

# Stakeholders' Expectations of Graduates of a Work-Study Nursing Upskilling Programme in East Africa

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## Abstract

Sound alignment of stakeholders' expectations and graduate ability forms the reputational hallmark of a university's education programmes. However, little is currently known about stakeholders' expectations of graduates of work-study nursing upskilling programmes in low- and middle-income settings. Information is needed to ensure the quality and adequacy of curricula in such settings. The main aim of the current study was to explore the nursing stakeholders' expectations of graduates of work-study nursing upskilling programmes. An exploratory qualitative study was conducted between March and October 2016 in three low- and middle-income countries in East Africa. Forty-two representatives of nursing employers, regulators and professional associations (PAs) participated. The data was collected during 27 key informant interviews (KIIs) and three focus group discussions (FGDs) using a pretested interview guide. Content analysis of the data was completed. Consolidated criteria for reporting of qualitative research guidelines were used as the standard

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for collecting data and reporting results. Stakeholders reported their expectations of a clinically and professionally competent nurse (an “all-round” graduate) with nursing management and leadership skills that facilitated sound clinical judgement and decision making and a high level of professionalism. The study highlighted nursing stakeholders’ expectations of nursing graduates who had completed a work-study upskilling programme. These expectations should inform curriculum planning and development, and highlight the need for a strong focus on clinical competence, leadership, critical thinking and professionalism in nursing upskilling programmes.

**Keywords:** education; nursing; graduate; employment; Eastern Africa; nurses; upskilling programme

## Introduction

Low- and middle-income countries bear the largest burden of diseases, with most experiencing a double burden of infectious and chronic diseases (Vos et al. 2015). These countries are also experiencing changing demographic, technological, knowledge and healthcare landscapes, which places additional pressure on the healthcare system to adapt to these changes (Bawah et al. 2016; Wolff, Pesut and Regan 2010). Health training institutions are under intense pressure to address the increasing shortage of competent health professionals necessary to meet the health needs of growing populations.

The Lancet Commission report on health professional’s education for the 21st century (Frenk et al. 2010) urged a global rethinking of health professional education, with a focus on competencies required to meet evolving health priorities. Similarly, the World Health Organization (WHO 2011) and “Triple Impact” (APPG 2016) nursing and midwifery reports noted the need to strengthen the nursing and midwifery professions globally. More recently, the World Innovation Summit for Health (WISH) report (Crisp, Brownie and Refsum 2018) urged enhanced utilisation of nurses. These reports highlighted the significant role played by nurses and midwives in the healthcare system and emphasised that strengthening these professions would improve nursing/midwifery leadership and clinical practice with positive impact on population health and universal health care. The reports also advocated for collaboration between health and education, and across professions and sectors for a greater impact on population health outcomes (Frenk et al. 2010). In addition, the WHO Commission on Health Employment and Economic Growth (WHO 2016) recommended scaling-up transformative, high-quality education and life-long learning for health workers to meet population needs and allow them to work to their full potential. The current study reports on employers’ expectations of a nursing education innovation, specifically a work-study option. A work-study programme allows nurses to enrol in an education programme to upgrade their qualification from diploma to degree while still maintaining their job and working income.

## Background

Over the past decade, the WHO has consistently indicated that initial training of degree level nurses should develop graduate nurses who are: knowledgeable; focused on evidence-based practice; culturally competent; critical and analytical thinkers; able to lead and manage resources; oriented to community service; and continue to develop professionally (WHO 2009; 2011; 2016). Ideally, a nurse should have a bachelor's degree in nursing on entry to nursing practice (WHO 2009). However, most countries, especially low- and middle-income countries, still retain a certificate or diploma as the minimum entry requirement for nursing. Therefore, efforts have been made to provide affordable and accessible pathways to upgrade nursing education and qualifications for certificate and diploma qualified nurses within the existing workforce (Brownie et al. 2016; Nguku 2009).

Recently, the roles and scopes of practice of nurses and midwives have changed from medical support to include highly professionalised health service leadership and clinical delivery with rigorous research and academic responsibilities. However, the preparedness of health training institutions and nurses to adapt to these changes has been questioned (Danbjorg and Birkelund 2011; Dlamini et al. 2014; Wolff, Pesut and Regan 2010). For example, the quality and adequacy of curricula in health training institutions in East Africa have been found to be inadequate in terms of preparing students for clinical placement, because of their failure to respond to national health needs (Mumbo and Kinaro 2015). In addition, most graduate nurses are thought to lack the essential clinical skills and professional attributes required for contemporary practice (Dlamini et al. 2014). This has been attributed to a decrease in practical training (Danbjorg and Birkelund 2011); a disconnect between theory and practice; and limited clinical supervision and support (Dlamini et al. 2014; Nyangena, Mutema and Karani 2011).

These shortcomings have resulted in the need for additional high-quality professional education, especially for post-registered diploma nurses. Nursing upskilling programmes have been implemented in East Africa since 2001 to address identified shortcomings in knowledge and skills among nurses (Brownie et al. 2016; Nguku 2009). This is consistent with national requirements (Rakuom 2010) and the global emphasis on upskilling the current nursing workforce (WHO 2009). However, little if any research exists regarding the expectations of current and future nursing stakeholders regarding nurses graduating from these upskilling programmes. It is important to explore nursing stakeholders' expectations of post-registered nurses in East Africa, with the goal of aligning stakeholders' expectations with the training curricula and nursing and health system policies.

## Research Problem

While there is a wealth of published information about expected graduate outcomes of pre-service nursing programmes in the western world, little is known about nursing stakeholders' expectations of nursing upskilling graduates in the low- and middle-

income setting in which the study was based. Information is needed to ensure the quality and adequacy of curricula in nursing training institutions in East Africa, and also to ensure that nursing upskilling programmes produce students who are capable of supporting national health needs.

## Purpose of the Study

The purpose of the study was to explore stakeholders' expectations of nursing graduates following completion of a work-study upskilling programme. The objectives within this purpose were to:

- identify stakeholders' expectations of nursing graduates following a work-study nursing upskilling programme to upgrade nurses from a diploma to degree qualification;
- identify any gaps between stakeholders' expectations and programme design; and
- obtain information to guide future programme planning.

## Research Methodology and Design

An exploratory qualitative study was conducted to explore key nursing stakeholders' expectations of graduates of a work-study nursing upskilling programme. Work-study programmes which allow nurses to upgrade to a higher level of qualification while still maintaining their job and income are relatively new in Africa, but a recent evaluation found the approach to be highly effective in strengthening the nursing workforce (Brownie et al. 2016). However, further research is needed about their effectiveness. Qualitative studies are recommended in areas where there is a paucity of research and where start-point information is needed to inform further studies (Hammarberg, Kirkman and De Lacey 2016). Further, qualitative studies provide in-depth information about matters that are not something that can be simply counted (Zilberberg and Shorr 2014). The study sought detailed understanding of employers' expectations, thus a qualitative approach was suitable for seeking employers' views, beliefs and perspectives (Hammarberg, Kirkman and De Lacey 2016).

## Setting and Sampling

The study was conducted in three East African nations, namely, Kenya, Tanzania and Uganda. The study population included representatives of health facilities employers, nurses and midwives PAs, regulatory bodies and Ministry of Health senior officials (SOs) from the three aforementioned East African nations. The participants were purposely sampled with invitations being sent to lead individuals of the following groups within each of the three countries: (1) chief nurses from the Ministry of Health; (2) president and leadership teams of each nurses and midwives PA; and (3) chief

nursing officer of each government owned level three and four health facility and each secondary to tertiary level private health provider. Purposeful sampling is used widely in qualitative research as it enables data to be gathered from information-rich sources of relevance to the research questions (Palinkas et al. 2015).

Invitations were sent to the president and leadership team of nurses and midwives associations in each of the three countries, namely: the National Nurses Association of Kenya; the Midwives Association of Kenya; the Tanzania National Nurses Association; the Tanzania Midwives Association; the Uganda Nurses and Midwives Union; and the Uganda Private Midwives Association. Participation was dependent upon the numbers who responded to the invitations and attended either an FGD or individual interview on the attendance days scheduled by the research team. Responses to the invitations were strongest in Kenya and Tanzania. A limited response was received from Uganda across all categories of invitees.

Of the 256 invited participants, 42 accepted the invitation to participate on the day/s that the research team were in location, and were included in the sample. These stakeholders could provide well informed and diverse views on the study subject (see Table 1). In some instances, those invited decided to transfer their invitation to a delegated representative, for example, a chief nurse delegation to a nurse manager deemed to be suitably informed to represent the views of the employing health facility.

Subsequently, the study participants included nursing managers at the health facility and county levels; Ministry of Health SOs; nursing leaders holding posts within nurses and midwives PAs; and nursing employers with an understanding of the work-study nursing upskilling programmes and rich experience of working with upskilling programme graduates.

**Table 1:** Distribution of participant stakeholders across East Africa

FGD/ KII	Stakeholder group	Kenya	Tanzania	Uganda	Total
FGD	Nurses and Midwives professional associations	10	5	0	15
KII	Clinic/dispensary employers	3	0	0	3
KII	Senior officials				
	Ministry of Health	2	2	1	5
	Regulatory bodies	1	1	1	3
	Professional bodies	1	2	1	4
KII	Hospital employers				
	Public referral hospital	1	2	1	4
	Private hospital	1	1	1	3
	Regional/County health officials	4	1	0	5
<b>Total</b>		23	14	5	42

### Data Collection

Three FGDs and 27 KIIs were conducted in English by two male and one female trained interviewers using a semi-structured pretested interview guide. The data was collected between March and October 2016. The participants were given the choice of either having a work-based individual interview or attending an FGD. The interviewers were nurse educators and researchers working closely with the research team and who had long-standing experience of working across the region. One interviewer conducted the interview/discussion, while the other took notes and made observations to supplement the consented audio recordings. The interview guide included one main question: “What are your views and expectations of a professional work-study nursing upskilling programme graduate?” and several prompts to facilitate open discussion. The participants were informed about the study, and time and place of the interviews by telephone and email. All interviews and discussions were conducted with the participants only at their places of work (offices/clinics). The KIIs and FGDs lasted an average of 25–45 minutes and 45–70 minutes, respectively, and were audio recorded after obtaining the participants’ consent.

### Data Analysis

The recorded interviews were transcribed verbatim and the data was entered into NVivo version 11 (QSR International, Australia). Thematic content analysis was used for the analysis (Braun and Clarke 2006), with two members of the research team independently coding the data based on *a priori* themes (knowledge, skills, competencies and attitude). Further coding was performed to allow the emergence of new themes based on rereading of the transcripts. From the initial code lists, six subcategories (duly trained, licensed and registered; clinical skills; management and leadership skills; trustworthy; personal characteristics; and ethical) were identified, and consolidated into three main categories: (1) a knowledgeable nurse; (2) a skilled nurse;

and (3) a professional nurse. A decision was reached that the overarching category was “a professionally and clinically competent nurse” following a meeting and consensus of all members of the research team. Reporting of the results adhered to the consolidated criteria for reporting of qualitative research (COREQ) guidelines (Tong, Sainsbury and Craig 2007).

## Ethical Considerations

Ethical approval for the study was obtained from the relevant university and national ethical committees to ensure clearance in each of the countries involved in the study, specifically, Kenya and Tanzania 2016/REC-19 (v1) and Uganda (SS 4068). All participants provided written informed consent before their FGD/KII.

## Trustworthiness

Various strategies to ensure trustworthiness of the study were employed. KIIs/FGDs were conducted by two trained interviewers and audio-recorded to allow cross-checking and repeated revisiting of the data to assess emerging themes and remain grounded in the data. One researcher coded the entire datasets and co-researchers coded parts of the datasets. Emerging themes were discussed to reduce bias. Verbatim excerpts from the participant interviews are presented to help readers’ judge the final categories based on the data. The data was collected from diverse groups of nursing and midwifery stakeholders for triangulation and to provide broader insights. Data saturation was achieved during analysis when no further emerging themes were identified.

## Findings

Three FGDs and 27 KIIs were conducted involving 42 nursing and midwifery stakeholders (see Table 1). The participants reported that they were seeking clinically and professionally competent nurses who were educated, professional, able to make clinical judgements, and skilled in decision making (see Figure 1). The overarching category was “a clinically and professionally competent nurse”, with subcategories being “a knowledgeable and educated nurse”, “a skilled nurse”, and “a professional nurse”. These subcategories are further described through illustrative quotations. Given the consistency of themes and subcategories across the transcripts, the research team agreed that recruitment of further participants was

### **A Knowledgeable and Educated Nurse**

The participants expected a graduate nurse to be educated and knowledgeable with well-rounded comprehensive nursing competencies after undergoing the prescribed nursing training using approved syllabi. Such nurses should have a core nursing knowledge as well as a sound understanding of specific nursing issues, such as emergency care, drug

administration, midwifery, medical equipment, nursing process, community health and management, procurement and research. Graduate nurses were also expected to be registered and licensed by the regulatory bodies:

We expect that the quality of [the university] graduates meets our standards; because they are using our syllabus and our tools for practical and all the rest, you would expect that they are professional, and because you also examine them at the end of it all, so that they become professional nurses towards others. (PA, FGD, KE3)

... who is competent in her profession, great understanding of all issues of nursing, how this works, how it is supposed to be. (SO, KII, TZ9)

... we need a nurse who can, as I said, a nurse who is knowledgeable, who has good skills, and a nurse who is ready to teach the students. (HE, KII, KE1)

In addition, the participants felt that nurses should have contemporary nursing knowledge and skills, and the ability to lead the implementation of evidence-based practice:

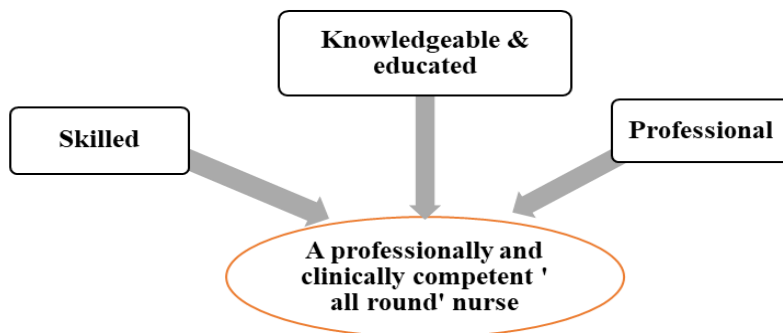
A professional nurse should be the kind of nurse who is well versed in current information and is able to usher in, uh put that into practice. (PA, FGD, KE2)

Although the participants expected graduate nurses to be general nurses, future needs demanded specialist nurses trained in various specialties, including accident and emergency, renal, cardiac, trauma, midwifery, paediatrics, and ear, nose and throat:

We would also like nurses trained in specialities, trained in paediatrics, trained in ICU, trained in renal, and so specialities are very important. (HE, KII, KE3)



## Stakeholders' Expectations of Graduates



Skilled	Knowledgeable and educated	Professional
<ul style="list-style-type: none"> <li>• Critical thinking skills</li> <li>• Well developed communication skills</li> <li>• Leaderships skills</li> <li>• Organisational skills</li> <li>• Administrative skills</li> <li>• Advocacy skills</li> <li>• Skilled in working as part of a team</li> </ul>	<ul style="list-style-type: none"> <li>• Core nursing knowledge</li> <li>• Advanced nursing knowledge</li> <li>• Research capacity</li> <li>• Contemporary knowledge</li> <li>• Understands evidence-based practice</li> <li>• Meets registration requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Maintains ethical standards</li> <li>• Trustworthy</li> <li>• Honest</li> <li>• Reliable</li> <li>• Committed</li> <li>• Respectful</li> </ul>

**Figure 1:** Conceptual understanding of nursing stakeholders' expectations of graduates of a work-study nursing upskilling programme

### A Skilled Nurse

All the participating stakeholders noted that graduate nurses should be skilled nurses who possess a full suite of nursing skills, including critical thinking and communication skills:

They are good communicators, they are leaders, they are good team players, they are very assertive, and of course confident. There is an innovativeness in them. (SO, KII, UG3)

The participants in both the FGDs and KIIs noted that graduate nurses should be decisive and contribute to the decision-making process, have good organisational skills, and be prudent, resourceful and efficient managers and resource mobilisers. They also

noted that nurses should have good leadership skills, and be good role models, mentors, advocates and trainers:

I would like to see a person who is forceful, very skilful in advocacy, because most of the time it's not about talking but how you have put your point on the table. (PA, FGD, KE2)

I would wish to see a nurse who would like to defend their position, who has the ability to develop/design a policy or program that will advance the profession. I would like to see a leader who will sit amid other leaders and does not feel like they are incapable or deficient in a certain knowledge or skill, they are able to fit in to the process and they actually can be leaders among the other professionals in the wider discipline of medicine. (PA, FGD, KE2)

In addition, the participants believed that graduate nurses should be team players who promote teamwork. Professional association stakeholders noted that graduate nurses should “sit at the table and be part of the conversation” and engage other leaders in politics and the policy-making process.

I would want too, a nurse, who has a commitment and a passion for what they do. I would want a nurse who is proactive, who is skill oriented, who is competent in her work and able to satisfy the needs of the customer. (HE, KII, KE4)

## **A Professional Nurse**

Graduate nurses were expected to be ethical and demonstrate the highest standard of professionalism, including “adherence to guidelines”, avoidance of bias or discrimination based on factors such as tribe or socioeconomic, status and maintenance of patients’ confidentiality:

... should also have other qualities, for example, a god fearing one, one who can work under pressure, one who can understand the rural community, one who can apply quality in a manner that does not discriminate either the conditions or the people, tribe, and the rest. The person, if he can have quite a number, or all, of those qualities, I think he will be able to deliver. (HC, KII, KE3)

Most of the participants also noted that graduate nurses should be trustworthy, honest, reliable, committed and respectful to patients, colleagues and the community:

Somebody who is supposed to be honest, trustworthy and a role model. This is somebody who is supposed to understand patients’ rights. The patients’ rights include community action, privacy, the right information ... Therefore, this is somebody who is supposed to be to be conversant with all those spheres. (HC, KII, KE1)

They should be very understanding, they should be patient, they should be able to make decisions, able to organize the other ones, create good teams, hmmm ... team building, then being initiative ... (SO, KII, UG3)

Some of the participants noted that graduate nurses should display personal characteristics including professional attire, etiquette, personal hygiene, cleanliness of the work environment and physical health. Nurses were also expected to be hardworking, proactive, able to work under minimal supervision, and able to work under pressure:

... role model in terms of professionalism, she uses the quality attire, and the professional attire is it according to the ethics or etiquette that you know. (HE, KII, KE1)

Furthermore, the participants expected graduate nurses to be assertive, confident and able to work autonomously:

A nurse who is competent and confident in doing the work and who is good in communication and customer care. (SO, FGD, TZ8)

Hospital, health centre (HC) and dispensary employers were looking for clinically and professionally competent nurses or “all-round” nurses with an understanding of all nursing aspects who could address the needs of their community. They believed the all-round nurse should be both a general and a specialised nurse:

I want a person who is all-round. So, I want a person who is all-round who can work in any department and be comfortable. (HC, KII, KE2)

## Discussion

The current study explored key nursing stakeholders’ expectations of graduates of a work-study nursing upskilling programme in East Africa. Stakeholders expected clinically and professionally competent “well-rounded” nurses with the requisite training and qualifications prescribed by the relevant professional regulatory body. They wanted graduates with essential nursing, management and leadership skills, and professional behaviours and values. These findings were similar to an Australian study by Brown and Crookes (2016) that found new graduate nurses needed to be skilled in areas such as communication, professional nursing behaviours, teamwork, learning and development cultures, and leadership. The present findings reflected similar expectations to those in a much earlier study on employer expectations of educational outcomes from a critical care nursing course (Marshall et al. 2007). That study placed emphasis on decision making, supervision, policy development and research; areas that were also identified in the present study. The similarity in requirements of a graduate nurse across these studies could be attributed to the nature of the profession.

The findings also confirmed a need for “all-round” nurses, or clinically and professionally competent nurses with general nursing, midwifery and community health skills. Currently, most of the health facilities in the region need general nurses with an understanding of all nursing areas, but there is an increasing need for specialised nurses.

In particular, the region is experiencing an increase in the prevalence of diseases that need specialised care, such as cancers and cardiovascular diseases (Kenya Ministry of Health, Kenya National Bureau of Statistics, and WHO 2015). To respond to these demands, universities need to develop specialised courses in areas, such as critical care, oncology and accident/emergency, and encourage graduate nurses to further upgrade their knowledge and skills. However, this remains a current challenge as advanced practice roles are lacking in East Africa with specialty scopes of practice largely undefined at this point in time.

The study findings revealed an unexpected area of apparent contradiction in that stakeholders held similar expectations of nurses who had recently completed a contemporary education programme and graduates of upskilling programmes for experienced nurses, regardless of their level of qualification. This finding is of particular interest, especially as in Uganda, the nursing regulatory body requires upskilling nurses to undertake a 1-year internship upon graduation before licensing, despite already being qualified licensed practicing nurses working in the health system. This highlights a barrier to advancing nursing education in low-income settings, as there is no clear distinction of roles between a newly graduated nurse and a recently upgraded but experienced diploma level registered nurse (Gardner, Chang and Duffield 2007; Klopper and Uys 2012).

Furthermore, based on the present findings, there is need for strengthening of the synergistic relationships between educators, employers and graduates. While professional nurses are expected to have good clinical judgement and decision making skills, employers are seeking knowledgeable, skilled and professional nurses. Educators should therefore provide accessible, quality and relevant nursing education to meet the needs of nurses and employers, thereby addressing the direct health needs of the population and having a positive impact.

Despite the interesting study findings, caution should be exercised in their interpretation. Firstly, the study sought to understand the nursing and midwifery stakeholders' expectations of graduate nurses of a work-study nursing upskilling programme, but did not focus on the nursing students as a stakeholder. Thus, their opinions of expectations could have been different. Secondly, the participants' responses were potentially influenced by current practices and their individual experiences. However, responses were sought from diverse groups of stakeholders to mitigate any potential response bias.

### **Relevance to Clinical Practice**

The current study is relevant to nursing educators and policy makers involved in the design of nursing education programmes. The findings provide valuable insights to inform curriculum development and review of upskilling programmes for registered nurses in low- and middle-income settings. The study highlighted the need to design programmes that are consistent with stakeholders' and population needs. In addition,

this is one of the first studies in the region to define stakeholders' expectations of graduate nurses. As such, it forms a basis for a review of existing training curricula and nursing policies with a view to strengthening the nursing and midwifery professions.

## Recommendations

The study findings emphasise the importance of strengthened collaboration between education and practice in addressing industry expectations and easing the transition of nursing graduates. Importantly, stakeholders' and population needs are context-specific and continually changing:

... we are in a dynamic society and dynamic people; what works here might not work somewhere else. (SO, KII, TZ7)

Ongoing studies are recommended to inform programmes for post-registered nurses to ensure the design of fit-for-purpose programmes and curricula. Additionally, further study is recommended to more clearly define the graduate competencies and employer expectations of graduates of a pre-service nursing degree programme versus graduates of programmes such as a post-registered nurse to degree upskilling programme.

## Conclusion

The study has highlighted key stakeholders' expectations of graduates of a post-registration work-study nursing upskilling programme in East Africa. Stakeholders are looking for post-registered graduates who are knowledgeable, skilled and professionally capable, and have well-honed competencies in clinical judgement and decision making. Their expectations include requisite training requirements for licensing plus development of clinical management, leadership skills and professionalism. Knowledge about these expectations is central to the planning, development and review of curricula and training programmes. These expectations highlight the need for competency and need-based curricula and context-specific content.

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