Swiss Nurses Association

Teaching and learning systems in the context of NCDs

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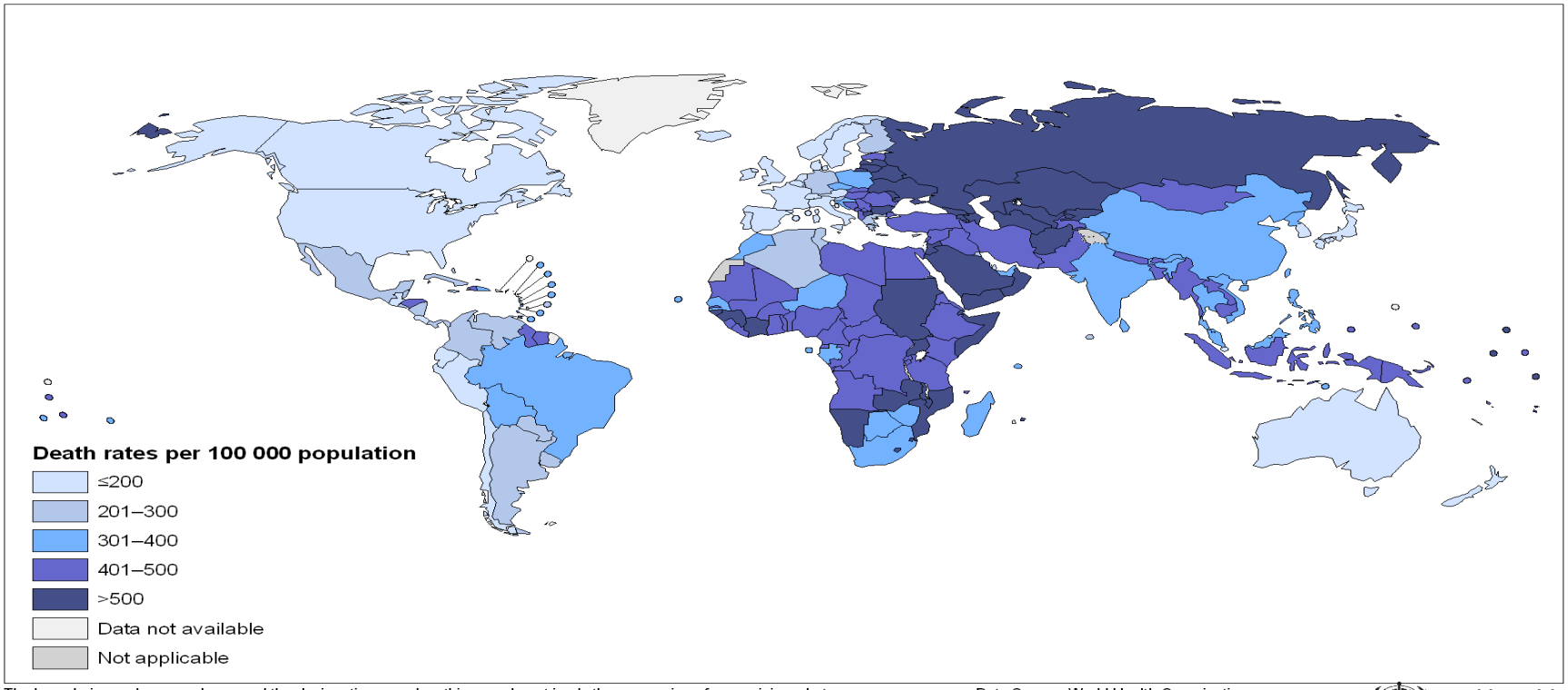
Overview

- Introduction
- Types of nursing education in low and middle income countries
- Two examples: Togo; Bosnia and Herzegovina
- Thailand on the way to a successful approach
- Recommendations

Introduction: the problem

Cardiovascular diseases and diabetes, death rates per 100 000 population, age standardized
Males, 2008



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

World Health Organization

Introduction: the problem

NCDs cause:

- 86% of the death
- 77% of the disease burden

WHO Health 2020

Introduction: the lack

Table 1: The human resource crisis: health personnel (nurses and doctors) per 100,000 population

Cadre	Malawi	Tanzania	Ghana	Zambia	Botswana	South Africa	UK	USA
Nurses	25.5	36.6	64	113	241	388	937	1212
Doctors	1.1	2.3	9	6.9	28.7	69.2	256	230

(Source: WHO 2007 HIV/AIDS Programme. *Task shifting to tackle health worker shortages.* Table 1 p.2)

Introduction: examples of additional challenges

- Over aged populations and migration of health personnel to countries with better work environment present a double challenge in Eastern Europe.
- Absence of physicians in rural areas is a fact in many African countries, hence nurses and midwifes often carry the full responsibility for primary care, including NCDs and other chronic conditions. They are the backbone of the health system.

Introduction: Key components for an effective workforce

- **Education;**
- Competencies;
- Regulation;
- Incentives;
- Health and safety;
- Leadership and managerial support;
- Skill mix

Rosamund Bryar et al. accessed on:
http://www.icn.ch/images/stories/documents/pillars/sew/ICHRN/Policy_and_Research_Papers/PHC.pdf

Introduction: new challenges and new roles for nurses

" …*nursing today stands at the intersection of powerful forces. The increasingly complex technology growth, an aging population, dramatically changed work environments, and rapid growth in scientific knowledge require substantially expanded nursing roles and responsibilities. In the face of such pressures, there is the important question of how to better educate a competent global nurse workforce for the future.*"

McElmurry Beverly J and Lee A (2007). Transition from Nursing Education to Practice. Accessed at: http://www.icn.ch/images/stories/documents/publications/free_publications/reducing_the_rap.pdf

Nursing education in low and middle income countries

Different types, depending on history, geographic and socio economic situations:

Type	undergraduate	Clinical education	Post graduate
„Anglo-Saxon“	University degree (bachelor)	Often limited: faculty-practice gap	Regualtion: active registr: compulory continuous education
„Ex-Sowiet“	Tradition: Apprentiship to become physicians assistant/ University degree in some places	limited	No or little post graduate education Regulation is developing
„French“	Apprenticship, university degree	Present	No or little post graduate education No or little regulation

Example 1: Bosnia and Herzegovina

1. Low status of nursing in practice (keep the register and assist doctors)
2. Traditional education at secondary level
3. Recently university education introduced
4. No accreditation of curricula, no regulation for professionals
5. Not in line with or unknown concerning EU standards (Directive 2005 / 36 EC)
6. Practical education and education by nurses very limited
7. Little access to knowledge base for nursing (Language!)
8. No nursing research capacities planned
9. Very limited opportunities for continuous education
10. Massive “overproduction” that leads to unemployment
11. Opportunities for migration are limited as curricula not accredited, in line with EU standards

Koch, 2011

Example 2: Togo

1. Underproduction: instead of the annually needed 3482 some 1150 persons per year educated in the health field (physicians: 120 needed, 40 educated; nurses: 630 needed, some 210 educated) for a population of 7 millions.
2. Most of the professionals work in and around the bigger cities
3. 40% of the physicians leave the country, mainly for France, especially when they have acquired special knowledge
4. No regulation in place, no opportunities for continuous education until recently.
5. Currently French cooperation supports the MOH to scale up the health workforce, including basic and continuous education.
6. Does this increase the risk for migration, as long as the work environment and working conditions don't improve?

Source: A. Bischof; Prendre soins des soignants (2011) Ministere dela sasnté Togo: Plan de formation des Ressources humaines en santé 2012-2015Soigner les soignants (2012), SBK/ANIIT 2013

Example 3: Thailand

1. Major development of the nursing profession: Education at bachelors, masters and PHD level, very active in nursing research and meeting international standards.
2. All the primary mental care at community level is carried out by specialized nurses, some with a masters degree and working as Advanced Nurse Practioners.

A cross-sectional, self-efficacy survey of nurses in eight provinces on "Nurse preparedness for the non-communicable disease escalation in Thailand" shows that factors, such as geographic location, education level, continuing education experience, and hospital size, significantly affect nurse self-efficacy levels. **Nurses highly prioritised additional training in heart diseases and cerebrovascular diseases, followed by hypertension, cancer, and diabetes.**

Kaufman et al, Nures Health Science. 2012 Mar;14(1):32-7.

Recommendations 1

1. Scaling up and transforming basic education: tertiary level
2. Promotion of learning in the clinical setting with methods such as work shadowing and mentorship
3. Systematically offer continuous education in the field of NCDs in all countries to nurses, midwifes and other health professionals
4. Develop ANP – Roles / expanded roles for nurses, midwifes and other health professionals in order to give equitable access to quality care to the increasing number of patients with NCDs
5. …and in order to work in health promotion and disease prevention with patients and populations
6. (Develop) and implement new models of collaboration and coordination between professionals of health and social services and other relevant sectors

Recommendations 2

7. Prepare the health system (legislation, regulation, education, financing) to allow the adequately qualified health professionals to practice up to the scope of their competences
8. Create a good work environment in order to make the health workforce sustainable and to prevent the emigration of professionals who have required new skills concerning NCDs
9. Support the introduction of free online education opportunities like HINARI http://www.who.int/hinari/about/en/ and other means to support access to the health knowledge base, such as video conferences.
10. Assess needs and capacities before changing an education system and monitor the change process (e.g. by action research)

Sources: **WHO:** Health 2020, Munich Declaration, **SBK:** Positionspapier ANP, Zukunft Pflege Schweiz-Perspektiven 2020

Thank you!

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