

University of Malawi

**PERCEPTIONS OF REGISTERED NURSES AT QUEEN
ELIZABETH CENTRAL HOSPITAL TOWARDS THE
BACHELOR of SCIENCE PROGRAMME AT KAMUZU
COLLEGE OF NURSING.**

by

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**A Dissertation Submitted to Basic Studies Department, Kamuzu College of
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Abstract

This qualitative descriptive study was conducted at Queen Elizabeth Central Hospital in Blantyre. The purpose of the study was to elicit Registered Nurses' perceptions of the Baccalaureate program at Kamuzu College of Nursing.

A purposive sample of 6 RNs who were K.C.N. graduates was used. A question prompts and guide was used to guide the interviewer and interviewee within the context of the research topic.

Data was analysed manually using Streubert, 1991 approach. Common themes emerged and similar statements were grouped together to form a pattern of similar responses from the respondents.


The theoretical framework that guided this study was Lewin's Force-Field theory, which provides a social psychological view of the change process.

The findings of this study may provide a foundation for policy makers, University and hospital administrators in planning and developing strategies in promotion of the nursing profession. This study might be a basis for further research on a larger scale.

Declaration

I do, hereby, declare that this dissertation is a result of my own work and has not yet been presented for any degree, and is not being submitted for any degree elsewhere.

Candidate: Thom George Ngwira

Signature: 

Date: 14/04/00

DEDICATION

This work is dedicated to my mother Charity, father and my brothers and sisters. You are my source of encouragement. God bless you all.

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CHAPTER ONE

Introduction

Background

Nursing in Malawi was introduced in the late 1900's by the missionaries (Banda, 1993). Nursing in Malawi has evolved from an era when it was regarded as an art to a period when it is recognized as an art, science and a profession (Sagawa 1982). Sagawa continues to say that the history can be traced as far back as 1928 when it was recorded that men and women who helped in hospital work were given instruction as dressers, orderlies, hospital assistants and maternity attendants under the auspices of the Medical Council which was formed in 1926.

Some form of organized auxiliary nurse training for class three midwives was begun in 1947 after the establishment of Nyasaland Midwives ordinance Board. The training lasted for two years and was given in Chichewa and Tumbuka in 1950; the Midwives board decided to start the training of enrolled class II midwives. The training was to be given in English and as a result the educational requirement was raised to standard six...Professional nursing in Malawi started in 1964 with opening of the NSN in Blantyre on the 10th July 1965. The school stated to prepare young women of better educational standard (GCSE) not only in the art nursing, as was the case with auxiliary type but the science as well. Before this Professional nurses were expatriate nurses who come to work Mission and government institutions.

The school of Nursing moved from Blantyre to Lilongwe in September 1979. The first graduate nurses were to complete their course in 1983 with a diploma in Nursing. In 1990, KCN introduced a post basic to degree program that runs for two years for diploma students and three years for post certificate in nursing students (Namate 1990). This post basic degree program has nursing education, nursing management and community health nursing as areas of specialty (Diploma Program KCN January 1991).

In 1995, KCN introduced a Baccalaureate degree program. With B.Sc. Program KCN has an aim of offering quality education for professional practice in nursing (, May 1998). All the changes in Nursing education system are aimed at raising the level of education for all people through a sound health care delivery system capable of promoting health, preventing, reducing and curing diseases, protecting life and well-being and increasing productivity (Banda, 1993).

The academic challenge of a degree in nursing stems from the study of a number of different disciplines which contribute to the understanding of health and illness and the unique contribution of nursing to peoples well being. At the sametime students should acquire those skills associated with graduate status such as critical reading and reasoning; creative thinking, a comprehension of the research process and ability to write concisely and clearly. In addition, nurse graduates should develop the determination to seek imaginative, alternative practices in nursing and commitment to see them through (Martin, 1988).

The expansion of nursing research and specialization accompanied by increased awareness of the right to excellence in nursing care has produced a burgeoning knowledge base required for nursing practices (Sally and Deans, 1999).

Objectives of the Study

General

To bring out nurses perceptions towards the B.Sc. program at K.C.N.

Specific

- To describe the perceptions of registered nurses towards the Baccalaureate program
- To utilize the research as baseline information for subsequent studies in nursing practice, education, research as well as management.

Statement of the Problem

A Malawian nurse as depicted from the radio plays, cartoons, newspapers, and from conversation and sentiments amongst the medical personnel is seen as profession that does not deserve any growth. While the first group of diploma nurses was still training at Kamuzu College of Nursing, already there was an outcry of the public that these nurses were not interested to touch dirty and disliked foul smells. When opening the Ntcheu district hospital in 1983, the former head of state of Malawi had this to say, "It has come to my attention that nurses in the hospitals are indifferent careless and inefficient particularly those

from Kamuzu College of Nursing a constituent college of the university of Malawi (Moyo Edition, September 1983).

During the same ceremony, he said he was unhappy to hear that the standard of nursing in the country had gone down since the opening of Kamuzu College of Nursing within the University of Malawi. He also added that the fact that the School of Nursing was part of the University did not mean that the standards should be lowered, and if one was not interested in nursing then they should look for other work elsewhere. These statements show that the public evaluated the diploma-nursing students before they had finished their training course hence portraying the negative they had towards the nurses. Now that the degree program is in place, this study endeavored to find out the perceptions of registered nurses at Queen Elizabeth Central Hospital have towards the Baccalaureate program at KCN.

Significance of the Study

The results of the study will be significant as follows;

- The results will help faculty of nursing to utilize the strengths and weaknesses identified by the nurses.
- The results will give feedback to the students on how the registered nurses perceive them.
- It will be of great importance to the health sector in understanding the nursing profession.

- Will give chance to curriculum developers of the baccalaureate program to restructure the program.
- The research study will provide a baseline for further research and will add literature to the existing ones in Malawi.

Definition of terms

Perception – the process by which we become aware of changes.

Registered Nurse – a professional who has undergone a four year nursing program leading to registration.

Baccalaureate – University degree of bachelor.

Generic – Common to a whole group.

Abbreviations

R.N.-Registered Nurse

K.C.N.-Kamuzu College of Nursing

Q.E.C.H.- Queen Elizabeth Hospital

Dip.- Diploma

G.C.S.E – General Certificate of Secondary Education

A.D.N – Associate Degree in Nursing

B.S.N- Bachelor of Science in Nursing

BSc.- Bachelor of Science

N.S.N- National School of Nursing

Ph.D. - Philosophical Degree.

CHAPTER TWO

Literature Review

Introduction

The information included in the review of literature depends on the problem; purpose and type of the study selected (Burns and Groove 1987). However Burns and Groove continues to say that it is believed that in qualitative studies the literature should be reviewed after data collection so that the information in the literature should not influence the researcher's objectivity.

In this study, literature review was done in order to situate the study within the context of the Registered Nurses perceptions' of the baccalaureate program; to critically examine current literature on the baccalaureate program and identified gaps in knowledge on the experience based on individual perceptions of the registered nurses towards the baccalaureate program at KCN. Review was on literature related to the topic of study that is; perceptions of registered nurses towards the baccalaureate program.

Perceptions of Nurses

According to (Katherine, 1992) leaning must be sequential and continuous. A pattern of continuing education that comprises intermittent, episodic or discontinuous learning experiences cannot effectively bring about depth and scope of learning required for professional practitioner.

“Post basic education comprises intermittent and discontinuous learning experiences. The baccalaureate degree in Nursing is therefore the credential for

beginning professional practice. Since it helps nurses to look at health and illness from a broader perspective (Porter 1985).

According to (Bervis and Krulik, 1992) the changing needs of society, the increased technological mechanization of health care and the interested knowledge of the public about the kind of quality of care persuade nurses in many parts of the world to graduate as more knowledgeable, creative, autonomous and compassionate scholars for modern society.

Duffy (1990) concurs with Bervis and Krulik that the baccalaureate program provides a theoretical model for practice, clear differentiation between levels of nursing practice and related professional roles and responsibility.

Perceptions' of the Public

According to May (1991) the attitude of the public towards nursing appears to be negative. Although the public are aware of the caring and helping aspects of the nursing profession, it is generally perceived as being feminine, associated with weakness, powerlessness, dependence, and lacking in knowledge.

Buerhaus (1987) argues that nursing education programs must strive to prepare nurses who can function in a variety of settings that is, nurses who understand and can view health as an appropriate focus for nursing and be prepared to participate in primary prevention as well as function in settings where secondary and tertiary prevention are the goals.

These arguments indicate that despite the fact that part of the public have negative attitudes towards nursing, other people appreciate nursing education to be

continued in order to produce nurses who can function at the expected level. Thus the baccalaureate program will produce nurses who will function at the expected levels.

Pressure on the Nurses

According to Lendicles (1995) there are many dimensions of increased pressure which professional nurses, have to face today. One major pressure involves the demands placed on the nurses' role that flow from rapid technological improvements with concomitant changes in the medical practice. What might be adequate preparation for the practice of nursing a few years ago is not sufficient for today's needs. It is a basic contention that nurses need constant access to appropriate forms of further and higher education as an important mechanism for coping with change.

Educational Change for Innovative Practice

Murphy (1993) writes that health professionals are called to leadership in implementing a major change in health care delivery system. Fundamental to this change is a reexamination of our educational perspective. Professional education hinges on three processes; liberal education, the internalisation of values, and professional knowledge. Essential components of liberal education and professional include analytical thinking and an understanding of the research process, exposure to reasoning from the sciences and humanities, clinical knowledge and skills and most important to our need for change.

In general we focus on most of these components; however, we often tend to neglect the process of professional education, which is the internalisation of a value system. The internalisation of this value system therefore not only shapes attitudes and personal qualities, but is the integral part to professionalisation. The movement to change should position the profession for a practical upstream approach.

The Product of the Nurse Education Programs

Researchers have compared the various products of the nursing education programmes. It has been noted that every program has its own distinctive features if compared to the other. The Baccalaureate program is quite new in Malawi. In fact, no student has graduated from this program as of now. Nevertheless, do the Malawi's baccalaureate student compare with any of the baccalaureate students elsewhere?

Pleasance (1994) notes that the baccalaureate students perform better than technical nurses in behaviors identified with professional education and practice: communication, knowledge, problem solving, professional role and teaching. Technical nurses tend to be more bureaucratically oriented and perform technical skills better.

In a research conducted by Lawler and Rose (1987), among students about to graduate with either an Associate Degree in Nursing (ADN) and BSN or a post-registration degree in Nursing, they found that only the post registration degree graduates were the most professionalised and professionally oriented of the three

groups but they also found the baccalaureate prepared nurses were more professionally oriented than their associate degree counterparts.

Rose, (1998) concluded that BSN prepared nurses are more professional than ADN nurses, but results were less conclusive when it came to measuring the decision-making skills of both types. Similarly, there was no definitive evidence that BSN graduate nurses have greater or better leadership skills than and graduates, though it would appear that the former groups do have higher expectations of promotion.

Davis and Burhard (1992), analysed the difference in depth and breadth of studies in nursing between diploma and degree courses whilst both routes produced broad knowledge base, degree courses were said to facilitate greater integration of knowledge across subject categories, greater utilization of research findings, the beginning of independent study and negotiated locus of control of learning. A further element of this work concerned research orientation. Baccalaureate degree level nursing students are assumed to demonstrate the capacity to critique and apply research in practice.

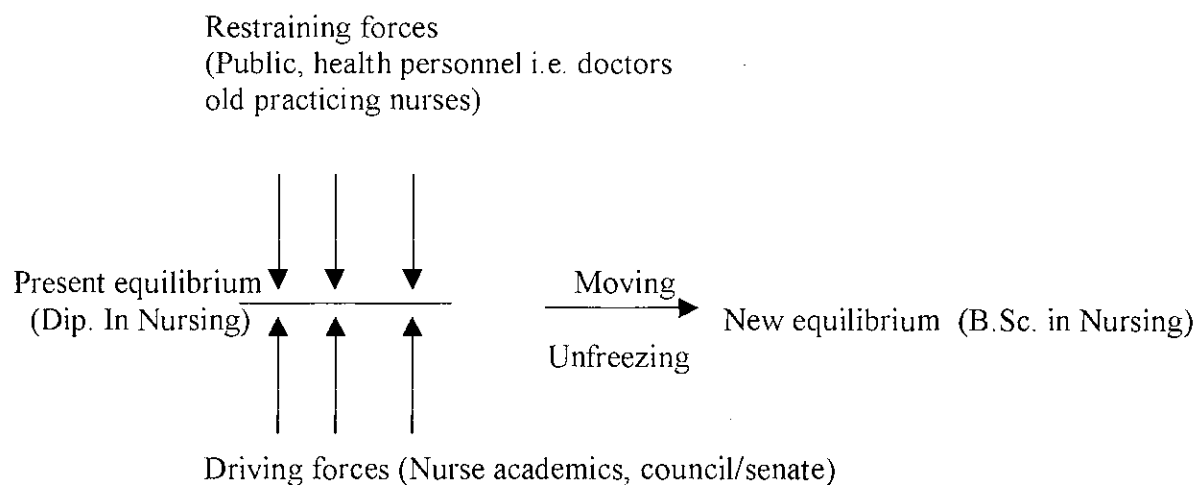
CHAPTER THREE

Theoretical framework

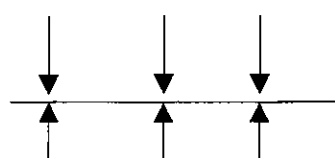
The theoretical framework supporting this study is Lewin's force-field theory (1951), which provides a social-psychological view of the change process. This model is used because as there are opposing driving and restraining forces when change is to occur the same driving and restraining forces occurred when change was proposed at KCN, from a diploma course to a baccalaureate degree.

Now that change has occurred there was need to find out whether the restraining forces were still there still there or equilibrium had been reached with the driving forces. According to Lewin's model, to achieve change there must first be an imbalance between driving and restraining forces. This imbalance unfreezes the present patterned behavior. Behavior moves to a 'new level' at which the opposing forces are brought into new state of equilibrium. Once participants integrate the new patterns of behavior into their personalities and relationships with others, a refreezing takes place. The 'new level' becomes institutionalized into formal and informal behavioral patterns. Fig 1

Lewins Force- Field Model as Applied to the Study



Restraining forces (Public, Health Personnel)



Refreezing

Driving forces (Nurse academics, students, public, health personnel)

Figure 1.

When change was proposed from Diploma to Baccalaureate degree at KCN there were restraining and driving forces towards the change, which created an imbalance. There were more restraining forces at first but later unfreezing took place, where those opposing forces reached a new equilibrium and finally reversing occurred when change took place from diploma to baccalaureate program in 1995.

Any country undertaking transition from diploma schools to baccalaureate program faces some fundamental problems (Bervis and Krulik 1991). The college as a basic organised community in education faces a number of problems and possibilities when considering innovations. Not only are problems posed by internal resistance but also by external forces (Gibbs 1990). In addition, literature indicates that while most new baccalaureate graduates have adequate theoretical base they lack competence in clinical setting. This lack of competence among new graduates is manifested by their difficulty in applying theory into practice and awkwardness when performing psychomotor skills (Goldsberry 1977). However, despite many barriers and resistances the change has to be implemented. The diploma to baccalaureate program innovations arises from planned change. There was deliberate effort to intervene in the education system for modifying its existence state. Once changes implemented, one cannot assume permanent acceptance yet the education can influence the outcome significantly.

The nature of social change is complex and many different theories exist, but no one single theory or framework has been explored which can be generally applicable. Change is a universal concept- fundamental to all aspects of human existence and must be seen in a temporal and spatial context. It implies the break up of existing patterns and the formation of new ones and is not complete until these are established. Change may occur within a structural framework or apply to a whole social system with subsequent disruption of patterns and roles and expectations of individuals. Problems arise when changes occur in the structural

framework and new patterns are established, human attitudes and behavioral patterns remain unchanged, static and traditional. (Owen, 1988).

It has to be borne in mind that there is no perfect system in the world. Every system has its own hiccups but the survival and excellence of any system depends on support from others and feedback. Therefore it was through this study that perceptions of the Registered Nurses were to be found out as regarding whether they had integrated the patterns of new behavior i.e. diploma to baccalaureate program into their personalities.

CHAPTER FOUR

Methodology

Design

This study was a descriptive design within a qualitative paradigm. Content analysis was adopted. Content analysis is a method of for systematically quantifying the content of qualitative communication such as newspaper articles, diaries, speeches and verbal expressions.

It is systematic in that data are methodically included or excluded according to the predetermined criteria. A variety of units of analysis exist for verbal expressions. The most useful unit for nurse researchers are themes which embody ideas or concepts and items which refer to the entire passage. Once the researcher has chosen the unit of analysis, a classification system to permit the categorization of messages according to the content is developed (Polit & Hungler 1989).

Content analysis was also used because time was minimal for a phenomenological method to be adopted as this method has an in-depth nature, which requires more time.

Most of the questions were open-ended allowing subjects to answer the questions in their own words and prompts were used to bring out the real meaning of the responses from the respondents.

Sampling and Setting

Sample. A purposive sampling of 30 Registered Nurses was used. As 5 researchers had one topic at hand and they were less than 45 Registered Nurses it was resolved that at

least a researcher would have interviewed 6 respondents. The respondents were nurses who had graduated from Kamuzu College of Nursing. Criteria for inclusion in the study were;

- Registered Nurses with Diploma/Degree from KCN.
- Registered Nurses working at Queen Elizabeth Central Hospital.
- Registered Nurses with two years and above experiences.

The reasons for the above criteria was that the people were thought to be aware of the baccalaureate program at Kamuzu College of Nursing and that they had the 'lived experience' of the KCN programs and environment.

Setting. The study was conducted among the Registered Nurses at Queen Elizabeth Central Hospital in Blantyre.

Procedure for Data Collection

When conducting this study, permission was sought from the Hospital Administrator QECH through the Chief Matron; see appendix. After permission was granted, consent was sought from the individual. Respondent and consent form was signed; see appendix for data collection. Respondents were asked to be interviewed at their own convenient places and time. A tape recorder was used to record the respondents, verbatim. Interviews in English lasted between 25-30 minutes and six nurses were interviewed by each of the researchers. At each interview, the respondent was given a general overview of the Study.

Guides and prompts were used so that the respondents would not derail from the interviews and to bring in the real meaning of the responses (Appendix A)

Data Analysis

Data analysis was done concurrently with data collection using Streubert and Carpenter (1995). The following steps were taken;

- All the data was transcribed from the audiotapes.
- Explicating the researchers' beliefs. Prior to starting a qualitative study, it is in the best interest of the researcher to reveal his/her thoughts about the topic as well as personal perceptions and biases. By revealing what the researcher believes, she /he should be in a better position to approach the topic honestly. Once thoughts, feelings and perceptions about phenomena are revealed, it is a cognitive process of putting one's own beliefs judgements about what is observed or heard and remaining open to data as they are revealed (Streubert and Carpenter 1995). However this was not done because the researcher had already started data collection before pre-empting his beliefs about the program.
- Coding and sorting of information. Each participant was given a code number known only to the researcher. Themes were developed from explanations of the respondents and similar statements were grouped together in order to form a pattern of similar responses from the respondents.
- Explicating description of phenomena. Themes were developed respondents said.
- Descriptions of respondents' perceptions were formulated.
- Validation. This was done to two respondents.

- Literature review- this was done partially before the study then after the data collection and analysis was completed.

Confirmability of qualitative data

Issues of confirmability, auditability and fittingness were also followed;

Confirmability was enhanced by using an independent researcher who listened to the tapes, read the transcripts and came with his own themes from the tapes and the transcripts. Then there was comparison between themes from the researcher and independent researcher.

Fittingness of the study was enhanced by choosing the nurses who had a 'lived experience' of what a professional nursing is all about and those who had undergone a recognized and standardized course, thus, providing this research with a homogenous group of people. Thirdly, members were selected based on their common experiences.

Credibility of the research was enhanced by member check. Here the researcher came up with themes and went to the respondents to ask them if what the researcher thematic representation was what the respondent said. This was done to enhance validity.

Following the research process systematically enhanced auditability of the study.

Independent researchers was asked to listen to the tapes, read the transcripts, and bring out his own thematic representation. The findings were compared between the themes from the independent research and the researcher.

Limitations of the Study

The study was not funded. The researcher provided for himself everything the research to be conducted i.e. typing, buying of tapes, stationary and other costs.

Ethical Consideration

Before conducting the research, permission was sought from the Administrators of Queen Elizabeth Central Hospital. This was done through a formal letter written to the Chief Matron through the Hospital Administrator (Appendix C). Confidentiality was assured and the participants were told that participation was voluntary and that they would withdraw at any time they thought so (Appendix D).

The conversation would be audiotaped and the researcher and an independent researcher would use the tapes. After the completion of the research the tapes would be erased.

CHAPTER FIVE

Findings

Introduction

Presented in this chapter are the results of the study based on the respondent's own answers. As already indicated in the methodology chapter, open-ended prompts and guides were used to probe further the responses from the respondents. An attempt has been made to group together similar statements in order to bring out strong impressions on the responses

The results of the study will be categorized as follows;

- Description of the respondents
- The B.Sc. program
- B.Sc. Nurse in the making

Description of Respondents

A total number of six female nurses were interviewed. The nurses were from different departments viz., Burns' Unit, Surgical Department, Orthopedic Department and Dermatology Department. All the nurses had a diploma in nursing and certificate in midwifery. One nurse had an additional diploma in psychiatric nursing science.

All the nurses had worked in the hospital for over 2 years. Their work experience ranged from 3 – 20 years.

Description of the perceptions of the respondents

Timely Change

All the nurses believed that this is a move in the right direction. The reasons cited were;

“...things are changing now and again. So to keep in pace with changes the nurse has to be equipped in knowledge and skills.”

“...the program has come at the right time considering that people are becoming more aware of their rights and you need somebody who is knowledgeable”.

Educational Growth.

The first question attempted to elicit the respondent's thoughts, feelings and perceptions towards the developments that had taken place in nursing education at Kamuzu College of Nursing.

All the six nurses felt that there have been many educational developments at Kamuzu College of Nursing. They all agreed that at first there were only certificates that were being offered in the nursing profession in Malawi. Then came the introduction of the Diploma program. One respondent felt that this was because of the former President—Dr Banda's dictatorship. She quoted the former president as having said, “I want the nurses to be educated and I want a University college for nurses”. That is how the college of nursing within the University of Malawi came into being hence the diploma program.

All the nurses were aware of the Bachelor of Science Program that was offering Community, Administrative and Education Bachelor of Nursing Degree to nurses who had already acquired a diploma in nursing. There were also aware that it started in the early 1990's. In the mid 90's they concurred that the Bachelor of Science Generic program commenced.

All the nurse welcomed the idea of having B.Sc. program taught in Malawi though two felt that the diploma program should have continued rather than completely phasing it out.

They said it was a welcomed development...“a good move considering that things are changing now and again and of course the way people are living. To keep in pace of what people are doing, it is a good move”, one respondent observed.

“It is important that you go for continued education. When you come out of college and later go back it causes a lot of problems and disturbances to the family and place of work. When you do it continuously like this then come out you deliver the services you are supposed to do”, another observed.

Professional Growth

On professional growth four of the six nurses felt, that a Degree is more advanced than the diploma.

“A Degree nurse has advanced knowledge on the type of drugs to give and type of equipment to use”, one respondent said.

“It will improve the nursing profession because I understand you do some researches and out of the findings...ideas will help improve the nursing profession. In the past, there was no such a thing like nurses doing researches in Malawi. People were going out to get their PhD's. The knowledge gained was never used as a group or profession in nursing”, one respondent said.

Another respondent had similar sentiments, “I think it will improve the services because out of the researches they do, they will come out with different ideas from different people which can give them a clue on how to solve problems faced by the profession”.

One respondent was a little bit cautious; it will improve the profession depending on the dedication of the person. The more people become learned the more they distance themselves from the patient. If they are going to use the knowledge on the patient then it will improve the standards of nursing”, she notes.

Forecasted Quality Care. All the six respondents were of the view that the program should continue.

“So long as it meets its objectives”. One respondent said.

“There is still need for the Degree program to continue because we want to go ahead with our education and improve the quality of patient care. We do not have to remain behind. We have to attain something higher so that we can improve our profession”, she adds.

Another respondent had this to say, “It started, do you think it can stop? I know people struggled to get this program as such nobody can take it out. We (nurses) cannot tolerate that. We are going to fight for it to continue. We will be looking for more now, Masters, PhD’s. People should study here as Bunda College is doing. That is what we want not taking away the B.Sc. program and bring back the diploma program. That, we, can not tolerate. We want things to change and they have to go up. We want more PhD’s, nurses in Malawi. If we have the capabilities, why not? Nobody should restrict us,” she argues and continues to say, “the problem nurses had in the past was that people did not want nurses to have degrees because they felt that their education was more important but not

nursing. They felt that they would be equal to nurses say, salaries and other benefits, maybe a nurse would get a house in Sunnyside alongside them. That is why they wanted us to be on the certificate stage. Now we need a degree for their own good and the welfare of the patient”, she notes.

Independence from Dependence. All the six respondents that nurse too need higher education and a degree is a springboard for further education. If nursing has to be viewed to be independent and not dependent on the medical profession then it has to form its own patterns. The nurse practitioner should have scientific knowledge base that should help improve nursing profession thereby improve quality care for the patient.

Here are some quotes from the respondents;

“As Registered Nurses we need degrees. You know we are different from the Enrolled Nurses. Entry points to the schools are also different. Enrolled nurses were going to the colleges with Junior Certificates and their thinking capacity differs from us (Registered Nurses). We are trained in such a way that we should be decision markers and initiate things. But may be they (Enrolled Nurses) will want somebody to decide for them. If you are trained in this program it will be different because your thinking capacity is more advanced. You will not be dependent. You (B.Sc. Nurses) will be more independent than we (Diplomates) are”, she says and continues, “Your training will make you more advanced in decision making. You know, sometimes patient is delayed because somebody is there and cannot decide. You have to wait hours waiting for somebody to decide for you. But when these people with B.Sc. come out, things will change

tremendously and they will be able to mobilize staff and do more things promptly”, she concludes.

“...because you know what is needed. You have advanced knowledge on the type of drugs to give...” one respondent says.

“...because when it comes to skills like education, a B.Sc. Nurse can teach. Times are changing too a degree is needed. A nurse will also need a degree for educational supervision, for giving better nursing care and supervision in wards nurse needs better knowledge...”

This knowledge will therefore make a nurse more independent as she is of now.

Bachelor of Science Nurse in the Making

It would be very incomplete if this study did not dwell on the current students who are the torchbearers of the program. Nurses also hinted on how they perceived students who may have a true reflection of what a degree nurse is all about. Are the students really showing the fruits of the B.Sc.? In what way do they (students) manifest themselves as professional nurses to be?

Here are some of the views the nurses had on student in relation to the program.

Change Agents. The expectations from the Registered Nurses towards the B.Sc. students are very high. None of the nurses had low expectations from these nurses-to-be. “My friend, I expect these nurses-to-be to work hard because they have the highest qualification. I expect them to be supervisors, teachers and do everything. I expect them to bring change.” One nurse said.

“ When these people come out of their program, I would expect them to dispatch their knowledge they have gained to other people who they will find in the wards because some of them never had a chance of getting the knowledge they have. I think those people they will find in the wards will be very happy to share the knowledge, which these students have. In that way we are going to improve our profession because we will have some knowledge of doing some things from these students.” She confided.

“I expect them to improve the situation in the wards and in the hospital in the country because people are saying that nursing standards are going down”. Another nurse added.

“We expect them to improve the nursing standards since they have gone down. These students have more knowledge than us as such they will improve the nursing standards.”

“I expect these people to function the way they are being taught at school and put that in practice and I expect the way they will rise the standards of care. At the moment the standards have gone down. So I will expect that when these people are qualified, nursing, will improve because of the knowledge gained at degree level”.

Some reasons cited as contributory towards the dwindling of nursing standards as cited by the registered nurses were:

- Shortage of staff in the government hospitals.
- Schools training registered nurses are not enough. In fact there is only One College training the registered nurses catering for the whole nation.
- High nurse-patient ratios.
- Poor salaries in government hospitals.

- At training schools, tutors do not come to supervise students so when the students come out of school they do not have enough knowledge on how to perform some procedures. Many nurses are more theoretical than practical as one nurse observed,

“The greatest weakness of Kamuzu College of Nursing students is that they are more theoretical than practical. That alone is a problem because they need more practical to boost their theory.”

Leaders in the Making. Respondents had different sentiments when they were asked if they noted any leadership skills in these B.Sc. Nursing students.

Here are some of the respondents' views;

“Some of them are showing some leadership skills with dignity or respect which is needed for the betterment of the profession”.

“They have leadership skills but not all of them. Some need encouragement. For example, some come to the Sister-In Charge to relieve her of her duties. But others will keep quite. They do not come forward to the Sister-In Charge. These type of students need self initiative”.

“...you can see in them the controlling ability”.

For two of the respondents, it dawned on me that they discovered that the students showed leadership skills only when it came to Management and Leadership Skills allocation.

“In fact I had an experience with the one who came for Ward management. I could see that yala!a! they are really trained to be independent and be initiators...she would mobilize staff in this ward to do things that were planned for that day. I could see that they are being trained as better leaders than the other registered nurses”.

“Yes I have seen especially those who are coming for management. You can identify some leadership skills. They (students) identify problems and come up with suggestion to the concerned nurses and nurses are willing to adopt such suggestions these people bring in”.

Another respondent said she had not noticed any leadership skills in all the students

Caring Aspect

All the six respondents agreed that the students have got a very good working relationship with he patients.

One respondent observed, “ the student and patient relationship is always good. I do not know why; maybe it is because the students want to get good marks.”

Another respondent felt that “...with a patient they (students) are very good...most of them demonstrated that they are caring and helping.”

“The student nurse is doing fine in this field,” one respondent said.

“In a group, you would expect some (students) to be good and some not so good, but I think most of the them are doing so good...” another respondent observed.

“...with the patient, there is a good relationship only that they need close monitoring by people who are supervising them otherwise if they are left for sometime they may go astray,” She concludes.

Improved Collegial Relationships

Whether there was a collegial atmosphere between students and staff, the respondents were also split. Four of the six respondents felt that the relationship was good. Good working relationship will mean increased productivity and in this case quality care.

Another respondent said, "...the relationship is good. You can see that this one will be our boss in a year's time. Nurses have accepted these students that they will shortly be their bosses.

"Student nurse to nurse relationship is very good. They are working as colleagues. You see, they respect qualified nurses as their seniors or people who are well experienced."

One respondent said.

Another also said, "so far the students who I have worked with have relationships with nurses which is very good."

Unwelcome Development

As already highlighted two of the respondents though welcoming the program had their own reservations. One respondent felt that scrapping off the diploma was unwelcome and another felt that the Degree program came a little bit earlier.

"Kamuzu College of Nursing should have two streams; one for the Diploma program and the other for the Degree one. Those that have less merit should go for the Diploma and those with stronger merits should do a Bachelor of Science. These course should run concurrently", she suggests.

Another respondent had this to contribute, "I think the B.Sc. has come a bit earlier when the workforce in the field is so low. Now the nurses are just very few and to train somebody for a degree, it takes time as well as resources. At the moment I would suggest that teaching institutions concentrate on training many nurses so that at least patient welfare can be taken into consideration", she notes.

Paper Nurses. One respondent said on the performance of K C N students. "I have worked with a few of them but their performance is not all that up to date. I do not know why, but may be they come in the clinical area that they are B.Sc. students. They do not perform as other students say from Zomba School of Nursing and those had before this programme".

Despite showing that they (students) have immense theoretical knowledge, most of them did not show their practical capabilities as already hinted in the overall expectations.

"They show that they are knowledgeable but anyway they do not use the knowledge they have ... You see them struggle to do procedures; maybe they are not sure and they are not as competent as other student nurses." one nurse observed.

Poor Communication skills. Some nurses felt that there was communication breakdown between staff and students.

One nurse felt the students want to act as if they are bosses in the clinical areas.

"Some of the students are very pompous, they see us as not learned they are doing a degree program as such they are above us. So the way they communicate to us is as if, maybe, we are the servants and they are the bosses. In that case, some of the nurses who are working with the students just leave them. They do not want to help them because the

communication is not good,” one respondent said and continued, “some students are very good but some who perceive themselves as very learned, find difficulties in communicating with the nurses and they shun them. ...They do not see other nurses as colleagues.”

Two of the respondents felt that the nurses in the clinical area feel inferior to the students. “... It is good but sometimes it may be sour because some of the nurses feel that these students will be our bosses.... They have inferiority complex. They do not want to contribute to their education. But by and by the nurses are understanding and helping the students.”

“The relationship is quite okay. However, when they (students) are in the clinical area the people who are teaching them are those with low education levels say Enrolled nurses and other State Registered Nurses. There is that mentality of saying “ I am just an Enrolled nurse, how am I put in a situation of teaching this one with a degree? Sometimes there is hesitancy, they think that if I tell him/her about this, they will not adopt it.”

Summary of Findings

In summary the results have indicated that the nurses have welcomed this development as timely. The results have indicated that nurses believe that the program will bring changes in the nursing profession in Malawi. The programme will promote quality care and that there will be professional growth within the profession. The results also show that the program will make the nurses more autonomous now.

On the other hand, the results have indicated that the program has come at a wrong time ...when the when the number of nurse in the field is so low.

CHAPTER SIX

Discussions

Presented in this chapter are the discussions on the results of the study. The aim of the study was to describe nurses' perceptions towards the baccalaureate degree programme. If the role of nursing profession is first and foremost to respond to human needs and if in today's world the human needs are continually changing, then the nursing profession needs to change in response to the human needs. If people are becoming more aware of their rights to health and if technologies are changing as well a nurse who is in line with these changes has to be produced so that the profession be at par with all the changes.

Nursing should not be regarded in isolation but as a profession that needs change to suit the human needs.

Findings and related literature

Change

Point that needs to be noted is that though the nurses believed that things would change in the wards, I believe it will not be in a single day or month. There multiple problems in the wards that need consented efforts that have to be multi-sectoral for them to be eradicated. It is indeed true that a B.Sc. nurse can bring innovations in the wards. It is high time people in the hospitals must learn to do more with less. The government must also learn that a health economic base for the country originates from healthy people and as such attention must be put to the health care system of the country.

To gain all this, nursing profession in Malawi needs commitment. The nursing commitment must have direction and leadership so that quality in every aspect of education and training is ensured. Nursing is not what it used to be in the past. Since the world is changing, changes needed for quality in both education and practice should be upheld.

According to Sweeny (1990) a new generation of nurses is emerging; nurses who are creative rather than conforming; initiating rather than reacting; assertive rather than passive; change agents, not retardants; political activists, not victims; and independent, not dependent. The future belongs to the new visionary- to those who can create new configurations to respond to new demands and who have the courage to follow their vision.

Yura et al argues that baccalaureate degree nurses are prepared for a high degree of independent and interdependent practice, with limited, reasoned, dependent aspects. Even these limited dependent aspects of practice as viewed by some as independent and interdependent because of high level of intellectual input needed to judge the appropriate and legal limit participation.

Educational/Professional Growth

The results have shown that all the respondents believed that the introduction of the B.Sc. Baccalaureate program was a step ahead in the education and nursing system in Malawi. They welcomed the idea of having this program in place, as it would put nursing in Malawi on the same footing as nursing in other countries especially those that are

already developed. This in turn will help nurses to professionalize and therefore gain the recognition the profession is striving for.

This change in the Malawian nursing profession will therefore be dependent upon a professional nurse who can suit the time frame of the changes. In its quest to produce a good theoretical and practical nurse, K.C.N. views nursing as a dynamic caring profession. It is an art and a science, which involves assisting human to attain and/ or maintain the optimum state of health possible (B.Sc. Degree Programme May 1994).

Nurses need a sound theoretical and practical basis for professional autonomy and independence. Therefore, it is imperative for the profession to produce professionals who can be able to make changes within the health care systems that would improve health situation in Malawi. The study results indicate that nurses in Malawi believe in the B.Sc. Nurse for that change to be affected.

One of the major lessons that can be drawn from both the history of the developments in nurse education and the experience of other countries is the management of change. Imposed change would appear to generate insecurity among many, as well as a certain amount of aggression, conflict and apathy.... Fortunately innovation brings opportunities for creative thinking and initiative which promotes motivation in individuals and groups (Journal of Advanced Nursing 1987 page 662). This study has shown that all the six respondents welcomed this change and as such apathy, aggression and conflict will such be minimized.

All the respondents concurred with the developers of the programme, K.C.N. K.C.N believes that the program will improve the quality and standards of nursing care and

subsequently promote the health of the nation (B.Sc. Program). In the same vein the respondents believed that the quality and standards of nursing profession could only improve if someone is knowledgeable to maintain the standards and improve on quality care.

As a human being is dynamic and complex, nursing needs 'enough ' knowledge base to promote and prolong life. As a human science and an art that is primarily concerned with human life, quality of life and quality of health of individuals, families, groups and communities.

Professional bodies need to strive for excellence and nursing profession should join other profession bandwagons in promoting health of all people.

Quality care stems from adequate knowledge. If you are not knowledgeable, you cannot perform to the expectations of all and sundry.

The program has indeed come at the right time as the nurses agreed. This is in line with the K.C.N. B.Sc. program. It says that the rationale for offering at this time is to offer quality education at degree level for entry into the professional nursing. To improve the quality and standards of nursing care and subsequently promote the health of the nation.

Diploma Saga

On the other hand as some respondents observed, that scrapping off the diploma program should be scrutinized at length. I believe there will be a very big gap in the nursing profession in Malawi. If other nursing schools continue offering certificates in nursing while K.C.N. is offering the baccalaureate degrees and post-graduate degrees then the gap between degrees and certificates will be wide. To bridge this gap, nurse

academics in Malawi should consider the reintroduction of the diploma courses in well developed nursing schools that are adequately funded. Diploma nurses are perceived to be more technical than their BSN counterparts who are seen as professional. The combination of the two would put the nursing profession on another level. As of now I believe that these Baccalaureate nurses will in so far a future not think of specialization in other nursing fields as the Baccalaureate degree is an entry point in the professional nursing.

Registered Nurse in the Making.

As already indicated, the B.Sc. program in Malawi would not be analyzed and the student left aside. The student is the integral part of the program since most of the program objectives are manifested in the student. Lecturers undergo different types of programs in various institutions. However, the student under the program clearly manifests what type of a nurse the program will produce.

The primary aim of nursing education is to prepare safe, effective practitioners to improve health of the Malawi population. Is this program striving at this aim? All the respondents believed that the student at hand is hard working and strives for better patient care.

Misunderstandings are always there as you work in a group. Some of the respondents believed that the student nurse. First of all, would be as one of the respondents observed; 'inferiority complex' on the part of the nurses and the 'superiority complex' on the part of the students. Students who are doing the B.Sc. may indeed

underestimate the knowledge of the experienced low qualified nurses because of the program they are still undergoing. On the other hand, the qualified nurses may also have some problems in teaching these young nurses to-be because of pressure of work and maybe, they may feel inferior to the students.

Owen (1988) summarized the above problem.” Faculty of nursing is not always there to assist the student in demonstration of high level clinical expertise, therefore staff nurse is not prepared to accept the responsibility for translating theory into practice. Then too, the frustrations of an already busy and understaffed unit engulfed with students only tend to magnify the problems in the clinical arena”.

This is also a true reflection of the Malawian context. Lecturers do not as frequently assist the students in the wards. Consequently, the problem of the student-nurse to qualified nurse may worsen if there is no mutual understanding on the two partners.

These problems may arise when the student is uncomfortable with a procedure. A student in this scenario may need a qualified staff for assistance but may become uncomfortable in approaching the staff nurses, the student may believe that the staff may become impatient and frustrated with his/her level of functioning. As a result the student will be reluctant to approach the staff nurse. In this way, theory cannot be transmitted into practice as fast as it can.

Owen (1988) observes that one challenge from the mainstream of the nursing profession is on old anxieties that about the academic/idealistic approach and the criticisms that ‘theoretical knowledge will not make good practical nurses’. Some of the respondents’

believed that the K.C.N students are stuffed with a lot of theory and yet deprived of practice.

To counter balance this, it is imperative that individual performance in the clinical area should be validated, since clinical nursing lies at the heart of professional nursing education. In this regard, it is very important to demonstrate the level of competence of the student as a practitioner at every stage. K.C.N has introduced OSCE (Objective Structured Clinical Evaluation) so as to check whether the student in the clinical laboratories validates the procedures that is frequently performed in the clinical area.

The results also show that K.C.N student doing the B.Sc. Baccalaureate has other better skill than only the technical skills. According to Pleasance (1994) "...baccalaureate nurses perform better than technical nurses in behaviors identified with professional education and practice; communication, knowledge, problem solving, professional role and teaching. Technical nurses tend to be more bureaucratically oriented and perfume technical skills better. One good example is on the build up of interpersonal relationship with the patient and the nursing colleagues".

Findings and theoretical focus

Unfreezing

Lewin conceived of a system (organization, person, and group) as 'frozen'. According to Lewin force field theory in this stage there is recognition for need of change as such there is desire to improve the existing structures. In order to change he said, "the system has to unfreeze." The existing equilibrium (Diploma) started unfreezing when KCN wanted to introduce the B.Sc. program. Now that the new program is in place,

existing equilibrium (diploma program) unfroze to the new program. The results have shown that the nurses are aware of the new program that has replaced the old one.

Moving

In the moving phase, innovators have to select change areas, plan for change, implement and evaluate it. When change is being implemented there are restraining and driving forces towards the change. During this period, the driving forces have to look into the future in order to maintain a sound system. "The burden on nurse educators is to predict health care needs and prepare nurses for a world of nursing vastly different from that of the present period, challenges them to be risk takers and leaders and move nursing forward with vision and confidence. Social forces in the environment should not be allowed to delay this mission". Molony (1986). Vogt et al quoting Lippit says "resistance to change is not inevitable. People may fear it as a threat to their security and their way of doing things. On the other hand, the idea of change can also produce pleasant anticipation of new experiences and believes". The results of this study have revealed that nurses are anticipating the new breed of practitioners while others are questioning the timing of the program.

Refreezing

In this phase change has occurred, once the change has occurred there must be a refreeze. In this phase people have to accept that change has occurred. Once change has been implemented one cannot assume permanent acceptance and yet the education system can influence the outcome significantly. Unlike any other previous time in its history nursing now has an agenda for its future development, which, if agreed and acted

upon by it's members will allow it to achieve it's mission of optimum health for all citizens. Health maintenance and health promotion can be claimed as nursing's primary function, the challenge rests in convincing the public, other health professions, and all nurses that this is nursing's exclusive right. Molony (1986).

What remains is the student who will soon turn into a professional show his/her professional skills for the whole health system and the public to welcome them. To the profession in Malawi, a refreezing has taken place since the nurses have welcomed the program.

Conclusion

This study tried to describe the perceptions of registered nurses at Queen Elizabeth Central Hospital towards the Baccalaureate Program at Kamuzu College of Nursing. All the respondents welcomed this development. Their basis for welcoming this program was that the nurses thought that the products of this program will improve the nursing profession in Malawi. It is envisaged that the nursing standards have gone down. Some reasons cited were according to me very unreasonable. However, a baccalaureate nurse should be very innovative in order to bring change in the health sector. More knowledge in managerial skills for example collective bargaining will put nursing in Malawi on a different note. If we have nurses in the decision-making cadre then who can compete on both educational level and managerial level are the ones who can influence change more easily.

The world is advancing in all aspect of life. Technology is improving, people are becoming more aware of their rights, people are becoming more interested in health delivery system. As such nurses need to critically reexamine their role in the society in which they belong. A nurse needs to redefine her role and keep in pace with changing times.

The scrapping of the diploma cannot go without comment. First, there will be a very wide gap in the nursing profession in Malawi. Currently the University of Malawi is offering degrees in nursing in the following fields; Community Health, Nursing

higher course in nursing. The rest of the institutions are offering Certificates in nursing. It is imperative that the diploma program should resurface. This responsibility should rest in some of the well-established nursing schools that are fully funded if the problem of shortage of staff in the government hospitals is to be tackled.

Leaders in the nursing profession should therefore facilitate change in nursing. There is much work to be done in analyzing programmes and sorting out students who are to care for human life.

Any innovation must be seen to improve the nursing practice, and new programmes like the baccalaureate degree must be devised to fit existing structures and times wherever possible.

Finally if colleges and other institutions are able to grant their students with higher degrees in, for example, animal science what will stop the nursing profession which deals

with saving human life not be granted the chance to do the same. Which is more important, human life or animal/crop life?

Before these nurses have to go out for work, other institutions must be prepared for this new breed of practitioners. KCN cannot abdicate from this responsibility. To put new practitioners in a hostile environment would invalidate the whole purpose.

Recommendations

After critically analyzing the results of the study the following recommendation emerged;

- K.C.N should employ fulltime clinical supervisors so that students are closely followed. This will in turn boost up the practical part of the students, which the study has shown, that it is not perfect.
- Nursing authorities should seriously consider bringing back the diploma program, which has been phased out so that gap that has been created should be bridged.
- The University through K.C.N should uphold the baccalaureate program at K.C.N the nursing standards improve in Malawi.
- Instead of expecting instant change in the health sector, practicing nurses should not expect change overnight. Change process is often gradual.
- Students should be given a chance to undergo professional status training by being in the government hospital for a period of a year. Sort of an internship program.

Issues for Further Research

This research has added literature to the profession in Malawi. In fact, it is the first study to elicit nurses' perceptions towards a Baccalaureate program. This study has provided a basis further research to the nursing profession in Malawi. Since the sample was so small to reflect the whole Malawian nurses' fraternity is imperative that a broader study be done to come out with the real perceptions of the nurses towards this program

Implications to the Nursing Practice/Education

The study has shown that nurses in Malawi are becoming more aware of the need to have nurses of highest caliber and education within their profession. The study has revealed that nurses need higher education for them to be part of the change of times.

Nurses believe that the nursing standards have gone down and now the nursing services might change for the better because of the changes the B.Sc. nurse can bring in the profession. They believe that through research and utilisation of the findings nursing will not be what it is today if these graduates perform to their expectations.

Appendix A

QUESTIONS GUIDE AND PROMPTS

Can you describe to me your feelings, thoughts and perceptions regarding the developments, which have taken place in nursing education at Kamuzu College of Nursing?

How do you think the knowledge gained by those Bachelor of Science nurses will improve the quality of care?

Tell me why do you think a nurse would require a nurse would require a Bachelor of Science for her to be registered with the nursing council?

Can you give me your views towards the introduction of Bachelor of Science in Nursing at Kamuzu College of Nursing.

What leadership skills have you identified in these B.Sc. student nurses.

Can you tell me more about how you perceive the student to patient and student to patient in these B.Sc. students?

Despite restraining forces outside and within the nursing profession, do you think there is still need for the program to continue? Explain.

What are your expectations from these B.Sc. students after they graduate?

Appendix B

Demographic Data

Age

21-30 []

31-40 []

41-50 []

51-above []

Sex.....

Qualification

Year of Enrolment.....

Department.....

Appendix C

Kamuzu College of Nursing,
P.O. Box 415,
Blantyre.

7th December 1999.

The Chief Matron,
Queen Elizabeth Central Hospital,
P.O. Box 95,
Blantyre.

Through: The Hospital Administrator

Dear Madam,

RE: REQUEST TO CONDUCT A RESEARCH STUDY


I, the undersigned, to carry out a research study at your institution as part of our partial fulfillment of the degree program in nursing.

The study will investigate the perceptions of Registered Nurse towards the B.Sc. program at Kamuzu College of Nursing. The findings of this study will provide a foundation for policy makers, university and hospital administrators in planning and developing strategies in promotion of the profession.

I write this to ask your permission to conduct this research from 8th to 10th December 1999.

Your favourable and prompt response will be appreciated.

Yours faithfully,



Thom Ngwira

Appendix D

Kamuzu College of Nursing,
P.O. Box 415,
Blantyre.

7th December 1999.

Dear Participant,

INFORMED CONSENT

I am Thom Ngwira a 4th year Bachelors of science Degree in nursing student at the above institution.

In partial fulfillment of the degree program, I am required to carry out a research study to enhance the body of knowledge in nursing profession.

In lieu of this, I would like to request you to participate in this study titled "Perceptions of Registered Nurses towards the Baccalaureate Program at KCN".

Your participation will be voluntary and will be audiotaped. It will last between 40 to 60 minutes and this will be done at the time and place most convenient to you.

For complete confidentiality, your name will not be audiotaped, the tapes will be erased after the study and a code number only known to the interviewer will be used.

If you are willing to participate, please sign the consent form.

I----- have understood the above and will participate on the understanding that participation is voluntary and confidentiality is granted.

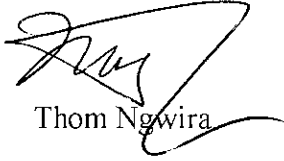
Signed-----.

Witness-----.

Date-----.

Thank you for participating.

Yours Sincerely,



Thom Ngwira

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