitions and personality of the community; individual roles, mass approach; working with community and formation of health committees; working with established organizations, schools, etc.; application of health education to prevention and control of diseases; the role of each team member; evaluation and operational research.

3 credit hours.

N203. Nursing Process V: Midwifery

Parent-Child health nursing in relation to the biopsychosocial needs of the childbearing family, including family planning. 10 credit hours: 6 hours class and 16 hours clinical laboratory.

Taught at University of Swaziland

First Aid

- 0 Principles and procedures of first aid. 3 credit hours.

*Maternal Child Health and Family Planning

- 0 Scope of maternal child health services: antenatal and postnatal periods; infancy, childhood, adolescence and old age; causes and prevention of maternal and infantile morbidity and mortality; common diseases of childhood; immunization and vaccination; development of children, needs of normal children; the sick, handicapped and the aged.

Health of mothers: menstrual cycle, care during pregnancy; puerperal disorders; family planning counseling, use of contraceptives; primary and secondary infertility, sterility in men and women; child spacing. 3 credit hours.

* Taught at University of Swaziland

- 0 See Swaziland Institute of Health Sciences Bulletin

N401. Nursing Process VI: Psychiatric and Community

Mental Health

Focuses on the care of psychotic clients; normal human behavior, intelligence, motivation, personality traits, defense mechanisms and mental health.

10 credit hours: 5 class and 24 hours clinical laboratory experiences.

N402. Nursing Process VII: Communicable Diseases and

Tropical Medicine

Nurses role in prevention and treatment of common communicable diseases. 4 credit hours: 2 hours class and 8 hours clinical laboratory.

N403. Nursing Process VII: Pediatric Nursing

Principles of growth and development and role of nurse in meeting needs of the various age groups. Focuses on preventive and promotive care, and care of the ill child. 10 credit hours: 5 hours class and 24 hours clinical laboratory.

Taught at University of Swaziland

N404. Nursing Process VIII: Nursing Leadership and Management

Provide theory and opportunity for clinical application of leadership and management theory; includes increased emphasis on change, accountability, and professional commitment to providing and improving the quality of care. 4 credit hours: 2 hours class and 8 hours clinical laboratory.

N405. Nursing Research

Presentation and utilization of the analytical process and the relationship between problem-solving and research; includes the steps of research. 3 credit hours.

4. CURRICULUM COURSES (Outlines Reviewed)

a. NAZARENE NURSING COLLEGE COURSES

	<u>Periods</u>
1. Prevention and Promotive Health I, II, III (20, 20, 60)	100
2. Nutrition	
3. Anatomy	90
4. Psychology	20
5. Ethics	12
6. Ethos of Nursing	30
7. Physics	30

	<u>Periods</u>
8. First Aid Theory	25
9. Practical First Aid	28
10. Ward Organization	10
11. Dental and Oral Hygiene	10
12. Nursing Demonstration	
13. Nurse as a Member of a Multi-Disciplinary Team	3
14. Introduction to Disease	10
15. Medical Surgical Nursing (240 days) (First, Second, and Third Levels)	
16. Sociology	30
17. Microbiology I & II (5 and 25 periods)	30
18. Pharmacology	22
19. Mathematics	10
20. Psychiatric Nursing (45 days)	30
21. Physiology	100
22. Chemistry (including Biochemistry)	40
23. Parasitology	30
24. Introduction to Pediatric Nursing	30
25. Geriatrics	30
26. Medical Legal Hazards	20
27. Theater Technique	30
28. Infectious Diseases	30
29. Ward Teaching	14
30. Ward Management	20
31. Professional Practice	20
32. Disaster Nursing	16

b. SWAZILAND INSTITUTE OF HEALTH SCIENCES COURSES OFFERED

1. Anatomy and Physiology
2. Nursing Ethos
3. Physics
4. Pathophysiology
5. Microbiology
6. Nutrition
7. Chemistry
8. Physical Assessments
9. Human Physiology
10. Preventive and Promotive Health and Family Planning
11. Dietetics
12. Sociology
13. Nursing Science and Arts
14. Maternity Care
15. Psychiatric Nursing
16. Pharmacology
17. Pediatrics

5. SUMMARY OF PROPOSED CURRICULUM

With input from the Matron, RPM, the Principal Tutor, NNC, faculty, students, and consultant:

1. The curriculum is logically organized and internally consistent.
2. The majority of learning experiences in nursing theory and practice are at the upper division level.
3. The curriculum content focuses on the discipline of nursing and is supported by other sciences as well as the arts and humanities.

4. The curriculum provides learning experiences in the prevention of illness, health promotion and maintenance, illness care, and rehabilitation for clients from diverse populations throughout the life cycle.
5. Legal, historical, social, economic and ethical aspects of nursing are included in the curriculum.
6. The research process and its contribution to nursing practice are included in the curriculum.
7. The curriculum provides for the development of skills in leadership and management for beginning professional practice.
8. The curriculum emphasizes the development of critical thinking, decision-making and independent judgment.

The program is designed to prepare students to function in the following settings: primary health care centers, rural health clinics, mobile units, psychiatric hospitals, general hospitals; and to function as midwives.

The program is designed to include four (4) academic years of study. It is no longer than the nine (9) months didactic (theory) taught in an unorganized fashion, when faculty was available to teach a NEBBLS required course. The course (class) content is to be taught concurrently with clinical laboratory experience.

VIII. EVALUATION - Findings and Recommendation

The findings from the ongoing systematic evaluation of all program components are to be used for program development, maintenance and revision.

Guidelines for Interpretation (Evaluation)

1. The evaluation includes input, process, and outcome.
2. There is evaluation of administrators, faculty, students, curriculum and resources.
3. The evaluation follows a timetable specified by faculty. The ideal time is during the summer and semester breaks.

4. There is evidence that graduates have met objectives of the program. Follow-up studies of graduates should be done every five (5) years.
5. There is evidence that graduates are prepared for assuming entry level or advanced positions in nursing based on their program of study.
6. There is evidence that graduates are prepared for advanced study in nursing.
7. There is evidence of administrator, faculty, student and employer input into program evaluation.
8. There is evidence that program decisions reflect the use of evaluation findings.

Article I - TITLE

Nazarene Nursing College Consultancy (PIO/T No. 645-0062-3-10057)

Article II - OBJECTIVE

To assist the Ministry of Health, Government of Swaziland, in the development of a long range strategy for strengthening the Nazarene Nursing College (NNC) as part of the national strategy for manpower development.

Article III - STATEMENT OF WORK

The consultant will:

1. Make preliminary assessment by:

- (A) reviewing relevant documents including Ministry of Health policy document (July 1983); health sector component of the Fourth National Development Plan; Ministry of Health Manpower Needs Assessment (June 1983); Swaziland Institute of Health Sciences (SIHS) curricula; and others;

- (B) interviewing relevant officials including Ministry of Health senior management; students, faculty and administration of Nazarene College; Raleigh Pitkin Memorial Hospital Officials; SIHS Principal, faculty, and students; Good Shepherd Hospital nurse assistant training program officials; Department of Establishment and Training, GOS; and others as necessary; and,
- (C) visting Nursing Education of Botswana, Lesotho and Swaziland (in Botswana); visiting National Institute of Health in Botswana for purpose of comparison.

The consultant made a preliminary assessment by reviewing many documents. See the attached bibliography.

Interviews were done as required. The consultant was impressed with the effort to develop nurses and nursing care in Swaziland. The Ministry of Health, USAID, and other donors are to be complimented for the achievements in the Health Manpower Development Project. The consultant was especially impressed with Mr. Robert G. Huesmann, USAID Mission Director's knowledge, interest, and genuine commitment to the project and especially the Nazarene Nursing College. Mr. Huesmann had toured the NNC facility and is aware of the inadequacies, especially the library. Ms. Maggie Makhubu, Chief Nursing Officer, MOH, is capable of providing the leadership required to assist the nurses in their development to meet the health needs of the people of Swaziland.

2. Assess and make recommendations regarding the specific role of NNC within the overall context of Ministry of Health Manpower Development efforts.

The Nazarene Nursing College was the only Nursing program in Swaziland, until SIHS opened in 1980. NNC graduates have studied, and succeeded, with nurses and nursing students in various parts of the world. This program can be proud of its accomplishments, and its successes, against all odds.

The present facilities, finances, faculty, resources and services are not adequate today and should be brought up to the standards of SIHS. The program include only 9 months of classroom teaching because the faculty is not allowed to control the students. They are there primarily for service. The matron, R.F.M., is aware of the problem and has requested more nurses to staff the ward units. The units must be staffed with qualified SRNs if R.F.M. is to be used as a clinical facility for NNC and SIHS students.

RECOMMENDATIONS

The critical areas to be improved for a quality nursing program in order to continue to assume its role within the overall context of the Ministry of Health Manpower Development efforts are:

- a. Faculty
- b. Finances
- c. Facilities, resources and services
- d. Periodic evaluation of organization and administration, students, consistent curriculum, faculty and facilities resources and services.

3. Assess and make recommendations regarding NNC curriculum, both didactic and clinical. This curriculum assessment should include (but not necessarily be limited to):

- a. General analysis of strengths and weaknesses of curriculum.

STRENGTHS

- A. The course offerings meet NEBBLS requirements in relation to content
B. Faculty with considerable expertise (experiential), and devotion.

WEAKNESSES

- A. Nine (9) months didactic and no clinical supervision by faculty.
B. Curriculum is not organized due to the nine months constraint and no control of students other than the 3 months each year.
C. Faculty unable to plan curriculum offerings. Courses are taught whenever faculty time permits. Any course may be offered anytime within the three months available each year.
D. The didactic (theory) and clinical laboratory experience are not taught concurrent.

The Principal Tutor indicated that the above criterion "is a matter of interpretation". However, NEBBLS statements are:

All the subjects of the curriculum shall be taught at an applied level throughout the course and except as otherwise prescribed in Regulation 7, a student shall throughout the course receive instruction both theoretically and clinically in the subjects prescribed in the curriculum in Regulation 5.

NEBBLS Regulation 5 lists the courses required and Regulation 7 lists the examinations and examination mark. The consultant does not believe that NEBBLS would approve of the manner in which this curriculum is implemented.

The proposed curriculum (see page 81) is logically organized and internally consistent. It was prepared during a two weeks workshop with the consultant, the matron, R.F.M., Principal Tutor, faculty and students.

The proposed curriculum meets NEBBLS requirements. It is equivalent to a BSN program in the U.S.A.

Dr. Charlotte Searles, NEBBLS advisor, RN Administrator, along with two other RN administrators from South Africa, stated in their report (see Bibliography attached) that:

"There is shortage of qualified tutors, i.e. of persons who either hold a Masters degree in Nursing Education or a post-basic nurse teacher's diploma. Persons who hold a basic BSc in Nursing are not qualified as nurse teachers. A basic BSc is the equivalent of a diploma in Nursing for registration as a nurse except that the liberal arts subjects are added. Every effort should be made to enable some Swazi nurses to qualify as tutors".

It was reported, during the workshop, that South Africa is requiring liberal arts, for nursing programs, be taught at universities. If this is true, Swaziland must have the NEBBLS required non-nurse courses taught at the University. Even though Swaziland is not preparing nurses for South Africa, it will be unfortunate if a Swazi nurse follows her husband to South Africa and finds she can no longer register and work in that country. Several years ago, the American Nurses Association designated 1985 as the year that a BSN degree would be required for entry into

professional practice in the United States. Nursing programs in the U.S. have planned a "bridge course" to allow RNs to get their BSN. It still takes two to three (2-3) years for the RN to take the required liberal arts and biopsychosocial sciences courses, even though they have had this content in a nondegree program.

Swaziland can prepare the BSN nurse here at SIHS and NNC. It is expected that nursing in Swaziland will develop and remain in the mainstream of professional nursing. The current method NNC is using today (nine [9] months theory in a three [3] year program) to implement the curriculum is outdated by approximately forty (40) years.

Relevance of Curriculum to Actual Work Experience in Field.

Limited.

RECOMMENDATION:

1. Adopt the proposed curriculum that has been approved by NNC faculty.
2. Allow the faculty (program) to award the BSN degree (also SIHS).

c. Relevance of Curriculum to Ministry of Health Policy and Planning Priorities (i.e., community health and public health emphasis)

Limited.

The proposed curriculum is relevant. It will also meet the requirements stipulated in the original Swaziland Health Manpower Training Project (Project Paper 690-0062), page 102, for SIHS... "The U.S. advance placement evaluator will evaluate the in-country training, curriculum design and teaching experience of RNs to ascertain that the quality of such training and experience meets the criteria and credit requirements of a U.S. training institution toward the B.Sc. degree in nursing education."

Pages 46 and 47 of this document state:

"(2) Team Learning Opportunities... In as much as the responsibilities and objectives of the selected teams will be varied and complex, teams learning sessions or opportunities will also be developed. Under this program, workshops and seminars will be conducted so that members of the health team will study and work together to carry out common project objectives... Degree programs overseas may require students to study subjects irrelevant or at least not of high priority to students from developing countries... (5) Research... In the proposed curriculum, prevention, promotion, and maintenance of health, community and public health, maternal-child health, and family planning are emphasized and have a high priority.

RECOMMENDATIONS

1. Allow Dr. E.L. Huppert at the University of Swaziland to teach the elementary statistics course to (a) all nurse tutors at NNC, and (b) senior nursing students at NNC and SIHS and award them three (3) credit hours. Dr. Huppert has taught nursing students before and agreed to allow nurses and nursing students to attend this class. The consultant explained that they are to have the theory including the steps in research only and not the seven (7) hours a week practicum.
2. Purchase ten (10) Graduate Record Examination (GRE) books and have tutors desiring the masters in nursing review them, and then take the GRE exam here in Swaziland.
3. See if APHA can get Dr. Myrtis Snowden at Louisiana State University Medical Center (LSUMC) to come and teach Nursing Research I and II

to nurses with BSNS and GRE scored. Mechanics will have to be approved by the LSUMC Graduate Program for admission as special students. Each course is three (3) credits and if she is here six (6) weeks, she can meet the six (6) credit requirement. LSU tuition is minimal and Texas University's tuition is even less than LSU.

4. Arrange with a university in the States to have graduate faculty offer graduate (MSN) summer courses for credit for tutors here in Swaziland. This should be much cheaper than sending tutors abroad.

d. Effectiveness of Curriculum as Preparation for Nursing Education
Board of Botswana, Lesotho, and Swaziland (NEBBLS) Examinations
Limited.

The passing rate on NEBBLS examinations range from 70% to 95%. It is a miracle that any student can pass the exams. NNC is committed to allowing some high risk students in the program. The faculty is aware that this requires much harder work to get them through the exams but this is as it should be. Some weak students should be allowed to succeed. Teenagers, during normal development, are immature and are not always aware of the necessity to achieve high marks in school. If they are motivated, in later life, they should be given a chance.

It is said, when you educate the women, you educate a NATION. The nursing programs in Swaziland are probably educating many students that are the first generation in their families to attend a professional school.

The NEBBLS examinations, as they are done today, were discontinued in the U.S. forty years ago. They are long out-of-date. The content measured is quite narrow in scope; does not measure variables that determine if a

nurse is safe in the practice of nursing, is time consuming and certainly not cost effective.

RECOMMENDATIONS

1. NEBBLS be used only as an Advisory Board for the individual nursing councils in Swaziland, Lesotho, and Botswana, and look at each council's State Board Examinations before they are administered.
2. Eliminate the practicum part of the examination.
3. Prepare four (4) 100-item multiple choice (objective) type test with separate answer sheets. Administer all four once a year (after students have graduated from the programs). Administer three (3) of the exams as follows:

First, 9:00 to 11:00 in the morning of the first day.
Second, 1:00 to 3:00 in the afternoon of the first day.
Third, 9:00 to 11:00 in the morning of the second day.

Use these three to determine pass or fail, using 70% as passing.

Fourth, 1:00 to 3:00 in the afternoon of the second day.

Use this fourth test to do an item analysis and also its adequacy for a later exam.

The test items used should be relevant to nursing in Swaziland. The test should be the nursing model. By necessity, questions related to the medical model must be included because of the rural health nurses' requirements to assess, diagnose and treat minor illnesses.

4. Anatomy and physiology should be integrated throughout the exams, but relevant to nursing practice in Swaziland.

5. Each country's nursing council prepare the examinations with selected tutors from each school as item writers.
6. Identify students by numbers and not by names for examinations.
7. Use score sheets recommended by the Testing Services here in Swaziland and let that Service Administer and score the exams.
8. Have all nursing students (graduates) in the same room, taking the examinations at the same time.
9. The nursing council members can help proctor the examinations if necessary.
10. Make provision to see that the examinations are protected.
11. Relevant text questions may be selected from Comprehensive Nursing Review (or Self-Assessment) books until tutors are prepared to write multiple choice (objective) tests.

e. Consistency of Curriculum to NEBBLS System and Requirements

Yes, but Limited.

NEBBLS is a carry-over from the old colonial days. The nurses in each country (Botswana, Lesotho, and Swaziland) are capable of preparing, administering and scoring their own exams.

RECOMMENDATIONS

1. Swaziland take the leadership, and prepare their own exams (before Botswana).
2. NNC and SIHS start preparing students by using the multiple choice (objective) tests regularly to evaluate their students progress in class and as final exams.

f. Consistency between NNC and SIHS nursing curricula (and whether more or less consistency is needed in order to best meet national health needs)

Both curricula meet NEBBLS minimum requirements. Schools are expected to be creative and go beyond minimum requirements. SIHS does and NNC has proposed a program that is consistent with SIHS. The consistency is needed in order to best meet national health needs.

RECOMMENDATIONS

1. Students from NNC and SIHS take their non-nursing courses together. This should be cost effective and will require the non-nursing faculty at SIHS or the University of Swaziland to teach these courses once a year; and allow the students to take courses with students in other disciplines.
2. Do not use course title "for nurses" for any non-nursing courses. These courses are not accepted in the U.S. and students would have to repeat them. An example is "Sociology for Nurses: or "Anatomy for Nurses".
3. See that NNC and SIHS curricula are consistent. Until the NNC faculty can develop their course outlines they should be allowed to use SIHS course outlines. The teachers from SIHS that are teaching at NNC are probably using SIHS course outlines already.
4. Allow NNC and SIHS students to take the courses taken by the non-nursing students (other disciplines) at SIHS. They should be allowed to take the theory only and not the laboratory experiences required in these courses. Field trips to water and sewerage treatment facilities, etc. may be planned.

9. Adequacy of existing plans for expansion of the program and physical plant, and specific inputs required to implement the plans:

- (1) Appropriate size of teaching complement; and faculty and clinical instructors.

If it is true, that the Ministry of Health is planning to double the number of students at NNC from 100 to 200, it will require a minimum of 20 faculty members. The four (4) areas of clinical expertise required in this faculty would be: maternal-child health, community health/public health, psychiatric, and medical surgical nursing. If the school enrollment is to be maintained at 100, the number of faculty must be a minimum of 10. This is excluding teachers for the non-nursing courses. Exceptional students should be selected and developed to maintain a stable faculty. Ideally, the majority of the faculty should be from SIHS and SIHS faculty from NNC. Their masters should be from a variety of universities to provide for diversity of backgrounds.

- (2) Adequacy to clinical site (RFM and clinics).

RFM Hospital provides a variety of clinical learning experiences, but it is not suitable for use, due to the inadequate number of SRNs. Nursing service is a 24 hour coverage. The one or two SRNs, available for evening and night shifts, are not adequate to maintain the quality of care nursing students need to experience. At the present time, nursing students and/or nursing assistants are required to staff the ward units for evening and night shifts. It

was indicated that the one or two SRNs spent most of their time starting intravenous infusions, doing I.V. pushes and other complex procedures. They are not available to the students if needed. The students indicated that, they asked another student when they needed help. (See Dr. Charlotte Searles, Report to the Medical Superintendent on Staffing Requirements of RFM...1977).

There are no housing facilities for students at the Siphofaneni clinic. Three NNC students were there, sharing a small room that was assigned to a health assistant. There were two small cots. The third student slept on the floor. The health team at this clinic is quite effective. There were women with infants and small children crowded inside the clinic and spilling out in the yard. They were still coming when we left after 4:00 p.m. The nurse reported that they try to discourage clients from coming after 4:00 p.m., unless it is an emergency, but they come anyway. The health motivator is an older woman, capable, and takes a personal interest in the people in her catchment area. The nurses have to sterilize the disposable needles and reuse them. "It is embarrassing to use these dull needles, but we cannot get needles on time." This is an excellent clinic to be used to show what can be done when the health team is effective.

NNC is quite active at the clinics in the rural areas and in doing home visits. Mrs. Elizabeth Hlophe, the NNC public health nursing faculty member, is extremely capable, effective, and obviously loved and respected by the clinic nurses, students and her clients.

Unless facilities for housing students and faculty, are made available, the clinics will be limited in their use for clinical experiences.

(3) Adequacy of teaching, hostel, and other physical plant areas. The female hostel is falling apart due to the lack of preventive maintenance. The rooms are overcrowded (8 or more students in one community room). The roof is leaking, face basins leaking and windows broken and not replaced. The freshmen students have no hot water and community (6 or 8) open shower arrangements. The male hostel is in good condition, but eight students to a room is not conducive to learning. The school of nursing building is inadequate for the 100 or more students. There is one medium sized office for all faculty members. There is no lounge or "tea room" for faculty or students in the school of nursing.

RECOMMENDATIONS

1. Provide facility for housing students and faculty at Siphofanei clinic.
2. Repair the female hostel.
3. Put stoves and refrigerators in female and male hostels.
4. Enlarge library and secure necessary holdings if present site is to be used.
5. Construct school building the size of SIHS for 100 students or double the size for 200.
6. Build 2 duplex type houses for 4 faculty members.

4. Assess and make recommendations regarding faculty qualifications and training needs. This should include in-service as well as long-term training for both classroom faculty and clinical instructors.

The NNC nursing faculty should not be required to teach all the non-nursing courses in the curriculum. They are experientially qualified to teach nursing, because they had to "learn by doing". They have carried the burden for teaching an entire curriculum. This is unfair and does not allow time for clinical supervision, updating lesson plans, or evaluating program components as necessary.

The faculty expressed a desire to get the required degrees, but some do not want to have to leave Swaziland to obtain these degrees.

Opportunities should be provided here at home. The NNC faculty has hired a science teacher, paying the teacher themselves, to keep current. They are active in the professional nursing organization and programmes are provided to maintain their skills. Structured continuing education workshops and opportunities to maintain their clinical skills, in their areas of expertise, should be planned. Any faculty member, teaching nursing, has to update their content and skills every five (5) years. There is an explosion in the medical and nursing sciences. Research studies in both disciplines are finding out that many of the treatments and practices are useless, and some are quite harmful.

Continuing education is the term applied to methods of maintaining up-to-date knowledge and skills. In-service education is usually limited to or used for nursing service personnel in a specific institution to

learn or keep up their skills. All nurses must keep up with current knowledge, especially the knowledge in their specialty areas. Classroom faculty and clinical instructors are the same persons. One teacher can lecture to 100 students in a classroom. However, she cannot supervise more than ten students. Ideally, the same teacher should supervise the student she teaches. But because of the required 1:10 ratio, other teachers with the same expertise and knowledge of the specific objective assigned for that day, must supervise the other students. When the classroom teachers are in the clinical units they are called clinical instructors.

RECOMMENDATIONS

1. Seminar and workshops related to (1) RESEARCH, (2) Prevention, Promotion and Maintaining Health, (3) Maternal-Child Health Nursing and (4) Evaluation of all components in a nursing program.
2. Long-term goal... to have all faculty members with a master's degree including courses in curriculum development and teaching in nursing schools.

This is ideal; all other disciplines have teachers that are effective, as teachers, and never took these courses. Females always plan much more work, for themselves, than is absolutely necessary.

5. Assess degree of coordination between Ministry of Health and NNC, and between SIHS and NNC, and make recommendations for strengthening organizational relationships.

The principal Tutor at NNC appears to have an excellent relationship with the MOH officials. The degree of coordination should pose no problem. NNC and SIHS have an excellent relationship. SIHS faculty are teaching physiology and psychiatric nursing. Trips to the rural clinic are made together, by NNC and SIHS faculty.

RECOMMENDATIONS

1. Non-nursing courses taught together (NNC and SIHS) by the University faculty members for credit.
2. SIHS allows NNC to use their course outlines at least until NNC faculty has the time to develop their own.
3. MOH, SIHS and NNC develop a formal organizational structure.
6. Assess attrition rate at NNC and SIHS, and, if necessary, make recommendations for improving attrition.

The attrition rate is much higher at NNC. A student is expelled if she becomes pregnant. This was reported to be a church rule. These students are allowwd to enter SIHS to complete their nursing program. Some of the students "never return after vacation." Academic problems were not cited as the reason for the attrition rate. The dormitory rules and regulations are quite strict..."church policy". SIHS has a very low attrition rate.

RECOMMENDATIONS

1. NNC secure faculty and student handbooks from the Church of the Nazarene College in the U.S. and use as a guide in setting policies.

2. Allow student input in decision making processes.
3. NNC students must not be made to "feel inferior" to SIHS and University students.
4. Efforts made to find students that left NNC and encourage them to enrolled at SIHS.

Article IV - REPORTS

The consultant will:

Develop final short-term interim requirements to strengthen the program. The consultant will present a draft report during week six (6) to MOH and USAID official for review. The final report, in ten (10) copies, will be presented to MOH, USAID and RPM officials during the last week of the consultancy. Dr. Charles DeBose, RHPDO, will be responsible for review and final approval of the report.

See the reports assessing the SIHS and NNC Nursing programs.

Short-Term Requirements

1. Provide adequate nursing service personnel (SRNs) to staff RPM, in order to provide minimum unit coverage, for NNC and SIHS to use this facility for clinical laboratory experience. The Church of the Nazarene can be approached for short-term staff.
2. Allow NNC faculty to control the students and provide concurrent theory and clinical laboratory supervision throughout the academic year.
3. Discontinue requiring students to work during the days when they are writing their State Board Examinations.

4. Provide a library with the required acquisitions and a qualified librarian.
5. Provide three (3) more secretaries in order for each level to give each student a complete course syllabus for each course; type syllabi, examinations, and other required handouts.
6. Allow NNC faculty and students to use SIHS course outlines until they can prepare their own.
7. Provide facilities, resources, and services necessary to support a professional nursing program.
 - (a) Offices for administration (Principal Tutor with an adjoining office for a secretary); an office for librarian, registrar, and an office for each of the ten (10) required teachers.
 - (b) Faculty and student lounges in the nursing school building (for the noninstructional activities of faculty and students).
 - (c) Same equipment and instructional materials as SIHS with adequate storage space. NNC use audio-visual materials from SIHS to avoid duplications when possible.
 - (d) Remodel nursing school building to provide: one room that will holds all students in addition to adequate classrooms, conference rooms and equipped laboratories for the basic program and midwifery program.
 - (e) Renovate the female hostel, and reduce the number of students in a room from six (6) or eight (8) to a maximum of two (2) to a room.

- (f) Provide refrigerators and stoves in both hostels.
 - (g) Close in the showers and put up shower curtains.
 - (h) Provide hot water for all students.
 - (i) Provide preventive maintenance personnel.
 - (j) Provide adequate quarters for house mothers.
-
- 8. Develop policy manuals for faculty and students.
 - 9. Maintain the faculty complement required for a professional nursing program.
 - 10. Implement the revised curriculum; arranging for non-nursing courses to be taught at the University.
 - 11. Plan an on-going systematic evaluation of all program components and use for program development, maintenance, and revision (Evaluate: organization and administration, students, faculty, curriculum, facilities, resources and services).
 - 12. Prepare annual reports from NNC to the Swaziland Nursing Council and the Chief Nursing Officer, MOH. The reports to include the components listed above.
 - 13. The Swaziland Nursing Council visits schools every eight (8) years for continued approval. If serious discrepancies are indicated by reports, or other sources, the schools be visited within two to four (2-4) years, or immediately.
 - 14. Revise State Board Examination; discontinue NEBBLs orals, practicum, essay questions, and physician examiners.
 - 15. Change Nurse Assistant title to SEN.
 - 16. Allow debarred nurses (including present SENS) to prepare and rewrite State Board Examinations, or grandfather in the present SENS (a council decision).

Long-Term Requirements

1. Make provisions locally for the NNC faculty to get their BSNs, using SIHS faculty.
2. Make provisions for all tutors to get their masters degrees. This may be done by arranging to have faculty members from a graduate program in the U.S. to teach tutors every summer, in Swaziland or to take sabbatical leave. Some universities may have a residency requirement for tutors with BSNs to complete a masters program in the U.S. This practice is not cost effective (money, tutors away from their families) and the content may not be applicable to Swaziland).
3. SIHS and NNC to award the BSN degree, curricula presently require similar in content to that required for BSN degree in U.S.
4. Build a nursing college at the University of Swaziland and increase student enrollment to meet increase population demand. European donor (U.K., Germany?) to build the school and USAID equip it.
5. Develop and implement continuing education programs at schools to upgrade and maintain nurses (faculty and nursing service staff) skills.

IX. PROJECT PROPOSAL

Assistance to Nazarene Nursing College

Within the scope of work for the Nazarene Nursing College consultancy is the requirement that the consultant, based on her observation and assessment prepare for use of the Swaziland Director of Medical Services and the Director and staff of the United States AID Mission in Swaziland a donor supported project proposal.

This proposal should define the key elements in foreign technical assistance which would aid the Government of Swaziland and the Robert Fitkin Memorial Hospital to attain the staff, faculty and physical facilities needed to prepare, in sufficient numbers, adequately trained health services personnel.

The wealth of a nation is usually dependent upon the health of its people. Swaziland is no exception. From the beginning it was apparent in reviewing the data and reports that a large proportion of the illnesses could be prevented, by educating the people about the causes of illnesses; how the illnesses can be prevented, and motivating them to get involved in attaining and maintaining their own health.

It is reported that the Swazi people suffer from illnesses caused by lack of proper nutrition, lack of knowledge regarding proper dietary practices, poor sanitation, inadequate and contaminated water supplies and uncontrolled communicable diseases. The controllable communicable diseases, tuberculosis, malaria, measles, and bilharzia (schistosomiasis) are reported to be very common. Malnutrition (increasing susceptibility to illness), parasitic disorders (contributing to the malnutrition), and venereal diseases are prevalent. Accidents are a major cause of inpatient

admissions. Limited scientific studies show that accidents are closely related to emotional disturbances. Birth injuries, due to unsupervised deliveries, frequently result in mental disorders and/or reduced productivity. Severe, moderate, or mild encephalitis, complications from measles, may also cause behavior problems. The evidence indicates that the major causes of morbidity are diseases of the digestive and respiratory tracts.

The population at risk (target population) is primarily the rural women and children, because of their high vulnerability to the prevalent health problems. Women are the primary point of contact in the rural population. The women are responsible for education and child care, most water and food related tasks, household maintenance, and consequently, the health of their families. It is reported that up to one-third of the households do not have an adult male present and about one-fifth of the households are headed by women. This could be one of the factors influencing the increasing problem of alcoholism and other mental problems. The high birth rate does not help the situation.

SCOPE OF PROJECT

This project has been designed to assist the Ministry of Health, Government of Swaziland, in the development of a long range strategy for strengthening the Nazarene Nursing College (NNC) as part of the national strategy for manpower development.

The primary focus will be the renovation of the present facilities (Nazarene Nursing College and student hostels), the preparation of NNC for nursing students. The students are to be prepared to deliver promotive

health care, preventive services as well as curative services and family planning in Swaziland, and especially in the rural areas. The rural clinics are to be used for clinical experiences, as well as the NNC, Raleigh Fitkin Hospital and the psychiatric Mental Health Hospital.

The revised curriculum for the nursing students will reflect an increase component of public health, disease prevention, nursing, research, biopsychosocial sciences, maternal child health and family planning.

All graduates from the four year program will be prepared to function as public health nurses, maternal child health nurses (midwives), psychiatric nurses or generalists. They will be prepared to function in a variety of settings including: rural clinics, schools health programs, nursery schools, teacher training schools, mobile health units, hospitals, and in day care centers for children of working mothers.

The project is planned in order that the nurses can be educated in Swaziland. However when BSN and graduate nursing programs are offered in Swaziland, some of the prospective tutors should be sent abroad to provide for diversity in the faculty.

The immediate need is for the NNC project to assist RFM, and the MOH, to upgrade the nursing care at RFM by replacing the nursing students on the ward units with SRNs, especially during the evening and night shifts. The students must be available for classes, and clinical laboratory experiences, especially in the rural areas. They should not be

too tired to learn, because of having to work 40 hours per week. The students and faculty must be available to and controlled by Nazarene Nursing College.

At the end of this five (5) year project, the Ministry of Health should consider turning over the Nazarene Nursing College and the Swaziland Institute of Health Science to the Ministry of Education. The MOH should not have an additional burden of maintaining education institutions. Maintaining quality professional nursing schools are expensive, mainly due to the required faculty - student ratio. Medicine and the Arts (particularly music) are the only professions that are more costly than nursing.

The resources in the rural area are still limited in respect to meeting the total health needs of the nation. The effort of the MOH to deliver health services to the people of Swaziland is commendable. The rural population will utilize good health services. The Siphofaneni Clinic is an excellent example. The two nurses have no idea how many women and children came for services on the day the consultant visited. The clients were coming in and out of this small overcrowded clinic, at random, and the nurses were too busy to keep accurate records. This will make data gathering, for research and planning purposes, inaccurate. It also does not indicate the volume of work, nor the diversity of problems required of the limited nursing staff. The same is true for the Mobile Unit that went to Bulunga II Subcenter. The meeting was under a tree. Two nurses from the King Sobhuza II clinic, graduates, and the public health nurse tutor from the Nazarene Nursing College, took turns talking to the women and then passed out the birth control pills and powdered

milk. The consultant counted sixty-seven (67) women and children sitting on the ground under the tree. At the end of the session, one of the women spoke, at length, thanking the nurses for coming; reported that the women would start having meetings, while waiting for the Mobile Unit, regarding arts and crafts, gardening, care of children, a health committee to try and build a clinic rather than meeting under a tree. This is reliable evidence that the Swazi women will utilize good health services, if these services are made available to them.

Input From Project

1. Renovate Nazarene Nursing College and hostels.
2. Provide additional biopsychosocial sciences teachers (if required) to supplement faculty at the University of Swaziland, to assist in upgrading NNC faculty.
3. Provide additional nursing faculty, from accredited universities, to supplement masters prepared nurses in Swaziland to implement a BSN program and help NNC faculty to obtain BSNs, and the SIHS BSN prepared faculty to take graduate courses and reduce time abroad, and assist the Swaziland Nursing Council:

- in revising the Nurse Practice Act to conform with the extended role of the nurse.
- in writing nursing education regulations to conform with the updated (revised) Nurse Practice Act.
- in writing nursing service regulations to conform with the new Nurse Practice Act.

- to evaluate the schools of nursing during the fourth (4) and fifth (5) year of the project, including a follow-up of the graduates to see if they are prepared to meet Swaziland's specific rural health needs.
- to assist in the logistics required for SIHS and NNC to award the BSN degree.
- to acquire and maintain its autonomy.
- to be able to be free of expatriate assistance.

PROJECT EXPENDITURES (USAID and Donor)
(Five Year Project)

Technical Assistance (nurse faculty) (5 x \$15,000 x 5)	\$ 375,000
Renovations	1,500,000
Academic Programs (faculty and students)	100,000
Vehicles (TAs and small bus for rural areas)	65,000
Books and other equipment	200,000
Evaluation	50,000
Other	50,000
Contingency	<u>300,000</u>
 TOTAL FOR 5 YEARS	 \$2,640,000

The above figures are rough estimates. The consultant is not sure whether biopsychosocial scientists from abroad will have to be added. They are not included. She does not know if five (5) teachers, from abroad, will agree to \$15,000 per year, including per diem. These are variable that will have to be worked out when submitting final proposal.

COMPARISON: BOTSWANA NURSING PROGRAMS

Persons Interviewed

Dr. David Serbina, Minister of Health
Ms. Gasennelwe, Principal Tutor, (NIH) National Institute of Health
Nursing Facility
Ms. Barbara Anderson, Executive Secretary, NEBB.S
Dr. Marilyn Edmondson, TA, University of Botswana
Mrs. P. Ncube, 3rd Level Coordinator, Basic Nursing Program
Dr. Tlou, Vice Chancellor, University of Botswana
Mrs. Ncgoncgo, (Nurse), Undersecretary, Manpower Development
Ms. Ruth Stark, TA, NIH, Family Nurse Practitioner Program
Mrs. Eva M. Corker, WHO, TA, NIH (Laboratory Technology)
Mrs. Christina Nleya, Nursing Service Administrator

Nursing Education Institutions

National Institute of Health Nursing Faculty
University of Botswana Nursing Faculty

ORGANIZATION AND ADMINISTRATION

The basic program at NIH has a principal tutor and level coordinators for the first, second, and third year, midwifery, community health, and the family nurse practitioner programs. The principal tutor indicated that they have always had coordinators.

The Botswana government has a nurse for the Undersecretary for Manpower Development and a nurse as Assistant Director for Hospital Services.

The Chairman, Department of Nursing at the University, is leaving soon for her doctorate and Dr. Marilyn Edmondson will act until she returns, or someone is appointed. NIH is planning to offer the BSN degree. The University and NIH are negotiating.

Students

One hundred and twenty-five (125) basic nursing students were admitted to NIH this year. There are one hundred and nine (109) second year, and ninety (90) third year students... a total of three hundred and twenty-four (324) basic nursing students at NIH.

It was reported that Lesotho sends two (2) or three (3) students each year for the B.Ed. degree. Swaziland has had one student to graduate and one is in the program now. The University has students from several African counties. Applicants are required to have the 3-year basic program, one year of midwifery, and two years of work experience to enter the University for the B.Ed. degree... preparing teachers, "a priority because they were short of teachers".

Faculty

There are twenty (20) nursing faculty members at NIH... ten (10) with masters plus preparation. Seven (7) left this past week for the U.S.A. for their masters.

There are five (5) faculty members in the University Department of Nursing.

Curriculum

The present NIH curriculum is similar to the NNC curriculum. They are planning to do the BSN program.

Facilities, Resources, and Services

Appears to be adequate to meet program goals.

NEBBLS

Botswana recommending that NEBBLS functions be changed to a "Consultative Board"... each country's nursing council is to assume the previous functions of NEBBLS.

INSTITUTION VISITED AND PERSONS INTERVIEWED

Wednesday: 20/06/1984

Mr. Jimmy O. Philpott, Deputy Director, USAID

Miss Nester Dlamini, Acting Chief Nursing Officer, Ministry of Health

Mr. Julian Fleet, Manpower Planning Advisor, Ministry of Health

Accompanied by:

Ms. S.E. Jones (N.N.C.)

Friday: 22/06/1984

Mr. H.B. Malaza, Undersecretary (Acting Principal Secretary),

Ministry of Health

Mr. David Alt, Personnel Consultant, University of Hawaii Medical

School

Mr. Julian Fleet, Manpower Planning Advisor, Ministry of Health

Mr. Elijah Nhlabatsi, Senior Personnel Officer, Pre-Service

Training, Ministry of Education

Accompanied by:

Ms. S.E. Jones (N.N.C.)

Monday: 25/06/1984 - Institute of Health Sciences

Phyllis L. Jenkins

Eunice Mabuza

Adelies Beerman

Sophie Makhubu

Louise Dlamini

Murmly Mathunjwa

Bertha Dlamini

Isabel Zwane

Accompanied by:

Ms. S.E. Jones (N.N.C.)

Tuesday: 26/06/1984 - Manpower Management Meeting, Ministry of Health

Dr. Z.M. Dlamini, Director Medical Services, Ministry of Health

Dr. M. Owen, Deputy Director Medical Services, Ministry of Health

Mr. S.P. Hlophe, Principal Personnel Officer, Ministry of Health

Miss Nester Dlamini, Acting Chief Nursing Officer, Ministry of Health

Mr. David Alt, Personnel Consultant, University of Hawaii Medical

School (MEDEX)

Ms. Lucy Glison, Acting Health Planner, Ministry of Health

Mr. A.K. Hottle, Management Advisor, Ministry of Health

Accompanied by:

Ms. S.E. Jones (N.N.C.)

Tuesday: 26/06/1984 - Raleigh Fitkin Memorial Hospital, Nazarene Nursing

College

Mr. Elijah Mdluli, Administrator

Mr. Bert Friesen, Assistant Administrator

Mrs. Amy J. Manthata, Senior Matron

Dr. Paul Wardlaw, Senior Medical Officer

Nursing College Staff:

Miss Dudu Dlamini

Mrs. Ellen Dlamini

Mrs. Freda Hlatshwayo

Mrs. Elizabeth Hlophe

Miss Sharon Jones

Mrs. Eleanor Khumalo

Mrs. Beauty Makhubela

Miss Avinell McNabb

Wednesday: 27/06/1984 - Siphofaneni Clinic

Health Centre Staff:

S.N. Betty Ndzimandze

S.N. Elizabeth Nxumalo

N.A. Ms. S. Ndzinisa

Health Committee Members:

Ms. Ngcamphalala

Ms. Dlamini

Rural Health Motivators:

Ms. Shongwe

Ms. Naziya

Accompanied by:

Ms. E.M. Hlophe (N.N.C.)

Wednesday: 29/06/1984 - Sitobela Primary Health Care Centre

Tuesday: 03/07/1984 - Good Shepherd Hospital

Dr. Abey Phillip, Senior Medical Officer

Ms. Zodwa Zwane, Assistant Administrator

Training School:

Ms. Maureen Dlamini

Sister Rosemary

Ms. Mildred Mkhabela

Accompanied by:

Miss Sharon E. Jones (N.N.C.)

Ms. Sophie Makhubu (I.H.S.)

Ms. Murmly Mathunjwa (I.H.S.)

Wednesday: 04/07/1984 - Matsapha Mental Hospital

Matron Thembi

Accompanied by:

Ms. P. Jenkins (I.H.S.)

Ms. S.E. Jones (N.N.C.)

Thursday: 05/07/1984 - King Sobhuza II Clinic/Bulunga II Subcentre

S.N. P.S. Khumalo

S.N. C. Mkhathshwa

S.N. M. Shongwe

S.N. B.A. Magongo

Driver Mr. Khumalo

Accompanied by:

Ms. E. Hlophe (N.N.C.)

Central Vaccines Stores (Expanded Programme on Immunization)

Mr. Joseph Dlamini

Miss Manyatsi

OTHER INTERVIEWED

Honorable Minister of Health, Prince Phiwokwakehe

Ms. Maggie P. Makhubu, Chief Nursing Officer

Mr. Robert Huesmann, Director, USAID/Swaziland

Dr. Charles DeBose, Regional Health/Population Development Officer,
USAID/Swaziland

Ms. Linda Lankenau, International Development Intern, USAID/
Swaziland

Dr. Samuel Hynd

Dr. David Hynd

Mrs. Phyllis Hynd, former Principal Tutor, NNC.

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