A Call to Rethink Nursing Education in Zimbabwe

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Abstract
Nursing education is crucial in the achievement of The United Nations 2015 Sustainable Development Goal 3 that aims to “ensure healthy lives and promote wellbeing for all ages”. Zimbabwe produces diploma and degree graduates from the available education programs in the country. The differences in the diploma and degree education program include the curricula, program funding, quality assurance processes, personnel delivering the programs, student exchange programs and partnerships. Graduates from both programs are not required to have licensure examinations to test their competency before practising. The diploma program has failed to produce graduates who are critical thinkers due to the shallow nature of the learning curriculum. Additionally, the graduates are not involved in strategic decision making in the profession. In the interest of quality and patient safety, it would be appropriate to phase out the diploma program and adopt the baccalaureate nursing degree.

Keywords
nursing education, diploma in nursing, Zimbabwe, nursing research, nursing degree

Introduction
Nursing education programs in Zimbabwe are offered by the ministry of health, missionary hospitals and Universities. The ministry of health and missionary hospitals offer the general diploma in nursing, which is a three-year program undertaken in central and provincial hospitals (Zimbabwe Ministry of Health and Child Care, 2021). After qualifying for the diploma in nursing, one can proceed to a post-basic diploma offered by the ministry of health.

The post-basic nursing diplomas include midwifery, ophthalmology, anaesthesia, theater nursing, intensive care nursing, nursing administration, psychiatry and paediatrics (Nurses Council of Zimbabwe, 2019a, 2019b). The entry requirement for the post-basic diploma is a general diploma in nursing. The Nurses Council of Zimbabwe accredits both the general diploma and the post-basic diploma programs.

Discussion
The Nurses Council of Zimbabwe regulates the diploma examinations in collaboration with the Ministry of Health (Nurses Council of Zimbabwe, 2019a, 2019b). The nursing diplomas are offered as an apprenticeship program, and the students are paid during training. In addition, the government of Zimbabwe funds the nursing and post-basic diploma. The general nurses’ diploma qualification produces the majority of the nursing graduates in Zimbabwe (Bvumbwe & Mtshali, 2018).

The majority of universities in Zimbabwe offer the Bachelor of Science in Nursing as a post-basic nursing degree. The universities operations and examinations are regulated by the ministry of education and higher learning. To qualify for the nursing degree, one should have a general nursing diploma. The program takes about two years to complete.

The nurses have to fund themselves for the degree programs, unlike the diploma program. The University of Zimbabwe (n.d) is the only university offering a baccalaureate nursing degree. To qualify for the program, one must

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be a holder of an advanced level qualification from the Zimbabwe schools Examination Council or Cambridge. The program is offered over four years.

**The gap Between the Diploma Program and the Degree Program**

A notable difference between the degree and the diploma nursing programs is the content of the material that is learnt. The diploma program offers introductory modules, unlike the degree program, which goes deeper into the module. For example, the diploma nursing program provides an introduction to microbiology, whereas the degree program offers the microbiology module in depth. The irony is that when these nurses qualify, they will be placed at the same level despite the differences in their qualifications. Research has shown that degreed nurses offer better quality and safe care than diploma nurses (Cramer et al., 2011; Ge et al., 2015; Tourangeau et al., 2006).

The universities offering nursing degree programs have additional benefits as they receive grants from the government and non-governmental organizations. An example is The United States of America’s President’s Emergency Plan for AIDS Relief (PEPFAR) grant awarded to universities (Middleton et al., 2014). The grant has enabled capacity building and strengthening of nursing education. On the contrary, no grants are given to the nursing schools offering diplomas run by the health ministry. They have to rely on funding allocated by the ministry of finance to the ministry of health. The lack of grants to the nursing schools has resulted in resource constraints as they have to compete for funding with other health issues within the ministry.

Student exchange programs and partnerships are common in universities offering the nursing degree, whilst no student exchange programs are carried out at the school of nursing run by the Ministry of Health. The student exchange programs are enabled by the partnerships between the university nursing faculty and the nursing faculties of other countries like Zambia, Malawi (Kamuzu College of Nursing) and Norwegian universities (the University of Zimbabwe, n.d). The universities have benefited immensely from these partnerships as they have used the exchange of information to develop academic curricula in line with the needs of the population (LeFlore & Thomas, 2016).

Zimbabwe does not have licensure examinations for newly qualified graduates or individuals who want to join the profession. However, the United Kingdom uses Objective Structured Clinical Examinations (OSCE) to assess the competence of the nurse (The Nurses and Midwifery Council, 2021); likewise, the United States of America uses the National Council Licensure Examination NCLEX to assess the competencies of newly qualified or those returning to practice (National Council of State Boards of Nursing, 2021). The introduction of examinations for licensure would be of immense benefit to the nursing profession in Zimbabwe.

The nursing degree programmes offered by universities go through quality assurance procedures that align with educational and professional benchmarks (International Confederation of Midwives, 2013). The need for quality and accreditation standards was emphasized in the Global Strategic Direction for strengthening nursing and midwifery 2016–2020. This, however, is not the case with the nursing diploma programs that the Zimbabwean Ministry of Health runs. Quality assurance can ensure that the nursing education provided meets the required standards for providing safe and quality care (Appiah, 2020).

The nursing education for the diploma students is delivered by tutors who have undergrad qualifications in contrast to the nursing degree students are taught by highly qualified lecturers, doctors and professors (Haruzivishe & Macherera, 2021). Thus, the nursing degree program produces cadres who qualify to teach nursing diploma programs because their qualifications are at par with the tutors.

Research is an essential component of nursing education (Mitchell et al., 2020). Therefore, it should be carried out in line with the population’s needs, with the knowledge generated used for decision-making and planning (Fain, 2020). But, unfortunately, no researches have emanated from the general nurses’ diploma graduates, unlike their degree counterparts who are involved in a wide range of research (the University of Zimbabwe, n.d).

**Implications to Nursing**

Nursing education offered by the nursing schools under the health ministry in Zimbabwe has been characterized by low investments, a fixed and inflexible curriculum, inadequate preparation of nurses for inter-professional intercourse, and the absence of supportive stakeholders. In addition, globalization has necessitated the need to ensure that nursing education is in line with global standards and that restructuring the curriculum will provide a uniform competency-based outcome.

The general level of nursing education in Zimbabwe makes it difficult for nurses to be involved in strategic decision making or policy development in line with human resources for health (Frenk et al., 2010). The healthcare challenges are ever-evolving, and it is crucial to ensure that nursing education is in line with these changes. In strategic management meetings and policy development involving health issues, nurses make up for less than 1% of the team, and this is primarily due to the level of education.

The current diploma nursing education provided by the school of nursing fails to ensure quality and patient safety. Phasing out the nursing diploma program and adopting the nursing degree program can guarantee increased quality and safety of services provided by the nurses. Diploma
qualified nurses do not have the confidence and fear to challenge improper patient management by doctors due to the shallow nature of their qualification.

Better health outcomes can be achieved through a highly educated nursing workforce. Zimbabwe currently is amongst the countries with a high maternal mortality rate of over 400 per 100 000 live births (Musarandega et al., 2021). Improving the education of birth attendance can help reduce maternal mortality by providing quality and safe maternal care.

Globalisation can help improve nursing education through strengthened collaborations and teacher or student exchange programs. The knowledge gained from these exchanges, when put into practice, can ensure improvement in nursing education and the production of competent nurses.

Conclusion

The current education system within Zimbabwe’s health ministry is insufficient to produce competent nurses who can uplift and improve the nursing profession. The university nursing degree curriculum is standardized and reviewed regularly and this raises questions as to why the diploma nursing program is not treated in the same manner. The nursing profession in Zimbabwe needs more nurses who think critically, make strategic health-related decisions, and are involved in policy development and practice. Highly educated nursing professionals will be critical for saving lives through improved patient health outcomes from quality care (World Health Organization, 2009).

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