Improving the quality of nurse educationalists in developing countries

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Learning outcomes

• To understand the context of nurse education in resource poor settings.

• To discuss the possible implications of nurses who are not educationalists teaching in developing countries.

• To understand some of the requirements of nurse education programmes in developing countries.
Background

- Over 1 billion people do not have access to good healthcare
- WHO estimates 2.4 million health workers are needed worldwide
- Not enough people are being educated in health professions
- Workers are not being trained with the appropriate skills for a population
- Retention of students and graduates
Global health workforce

Critical threshold – 23 doctors, nurses and midwives per 10,000 population

Source: WHO Global Atlas of the Health Workforce
August 2010
Types of health workers and disease burden

Figure 3. Variation in disease burden across national income levels

- Low income countries:
  - Communicable diseases, maternal and perinatal: 69%
  - Noncommunicable conditions: 21%
  - Injuries: 10%

- Middle income countries:
  - Communicable diseases, maternal and perinatal: 50%
  - Noncommunicable conditions: 22%
  - Injuries: 28%

- High income countries:
  - Communicable diseases, maternal and perinatal: 77%
  - Noncommunicable conditions: 15%
  - Injuries: 8%

Source: OECD, 2005
The link between NCD and poverty

Figure 1. Poverty contributes to NCDs and NCDs contribute to poverty

- Poverty at household level
  - Globalization
  - Urbanization
  - Population ageing

- Populations in low- and middle-income countries
  - Increased exposure to common modifiable risk factors:
    - Unhealthy diets
    - Physical inactivity
    - Tobacco use
    - Harmful use of alcohol

- Noncommunicable diseases:
  - Cardiovascular diseases
  - Cancers
  - Diabetes
  - Chronic respiratory diseases

- Limited access to effective and equitable health-care services which respond to the needs of people with noncommunicable diseases

- Loss of household income from unhealthy behaviours
- Loss of household income from poor physical status and premature death
- Loss of household income from high cost of health care
The burden of disease and the health work force

Figure 2. Distribution of the health workforce relative to the global burden of disease

Quantity

- Shortage is most severe in low and middle income countries
- USA - 230 doctors per 100,000 population
- Malawi – 1.1 doctors per 100,000 population
- SSA – total professional health work force 1/1000 population
- Uneven distribution – in South Africa 46% of population rural with 19% of nursing work force
Scaling up the health workforce

Quantity Quality Relevance of the professional health workforce

Population health needs and expectations

Systems strengthening

Educational reform and expansion

Population health outcomes
Responding to the shortage

- Health education budgets – 1.8% global health expenditure
- Improving working conditions
- Increased cooperation between educators and health providers
- Recruiting trainees from the community
- Ensuring training is focused on the health needs of the community
- Inter professional education
- Equitable distribution of work force
- Taking on new roles
Health volunteers
• Poor infrastructure of educational institutions
• Shortage of teaching staff
• Lack of post graduate education
• Poor regulation of training
• Variable secondary education
• Numbers of graduates
• Low morale, low productivity, high absenteeism, lack of supplies
• Support in practice
Effects of poor teaching

- Duplication of work
- Lack of continuity in programmes
- Poor standards of teaching and programme management
- Lack of consistency in areas such as assessment/student progression
- Increase in stress for volunteers
- Conflicting information
- Demotivation
- Non-sustainable development – cultural context
Effective teaching

- Appropriate recruitment
- Motivating students
- Understanding how students learn – learning styles
- Understanding learning outcomes
- Encouraging active learning
- Aligning assessment to the curriculum
- Evaluating teaching
- Student feedback
Bibliography

- WHO (2011) Transformative scale up of health professional education. An effort to increase the number of health professionals and to strengthen their impact on population health. WHO Geneva