



SWAZILAND HEALTH MANPOWER
TRAINING PROJECT:

AN EVALUATION OF
THE NURSING PROGRAMS OF
THE INSTITUTE OF HEALTH SCIENCES

AMERICAN PUBLIC HEALTH ASSOCIATION
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A Report Prepared By:
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EXECUTIVE SUMMARY

The Nursing Component

Timely progress continues to be made in the achievement of program objectives. The recommendations of the 1979 evaluation have been implemented. An Institute of Health Sciences (IHS) principal has been appointed, and the midwife and psychiatric nursing tutor have joined the faculty. One rural site has been identified for clinical experience, and another is planned, contingent on the construction of a student hostel.

The faculty has demonstrated a genuine commitment to the program and to the education of nurses for Swaziland. The faculty continues to develop as a working group.

Curriculum Design and Development

Curriculum design and development are dynamic processes, and they need to be reviewed and refined constantly to ensure that community needs are being met and that the sound principles of education are being followed. The faculty recognizes the need to tailor the program to the needs of Swaziland and to present material and learning experiences within the cultural, social, and economic contexts of the country. Mechanisms need to be developed to ensure that the program continues to meet the needs of the country. Closer ties must be established with the nursing service, and staff of the larger systems of health planning and manpower development must be encouraged to become involved in the program.

Conclusions

Although effectiveness cannot be assessed until graduates of the program are in practice, given the current direction and activities of the IHS, the logical conclusion would be that the graduates will be able to function effectively and appropriately. It must be stressed, however, that the Institute is not solely responsible for the program. To develop environments in which the graduate can function, the Ministry of Health must assume an advocacy role and share responsibility with other government agencies.

Recommendations

A. Basic Program

1. Increase coordination of classroom, clinical content, and learning experiences.
2. Increase coordination and integration of curriculum content and faculty activities.
3. Continue the assessment of faculty activities, using program objectives as criteria.
4. Include in the curriculum management skills, supervisory skills, and personal development training.
5. Make a decision about the structure of Year IV.
6. Develop a long-range action plan to maintain sufficient faculty.
7. Improve collaboration between nursing educators and the nursing service.

B. Nurse-Practitioner Program

1. Increase supervision of students and graduates in clinical training and clinical practice.
2. Define and interpret the role of the nurse-practitioner.
3. Consider the integration of practitioners' specialties.
4. Select nurse-practitioner students (by the faculty on a competitive basis).
5. Include in the curriculum administrative skills, management skills, and personal development training.
6. Develop a reward system for graduates.
7. Improve physical facilities and support services in rural clinics.

C. Total Project

1. Increase collaboration among and cohesiveness of all project components.

I. INTRODUCTION AND BACKGROUND

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Purpose of the Project

The purpose of the Swaziland Health Manpower Training Project is to provide assistance to the Government of Swaziland to improve health services and to expand health service delivery in rural areas.

The methods used to implement the project include the establishment of an educational institution to prepare and upgrade nursing personnel and the development of administrative and logistical systems to support the health service delivery system which is staffed by nursing personnel.

Purpose of the Evaluation

The purpose of this evaluation is to review and assess the appropriateness and effectiveness of the nursing curricula developed at the Institute of Health Sciences (IHS) to meet the health needs of the Swazi people.

The specific areas of assessment include the basic nursing curriculum, the nurse-practitioner curriculum, curriculum coordination, compliance with regulatory agencies, adequate quantity and quality of faculty, and relevancy of educational programs to the characteristics of the health services needed in Swaziland.

Country Profile**

Swaziland is situated between Mozambique and the Republic of South Africa and covers approximately 6,700 square miles. In 1974, the population was estimated to be 475,000. Ninety-seven percent of the population is African; 94 percent of the people in this group share a common linguistic, historical, and cultural tradition. The four districts of the country are Hhohho, Manzini, Shiselweni, and Lubombo. The population in each

* For additional information, see Charles Dubois and Judy Gallagher, Project Evaluation Survey, May 1981.

** For an in-depth discussion of Swaziland and the health care system, see Oscar Gish, Planning the Health Services of Swaziland, International Health Programs, American Public Health Association.

is approximately the same. Approximately 85 percent of the population lives in rural areas. People live in widely dispersed homesteads, and not villages.

More than one-sixth of the population is under the age of five, and almost one-half is under the age of 15. Females comprise 53 percent of the population. Expectation of life at birth is 44 years. Infant mortality is estimated to be 125 per 1,000 live births. The population is increasing approximately 3 percent per year.

Approximately 30 percent of the working-age population is involved in wage employment. This category includes work in the sugar, citrus, forestry, and asbestos industries. The majority of the population depends on subsistence farming based on the cultivation of maize and cattle-rearing. More than 40 percent of the total land area is occupied by individually-tenured commercial farms.

Tuberculosis and bilharzia are major health problems. Largely preventable diseases, such as gastroenteritis and respiratory tract infections, are common. The pattern of disease in Swaziland is shaped primarily by low income, inadequate diet, and poor environmental conditions (sanitation and access to clean water).

Health care services are provided by the government, medical missions, industrial organizations, and private practitioners.

The government is the largest health care provider; government health services are operated almost entirely by the Ministry of Health. The administration of services is highly centralized, although attempts are being made to alter this pattern. The government system consists of 7 hospitals (5 general, 2 long-term) that contain approximately 1,000 beds. Public health centers, rural health centers, and rural clinics comprise the rest of the system and vary widely in size, quality, staffing, and services. Physician services are limited, and medical-specialty care must be obtained from the Republic of South Africa. Nurses, with their varied educational backgrounds, are the primary health care providers, especially in the rural areas.

Curative and preventive health services have, traditionally, been offered in separate settings by different practitioners. Although, philosophically, the Ministry is supportive of integrated, comprehensive care, the many existing barriers frustrate efforts to effect changes. Traditional attitudes, the educational backgrounds of health personnel, the civil service structure, etc., all are constraints.

II. A THEORETICAL FRAMEWORK FOR THE EVALUATION

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The curriculum is a statement of the relationships among the elements of an educational program as they are used to make decisions about instruction. A balanced curriculum offers opportunities to master knowledge and internalize and use that knowledge in ways appropriate to one's occupational activity.

The evaluation of a curriculum is a process that reveals the extent to which the implemented curriculum is producing the desired results. It is, in other words, a means to assess the appropriateness and effectiveness of curriculum implementation and outcomes.

The purpose of nursing is to attain the highest possible level of health for the individual. Nursing is a practice-discipline, and it requires active learning in a conducive and receptive environment.

Nursing in Swaziland is referred to frequently as the "backbone" of the health care system. Nurses in the rural health centers and clinics are expected to provide comprehensive primary health care and to make appropriate referrals to the next level of care. In the hospitals, they frequently must care for large numbers of patients and assume considerable responsibility because there is a shortage of physicians.

The education of nursing personnel is of critical importance to the Swazi health care system. Nurses must function "on their own" in facilities which are less than ideal; their education, therefore, requires a sound theoretical basis and carefully planned and supervised clinical experiences. The emphasis must be on problem-solving and decision-making skills.

The curriculum of a nursing education program is a means to an end, and not an end in itself. It is developed and implemented to produce a professional who will have the necessary knowledge, skills, and abilities to assist the target population--in this instance, the Swazi people--in meeting their health needs.

Methodology

A variety of methods can be used to assess curriculum development, implementation, and outcomes. The methods for this evaluation included:

--interviews and discussions with faculty members, the curriculum consultant, IHS students, IHS nurse-practitioner graduates, Ministry of Health officials, members of the nursing service, and facility administrators;

--a review of relevant documents and written materials;

--field visits to the clinical sites to which students and graduates have been deployed; and

--classroom observations.

Lists of contacts, reference materials, and facilities are attached to this report.

III. ASSESSMENT OF THE BASIC NURSING PROGRAM

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Internal Issues and Recommendations

A. Curriculum

1. Coordination of Classroom and Clinical Experiences

To meet the objectives of the program, activities designed to facilitate coordination between the classrooms and clinical areas must be made a priority of the faculty. It is probably unrealistic to assume that at some time in the future all tutors will be able to assume teaching duties in both classroom and clinical settings. One might ask whether all clinical supervision should be done by tutors, for their time might be more wisely spent on other activities. The complexity of the clinical situation and the level of integration of skills and knowledge required should determine who provides clinical supervision.

The use of clinical instructors, in some capacity, will continue. To ensure an optimal learning experience for the student, it is essential that classroom and clinical objectives mesh. Objectives and learning experiences need to be developed simultaneously by the classroom and clinical instructors. This can be arranged by scheduling weekly meetings between the clinical instructor and the tutor. At the meetings the clinical instructor will have an opportunity to increase her knowledge of the development of objectives, selection of learning experiences, and evaluation of student performance. As a result, she will feel that she is more a part of the program.

2. Integration of Curricular Components

Classroom and clinical activities should be complementary and organized in a logical sequence. The curriculum is used to make decisions about classroom instruction, clinical learning experiences and, ultimately, student outcomes; therefore, curriculum development and implementation must be a dynamic process, and it must be subjected to continuous review and assessment. This activity needs to be a priority of the faculty throughout the year, and not just when the curriculum consultant is on site. Appropriate leadership must be assumed and adequate time must be allocated regularly to this effort.

3. Curriculum Content

a. Management and Supervision Skills

Currently, 10 hours of ward management experience are included in the curriculum. This is hospital-based experience and is, of course, necessary for the student.

However, given the primary goal of the program--the placement of graduates in rural areas--additional training should be provided in administrative and supervisory skills geared to the effective management of a rural clinic. The nurse in a rural clinic needs to know how to plan, organize, direct, control, and coordinate his or her resources.

Because the clinic system is extensive and because it is difficult to obtain supervision through other components of the health care system, the graduate nurse will have to rely on his or her own skills to manage a clinic and supervise other health workers, such as nursing assistants and rural health visitors.

b. Personal Development Training

In Swaziland, nurses provide the bulk of primary care, and they frequently are required to assume leadership positions in their clinics and in the surrounding area. This assumption of leadership and the behaviors it requires may result in role change and role conflict, especially for the female graduates.

One of the project's stated goals is to expand the role of women, to train women for decision-making responsibilities, and to increase women's sense of self and autonomy. Therefore, it is recommended that personal development training that covers, for example, self-awareness, self-image, and role change be integrated into the curriculum to develop skills in problem-solving, decisionmaking, and advocacy. This training program should be conducted by someone who is not associated with the IHS. It also should include sessions for faculty.

c. Mental Health

Currently, practicing nurses appear to underestimate their potential to foster mental health and provide follow-up maintenance services to those who have mental-health problems.

Communication skills, interviewing skills, the ability to assess interpersonal and family relationships, and knowledge of therapeutic interventions are central to the nursing process and need to be identified and made part of the curriculum. One of the functions of the psychiatric-nursing tutor is to assume responsibility to work with other faculty tutors and clinical instructors to identify and integrate mental-health concepts into the program. A separate course on psychiatric nursing is needed also, but the integration of mental-health concepts into the curriculum will enable students to integrate mental-health concepts into their own practices.

4. Content, Year IV

The issue of the structure and content of Year IV needs to be resolved as quickly as possible. The decision should be based on input from the faculty.

The decision about the composition of Year IV will influence decisions about the content of Year III. For example, if all fourth-year students are required to be trained as midwives, the Year III obstetrical course would not have to be as extensive as it would have to be if all students were not required to be trained as midwives.

Several options for Year IV are possible.

- Divide the curriculum into four courses of study: psychiatric nurse-practitioner, family nurse-practitioner (FNP), maternal child health and family planning (MCH/FP) nurse-practitioner, and nurse-midwife; allow students to select one course of study.
- Offer the above as postgraduate courses.
- Offer six months of study for the nurse-midwife and one other specialty (listed in the first option).

All students will have physical-assessment skills; moreover an extensive obstetrical curriculum can be offered in Year III. Thus, a six-month period of midwife training, plus six months of intensive involvement in another specialty area (psychiatry, maternal and child health and family planning, or family practice), would seem to best meet the health and manpower needs of the country.

B. Personnel

1. Use of Faculty Time

The use of faculty time needs to be assessed and evaluated continually in terms of the goals of the educational program.

Nurses should teach nursing. Basic courses such as anatomy and physiology are best taught by persons in those fields. In this approach, nursing faculty are free to teach and supervise nursing.

More posts are needed in the basic sciences. With their addition it should be possible to attract and retain qualified teachers. The grade of these posts should equal that of posts at other educational institutions.

Although all nurses share a common purpose and theoretical basis, there are specialties within the discipline. Therefore, just because one is a nurse, he or she should not be expected to be prepared to teach all nursing subjects. The assignment of tutors should reflect a consideration of special abilities and the special needs of the program. For example, it might be more appropriate for the midwife and psychiatric-nursing tutors to use their time to develop clinical resources and in-service programs than to teach fundamentals or anatomy and physiology.

The nursing faculty cannot continue to be responsible for the instruction of health-inspector students. At this time, the faculty is over-extended. The time and energy of the faculty should be directed to the nursing programs.

Faculty Meetings

Much of the time allocated to faculty meetings is devoted to discussions of administrative matters which could be handled by committees. This time could be used to identify and discuss curricular issues, the teaching methodology, evaluation procedures, etc.

2. Student/Faculty Ratio

In the clinical area, the ratio of instructor to student is 1:8; based on an estimation of full-time equivalents, it is 1:14 for total faculty, excluding clinical instructors. The ratio of 1:14 is within acceptable limits. However, because nursing is a practice-discipline and because the faculty must assume responsibility for the curriculum, the development of clinical experiences, relationships with the nursing service,

etc., additional faculty must be considered. Except for relatively short periods of overlap with counterparts and technical assistants, there is only one tutor for each specialty area. If additional posts and appropriate grades can be obtained in the basic sciences, the faculty should review and assess staffing needs and be given the authority to make recommendations.

3. Counterpart Selection and Training

Counterparts either are involved now in training or have been selected for training. Selection generally has been timely. Because the candidates who were selected for training as midwives, family nurse-practitioners, and psychiatric nurses departed late, extensions for the three technical assistants should be granted.

The Ministry needs to address several issues concerning future plans for adequately prepared faculty.

a. Selection of Candidates

The faculty needs to have increased decision-making authority to select suitable candidates for training. As nursing educators, they can identify for the candidate what is involved in training and what is expected of a tutor. Not to use the faculty in this way is to waste a valuable resource.

The retirement age in Swaziland is 45. Therefore, the age of the candidate and of the prospective tutor must be considered. To obtain the maximum return on the educational investment, a candidate's age and the expected number of years of service need to be considered in the selection process.

b. Long-Range Plans

The Ministry, in collaboration with the faculty, should develop a long-range manpower plan based on estimates of student enrollment and projected needs for faculty. Because of the time involved in the selection and preparation of a tutor, long-range advance planning is essential.

A plan to deal with the unexpected loss of a faculty member also merits consideration. Currently, the IHS has a skeleton staff; immediate

plans call only for the maintenance of that skeleton staff. If one tutor were to make a career change or leave the country, for example, there would be a serious gap in the Institute's teaching capacity.

4. Clinical Instructors

All clinical instructors should be required to acquire physical-assessment skills to be adequately prepared to supervise their students. This role of "teacher-as-learner" will demonstrate to the students the importance of continuing education for everyone.

If suitable candidates can be identified and if their placement as clinical instructors can be ensured, they should be considered for special training in clinical instruction.

5. Continuing Education

Every effort should be made to encourage and facilitate the participation of faculty members in local and regional workshops, seminars, etc. The costs for site visits to local and regional specialty-related facilities and agencies should be covered by the project.

C. Policies

1. Operational Policies

To facilitate communication, increase collaboration, and promote program cohesiveness, written policies and written criteria are needed. Policies and criteria should be developed for:

- teaching methodologies;
- selection of laboratory and clinical experiences;
- text-book selection;
- library-book selection;
- evaluation of:

- students;
- faculty;
- individual courses; and
- total program; and

--other areas identified by the faculty.

a. Faculty Manual

A faculty manual should be developed for the purposes of information and orientation.

b. Nursing Procedures Manual

The faculty should decide which nursing procedures will be taught and which standard methods will be used. The decision should be based on the requirements to practice in Swaziland's health care facilities, acceptable standards of nursing practice, and the requirements of regulating agencies. A committee should be formed to draft a manual for presentation to the faculty.

2. Policy Issues

The faculty should discuss the following policy issues:

- What is the role of IHS faculty with regard to the level of nursing care provided at clinical sites?
 - a. Do they have some responsibility?
 - b. Do they become involved?
 - c. Is their time used appropriately?
 - d. At what level do they get involved?
 - e. How do they get involved?

- What is the role of IHS faculty in the development and implementation of health services in Swaziland?
 - a. Since nurses are perceived to be the "backbone" of the health care system, and since the Institute is preparing nurses to function within that system, what, if any, are the responsibilities of IHS faculty in this larger system?
 - b. Frequently, educational institutions either become isolated from their surroundings or are perceived to be isolated, self-contained, and uninvolved with the "real" world. How can IHS deal with this perception?
 - c. The purposes of the Health Manpower Training Grant are to educate nursing personnel and to develop the administrative support systems that ensure their effective use. What role should IHS faculty assume in this area?

D. Physical Facilities

1. Institute

The building which houses the Institute has been completed and is equipped with everything except full laboratory equipment. The lack of equipment and of faculty has added to the problem of providing instruction in the laboratory. Equipment is being assembled gradually.

2. Library

Library resources generally are inadequate. Although it takes time to build a library, and although several volumes are still on order, the number is, nevertheless, insufficient. Books are difficult to find because they are not replaced on the correct shelf. Periodicals do not cover a broad range of topics. The library should contain more resources on the needs and problems of developing countries.

3. Clinical Physical Facilities and Equipment

Mbabane Government Hospital is the primary in-hospital clinical site. The facility is in poor physical condition, although some areas are being renovated and repaired.

Lack of equipment is a major problem. Without the proper equipment, students find it difficult to perform procedures according to their instructions.

E. Relationships Between Nursing Education and Nursing Services

The ultimate goal of nursing education is to prepare nurses to function in the country's nursing service. Thus, it is essential that mechanisms be available to facilitate understanding and collaboration between the two areas. Nursing education cannot exist in a vacuum. Educators must look ahead to help make the transition from school to employment, and from student to practitioner, as smooth as possible.

In the planning and early operational stages of the Institute, linkages between the IHS and the nursing service were in place and were used. In-service programs were organized by a tutor and meetings between tutors and matrons were held regularly.

The chief nursing officer, matrons, and ward sisters cited as a major problem the lack of communication between themselves and the IHS faculty. They noted that failure to communicate resulted in misperceptions and misunderstandings. Doubt was expressed about the curriculum of the Institute and the ways in which it differs from traditional "nurse-training," especially in clinical practice. There are concerns also that the program is "too sophisticated" for Swaziland and that the graduates will feel and act superior to other nurses.

There does appear to be a willingness to support the program and a desire to become more actively involved with the IHS. Increased involvement would enhance understanding and collaboration and lead to an improved relationship.

Regular meetings for tutors and nursing-service personnel should be held to discuss the rationale for the structure of the program, the development of clinical experiences for students, problems in the clinical area, performance expectations, etc. Many other potential problem areas and attitudes also could be addressed if teaching and service staff were to meet as a group.

In-service programs need to be re-instituted. They should be planned with the help of nursing-service personnel and geared toward the improvement of nursing care.

F. Follow-up of Graduates

A plan needs to be developed during Year III to follow up IHS graduates. Information from a follow-up would be useful in future reviews of the curriculum.

G. IHS Advisory Board

The Advisory Board might better serve the interests of the Institute and the community if it were to focus less on student affairs and function more as a linkage between the IHS and the community.

External Issues and Recommendations

A. Project Components

The components of the project function independently. There seems to be little awareness of the relationship between the project components and the overall project goal. All the components share the same problems and needs, and these could be addressed more effectively if they were organized and could function as a group.

The cohesiveness of the project needs to be improved.

B. Student Hostel

The construction of the hostel should proceed as quickly as possible.

C. Transport

The Institute has two vehicles. It needs additional vehicles to enable faculty members to go into communities to develop clinical resources for student experiences.

D. Administrative Needs

As the nursing program and the IHS become larger and more complex, administrative staff will be required. Tutors will have to devote their time to curriculum development, instruction, and evaluation--and not administration. A plan to identify the areas of responsibility should be developed and submitted to the appropriate authorizing agency.

E. Health Planning and Manpower Development

The personnel involved in nursing education, the nursing service, and health planning and manpower development need to work together and share information, not only to project the future requirements for nursing personnel, but also to assist the Ministry in the development of health plans and strategies.

F. Project Limitations

The Institute has achieved a great deal in a short time. At this time, the faculty are attempting to stabilize Years I and II, develop and implement Year III, plan for Year IV, provide instruction, develop clinical resources, administer several programs, organize faculty in-service, etc. Given these many tasks, faculty training and regional health planning and research, which were described in the original project paper as IHS-directed activities, are not feasible. The priority objective is to institutionalize a system of nursing education. This objective is being achieved.

IV. ISSUES AND RECOMMENDATIONS FOR NURSE-PRACTITIONER PROGRAM

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Supervision Issues

A. Practitioner Students

Problems exist with practical training and supervision. Faculty resources at the Institute are limited, and physicians in the field must be relied on to assist with supervision. For a variety of reasons (e.g., the doctors' perception of teaching as a burden, their lack of interest in their own work, language difficulties, lack of understanding of the nurse-practitioner program), many physicians are unwilling or unable to assist the nurse-practitioner.

B. Practitioner Graduates

Graduates experience similar problems with physicians' supervision. Both over-referral and under-referral occur, most likely because field supervision is inadequate and staff lack experience. The nurse-practitioners are expected to serve as role models, but they themselves have no role model. Given the problems of time and transport, faculty cannot go regularly into the field as supervisors, consultants, and role models to the practitioners. A mechanism must, therefore, be developed to provide the practitioner with an appropriate role model and increased support and supervision. Several options may be considered:

1. A nurse-practitioner graduate could be hired as a clinical instructor. Under the guidance of the tutors, she or he could develop a mini-practice (its location serving as a practice site) and serve as a role model for students.
2. The tutors could see patients regularly in the OPD and serve as role models.
3. A tutor or clinical instructor in nursing could arrange to spend a session with the graduate in her clinic.

Practice Issues

A. Expectations

There seems to be confusion about the expectations of the nurse-practitioner. The community, the physicians, other health workers, and the practitioner herself have differing concepts of what the nurse-practitioner should do.

B. Role Conflicts

Lacking a clear concept of expectations and adequate role models, support, and supervision, the nurse-practitioner can easily fall back into the "old way" of doing things, and not use her skills and knowledge as effectively as she might.

C. Deployment

Ideally, two practitioners should be placed in each clinic (one FNP, one MCH/FP practitioner). However, this is not always possible. When one nurse is reassigned, ill, on holiday, or absent on the weekend, the community expects the remaining nurse to care for everyone, regardless of her specialty. The caseload for each specialty may vary. This is another problem. Caseloads could be managed more effectively if they were shared.

The separation of the FNP and the MCH/FP practitioner seems to be somewhat artificial, and it may be one reason why the needs of the community are not being met. Consideration should be given to the preparation of a generalist with family planning skills.

Selection of Students for Training

The IHS should have the authority to establish criteria for competitive admission to the program. Training is intensive, and the practitioner must assume considerable responsibility upon graduation. To maintain high standards for the program, the faculty should be responsible for selecting candidates.

Career Issues

Adequate rewards, in terms of a higher grade level, certification, or advanced educational placement, are not available to the nurse-practitioner graduate. A competency-based career ladder does not exist. The nurses, consequently, are frustrated. Without a reward system, it is difficult to maintain the enthusiasm and energy that are crucial to good job performance.

This is a complex issue. Its resolution will require the cooperation of the Ministry, the Nursing Council, and Establishments and Training.

Facility Issues

Many of the clinics that are staffed by nurse-practitioners are inadequate. Buildings are in disrepair; water, electrical, and toilet facilities are erratic or absent. All these factors, as well as the isolation that results from lack of vehicles and telephones, affect morale and, ultimately, performance. The practitioners are doing a remarkable job, despite the environmental problems they must face.

District and hospital administrators must assume more responsibility for the condition of the clinics. The Ministry should encourage the administrators and other departments of government to improve the physical services available to the clinics.

All those who were interviewed responded favorably to questions about the nurse-practitioners. The program appears to be very successful. It has been accepted by and is providing care to the community. Every effort should be made to support the program and the nurse-practitioners and to resolve remaining problems.

APPENDICES

Appendix A
LIST OF REFERENCE DOCUMENTS

Appendix A

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Minutes

The consultant reviewed the minutes from meetings on curriculum development, Institute of Health Sciences faculty meetings, the Nursing Education Standing Committee (Nebbls), the IHS Advisory Board, and the Joint Planning Committee.

Reports, Manuals, Position Papers

The following documents were reviewed:

- Faculty workshop reports
- Monthly report, Swaziland Health Manpower Development Project
- 1978-1979 and 1979-1980, Annual reports, Swaziland Institute of Health Sciences
- Report of the Nursing Division, Swaziland Ministry of Health, 1977
- Curriculum design, Years 1, 2, and 3
- Project evaluation report, The Swaziland Health Manpower Development Project 645-0062, September 1979
- Description, Nurse-Practitioner Program, Swaziland Institute of Health Sciences
- Manpower Development Plan for the Swaziland Health Services, 1979-1980
- Directive for Diploma for Registration as General Nurse, Nursing Examination Board of Botswana, Lesotho, and Swaziland
- Conditions for Approval of Schools, Nursing Examination Board of Botswana, Lesotho, and Swaziland
- Curriculum Plan, Institute of Health Sciences; submitted to Nursing Education Board of Botswana, Lesotho, and Swaziland, September 27, 1979

- Oscar Gish, Planning the Health Services of Swaziland, International Health Programs, American Public Health Association
- Draft, Tracking Report on AID-Sponsored Primary Health Care Projects, Vol. III, Africa, International Health Programs, American Public Health Association, December 1980
- Position Paper, "The Institute's Status as an Institution of Higher Learning"
- Clinical teaching guides (OPD observation format, assessment of clinical practica, clinical rating scale, learning sites form, history format, patient care plan, clinical objectives)
- Faculty position descriptions
- Swaziland Health Manpower Development Project 645-0062
- Training Manuals, Vols. I-V
- Charles Dubois and Judy Gallagher, Project Evaluation Survey, May 1981.

Appendix B

LIST OF CONTACTS AND FACILITIES VISITED

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Interviews

A. IHS Faculty

Professor Yergan, Curriculum Consultant

Phyllis Jenkins, Nurse Educator (TA)

Claudette Bailey, Nurse Educator (TA)

Adeles Beerman, Nurse-Midwife (TA)

Trevor Harrison, Psychiatric Nurse (TA)

Eunice Mabaya, Clinical Instructor

Roseline Manana, Clinical Instructor

Joyce Vilakazi, Clinical Instructor

Louisa Dlamini, Nursing Lecturer

Doreen Dlamini, Nursing Lecturer

Maggie Makhubu, Principal

Dr. Henningsen, Physician

B. Ministry of Health

Mboni Dlamini, Permanent Secretary

Sam Magagula, Undersecretary

Victoria Dlamini, Chief Nursing Officer

A. M. Dlamini, Matron, Public Health

John Wilson, Health Statistician

Hospital Administrator, Mbabane

Gene Hatfield, Government Hospital

Gus Konturas, District Health Administrator

Matrons and Ward Sisters, Government Facilities

Meetings with USAID Staff

Julius Coles, Director

Jimmy Philpott, ADIR

Connie Collins, RHDO

Carol Steele, PRM

Visits to Clinical Facilities and Observations of Students
and Nurse-Practitioner Graduates

Mbabane General Hospital

Matsapha Mental Hospital

Siphofaneni Clinic

Sitobella Rural Health Center

Mhlangatane Clinic

Entfonjeni Clinic

IHS Classes Observed

Anatomy and Physiology, Nurse-Practitioner Students

Prevention and Promotion of Health, First-Year Students

Human Sexuality, Second-Year Students

IHS Facilities

Tour of Library, etc.

Conferences

IHS Students (nurse-practitioner and second-year students)

Appendix C

LIST OF SYLLABI FOR REVIEW

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1. Promotion and Prevention, Health and Family Planning
2. Psychology and Mental Health
3. Anatomy and Physiology
4. Chemistry
5. Physics
6. Microbiology
7. Nursing Ethos
8. Microbiology and Parasitology
9. Nursing Science and Art
10. Physical Assessment
11. Clinical Practica I
12. Pathophysiology
13. Pharmacology
14. Psychiatric Nursing (Proposed)
15. Sociology
16. Dietetics

Appendix D
EXIT CONFERENCES

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<u>Date</u>	<u>Group</u>
May 14, 1981	Project Staff
May 15, 1981	Institute of Health Sciences Faculty
May 15, 1981	USAID Mission Director and Appropriate Staff