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DOES THE REGISTERED NURSING CURRICULUM PREPARE
GRADUATES FOR RURAL NURSING?
NURSES AND THEIR SUPERVISORS' VIEWS

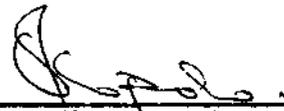
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A RESEARCH PROJECT SUBMITTED TO THE
DEPARTMENT OF POST BASIC NURSING, SCHOOL OF MEDICINE, UNIVERSITY
OF ZAMBIA, IN PARTIAL-FULFILMENT OF THE REQUIREMENTS
FOR THE DIPLOMA IN NURSING EDUCATION

JULY, 1986

APPROVED BY


STUDY ADVISOR



DECLARATION

I hereby declare that the work presented in this study for the diploma in nursing education has not been presented either wholly or in part for any other diploma and is not being currently submitted for any other diploma.

SIGNED BY 
CANDIDATE

APPROVED BY 
Supervising Lecturer

DEDICATION

Dedicated to my beloved wife Happie Munacheenga,
my beloved daughter Mwate, and my parents Mr and
Mrs Kunsanama.

S T A T E M E N T

I hereby certify that this study is entirely the result of my own independent investigation. The various Sources to which I am indebted are clearly indicated in the paper and in the references.

A handwritten signature in dark ink, appearing to be 'S D', is written over a horizontal line. The signature is stylized and somewhat cursive.

~~SIGNED~~

CANDIDATE

ACKNOWLEDGEMENTS

For this study to be completed I received support, advice and encouragement from several people to whom I am deeply indebted.

I wish to thank Miss O. Kopolo, my study supervisor, who assisted me throughout the course and heightened my insight and my appreciation of the research process. I wish to thank also Miss P. Chibuye my adviser and Dr. J. Sajiwadani who gave me guidance during the research design. I am also indebted to the Ministry of Health for granting me paid study leave; the Directorate of Manpower Planning and Training for sponsoring me to this course, my wife Happie Munachoonga for her sincere encouragement and most timely assistance; my brother Kinlos Kunsanama and his wife for looking after my daughter and giving her love when I and my wife were not able to provide it and for allowing me to study with the least disturbance. I also extend my gratitude to my brothers Morris and Baird and families and my sisters Nellie and Beatrice and their families for their endurance and for bearance.

I also extend my gratitude to all the nurses and supervisors who took part in this study and the Provincial Nursing Officers and Principal Nursing Officers who gave me permission to carry out the study in their respective areas.

I also wish to thank Mrs. Anne Siulapwa who patiently typed the study. There are many others without whom this study would not have been completed. Even though they are not mentioned by name, when they see the completed study, I hope they will realize that their help was invaluable to it's completion and that they have my heartfelt gratitude.

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ABSTRACT

The main aim of the study was to determine factors that would better prepare the graduate nurse for rural nursing. At the same time conditions which make the nurse indifferent to rural areas were identified.

Factors or situations which the supervisors and the nurses felt would better prepare the graduate nurses for rural nursing were investigated. The literature reviewed for the study indicated that graduate nurses need exposure to rural nursing during their training and more knowledge and practice in administration. The graduate nurse assumes administrative roles when sent to rural areas to which she only had little exposure while on training.

Data were collected from nurses who had worked in rural areas in the previous five years and from the supervisors who were working in rural areas at the time of data collection. Two self-devised questionnaires were used to collect data. The study was descriptive in nature. Data were collected between the months of January and February, 1936, from fifty-five (55) registered nurse and thirty-five (35) nursing supervisors. The findings of the study revealed that Registered Nurse Education Curriculum did not equip the graduate nurse, to nurse effectively in rural areas.

The finding further revealed that, graduate nurses lacked administrative skills. The suggestions by the nurses and supervisors as a means of strengthening the curriculum are presented in the study.

The findings from three (3) responses in the nurses questionnaire and fourteen (14) responses from the supervisors questionnaire who indicated lack of exposure of trainee nurses to rural areas, supported hypothesis number one which states that "student nurses lack of exposure to rural areas during ^{training} leads to nurses failure to adapt to rural nursing".

The findings from twenty-three (23) responses in the supervisors questionnaire who indicated lack of managerial skills in the graduate nurse supported hypothesis number two which states that "Inadequate exposure to administration during ^{training} leads to poor administrative skills when nurses are sent to rural areas".

Twenty-seven (27) responses in the supervisors questionnaire who indicated lack of confidence in graduate nurse performing nursing duties supported hypothesis number three which states that "lack of exposure to rural nursing causes newly qualified nurses to lack confidence and fail to ~~execute~~ ^{execute} their skills effectively".

Much of the information obtained makes the study important to the curriculum development officers, therefore suggested readings are indicated in the bibliography. It is hoped that the findings will provide the curriculum development officers insight that will help improve the curriculum in order to improve nursing care in rural areas. Nursing implications and recommendations are therefore presented.

CHAPTER (I)

INTRODUCTION

Nursing is primarily assisting individuals (sick or well) with those activities contributing to health to it's recovery (or to a peaceful death) that they perform unaided when they have the necessary strength, will or knowledge (Henderson and Nite 1978). This author further states that nursing also helps individuals carry out prescribed therapy and to be independent of assistance as soon as possible. In view of this, Zambia like most developing countries has accepted the concept of Primary Health Care as a means to achieving Health For All by the year 2000 (W.H.O AFRO NEWS LETTER 1985). This concept envisages that health services and facilities be within easy reach of every citizen in both rural and urban areas. However, in opposition to this, is the failure of developing adequate medical facilities for the rural population which makes up seventy percent (70%) of the total population (World Health Organization Chronicle 1981). In this medically underserved area, the health service is crippled by a problem of nurses failing to nurse the rural population adequately. This problem has been highlighted by graduate nurses who fail to demonstrate the expertise acquired in their respective schools of nursing. Even three (3) months after their graduation, on first appointment to the rural stations, some graduates are not able to carry out the duties expected of them, effectively. The Basic school's curriculum aims at preparing Registered Nurses with an orientation towards meeting the comprehensive needs of all people regardless of age, race, creed, colour or social status. This is also based in the strategy of Primary Health Care . The programme emphasizes that despite the shortage of manpower, essential facilities and equipment, social and cultural factors, nurses should continue to improve and render effective nursing care to individuals, families and communities in meeting their needs (Basic Nursing Philosophy, School of Nursing U.T.H 1985).

The researcher wondered why nurses trained in a conventional manner fail to effect the nursing care skills they have acquired when they go to rural areas. Is it because the curriculum lacks areas of expertise that would prepare student nurses to nurse effectively in rural areas? Or is it because the curriculum is based on urban populations and not on rural populations? Or is it because student nurses are not exposed to the rural health related problems during their field work experience?

In recent years technology has advanced greatly and this has affected health care. Radiology, electronic monitoring, advances in surgery, diagnostic computer analysis and chemotherapy have improved diagnosis and treatment have increased the individuals' chances for optimum health. Organ transplant increase man's life expectancy, and early diagnostic tests for malignant disease prevent destruction of tissues and also prolong life. Easy and accessible methods for early detection of abnormalities alert physician and the nurse to impending problems (Bower 1982). Thus, the nurse's role is changing and expanding, with growing responsibility. Many of the traditional tasks and physicians made, are now within the jurisdiction of nurses. With these expanding roles comes the need to plan care that reflects the added responsibility.

Bower (1982) further enlightens us on the rapidly changing social conditions also affecting nursing care. Increased community interest and concern have created political and economic pressure groups, which are determined to provide better housing and living conditions for the vast number of poverty groups. These technological changes and the rapidly changing society make one aware of the importance of preparing a graduate nurse who is equipped with knowledge and skills to meet today's challenges. It is here that Bower (1982) points out that nurses' role is changing and expanding due to the shortage of physicians. Many communities, particularly rural areas, do not have physicians, because large metropolitan areas, with

high density population attract physicians, so many rural areas go without coverage. In such places, primary care is often provided by nurses. Even in densely populated areas, physicians are delegating responsibilities for health care to nurses (Bower 1982).

Kehoe and Harber (1979) in their writing state that nursing is a dynamic occupation that is changing constantly. The nurse must be adaptable to change and must show interest in her professional development. But this is not the case with not graduate registered nurses sent to work in the rural areas of Zambia. Mulenga (1985) in his study, of factors that influence nurses to shun the rural areas, postulates that most nurses just after first appointment to rural areas have negative attitude in regard to nursing in rural areas due to lack of facilities. 95.5% of his sample had a negative attitude. This could be connected with the fact that all four (4) Registered Nurse Training Schools are urban centred, thereby making it difficult for a graduate nurse to adapt to rural areas. This failure of the basic graduate nurse to adapt and give nursing services in rural areas is a serious deficiency in nursing the rural community.

The current National Chairman for the Zambia Nurses Association (ZNA) Mr. J. Muasa disclosed that lack of sound administrative machinery has aggravated the falling standards in government health institutions, and he appealed to the party and its government, the Ministry of Health in particular to find a permanent solution to the situation by providing administrative skills to the nurses (Zambia Daily Mail, 19th September, 1985). This extract makes interesting reading and requires analysis as to why there is lack of administrative skills in the professional nursing care. This can, however, be achieved as Cooper (1981) put it, that nurses should have appropriate communication and leadership skills to establish a trusting relationship on which they can build. The relationship should provide the base on which the nurse can institute teaching, friendship, acting as an advocate or dealing with whatever 'need' she feels her

patient has. These three abilities are gradually obtained from experience and learned concepts taught in school (Cooper 1981).

The traditional image of the nurse is associated with the execution of tasks involving patients care. The nurse is viewed as a person who feels and comforts, performs procedures and carries out doctors orders. On the other hand, the hospital occupies a central and pre-eminent position as a place of practice insofar as nursing as a profession is concerned, all emphasis being placed in it's technical aspect (Moura et al 1982). Moura et al (1982) points out that this image is in harmony with the professional model foreseen by the graduate curricula, since the image of the professional nurse according to this model, is characterised by the desire for independent activity, an interest in experimentation, innovation, re-examination and assuming responsibilities.

Nursing Care, is care of people by a nurse who understands human beings, their motivation and behaviour. Nursing care therefore demands continuous exercise of critical thinking, creative imagination, independent judgement in problem solving and decision making. Lanaça (1982) states that nursing needs practitioners who are responsible individuals, able to make choices among other alternatives able to respond to the need of the people for whom they care. Without the sense of responsibility the nurse cannot carry out nursing in a way people demand. A high quality of nursing care presupposes full consciousness of responsibility on the part of the nurse. Lanaça (1982) further states that, the eagerness, promptness, precision, and attentiveness in nursing care, generally and in detail depend on the degree to which she feels responsible to the individual for whom she cares.

The nurse is responsible not only for what she is expected to do in that area, but also for accidental omissions, such conditions as poor sanitation, inadequate protection of patients life and welfare. Indifference, so often linked with lack of a sense of responsibility is incompatible with nursing

care (Lanaza 1982). Ogundeyin (1976) concluded that curriculum is an instrument through which desired behavioral changes are brought about in a student. It should provide opportunities for the student to grow mentally, physically and morally, thereby enabling him to realise his strengths and limitations, develop his ability in critically evaluating self, and in the basis of these, to select own goals to meet his potential. It's overall purpose is to enable the student perform actively and effectively as member of his family, his community and society. In support to this Kehoe and Harber (1979) state that our professional aim is to help improve the standard of nursing care given to patients. One way to achieve this aim is to improve the quality of learning experiences undertaken by nurses. Kehoe and Harber (1979) further notes that our special role interest in this area is in the measurement of nursing skills and especially in the preparation of those who are to nurse the rural community.

It is for this reason that the research will try to assess the level to which the Registered Nursing Education Curriculum prepares nurses for rural nursing. During the researcher's experience as an acting nursing officer at a district hospital, it was observed that the newly qualified nurses sent to rural areas seemed to be uncertain of their nursing duties, even after being at the rural hospital for two months. This observation became apparent after they had been in the wards for more than three months. It is this observation that interested the researcher to assume that basic nursing education programmes do not adequately prepare a Zambian Registered Nurse to adapt and function efficiently and safely in rural areas.

OPERATIONAL DEFINITIONS

- I. Rural Area:-
A remote place in the country side which is underserved and it is away from the line of rail for example Rural Health Centre.
 2. Urban Area:-
A place or town found in the mining and industrial area where the standard of living is generally overcrowded.
 3. Basic Graduate Nurse:-
A student nurse who has finished her three year training and has qualified as a registered nurse.
 4. Curriculum:-
A programme of activities designed so that pupils will attain, as far as possible, certain education ends and objectives.
 5. Basic Nurse:-
A student nurse still undergoing the three years training to become a basic graduate nurse.
 6. Clinical Experience:-
Acquisition of nursing knowledge and skills while providing care to patients in clinical areas.
 7. Supervisors:-
A Registered nurse appointed to head a group of nurses in a hospital.
 8. Clinical Area:-
Hospital, Wards and departments (for example:- Surgical wards, casualty and community etc).
 9. Clinical Teacher:-
Registered clinical nurse teacher employed mainly to teach learners in in clinical areas.
 10. K.C.H., N.C.H. U.T.H :-
These mean, Kitwe central Hospital, Ndola central Hospital and University Teaching Hospital respectively.
- II. R.N. :-
Registered Nurse.

CHAPTER (II)

STATEMENT OF THE PROBLEM

Experience and observation have shown that the problem in nursing education is to develop a curriculum with society oriented objectives that can adequately prepare graduate basic nurses to be able to function adequately, independently and effectively in situations other than their previous training environments.

Registered nurse training institutions are located in urban areas, and therefore their service orientation is to facilities and problems prevalent in urban areas. The hospitals in urban areas use conventional equipment, have more or less adequate facilities, have all cadres of doctors, clinical officers and senior nurses whom a new graduate can always look up to, for assistance in those roles she is unable to perform confidently and safely. It is common that, due to the shortages of medical officers, the functions performed by them are being carried out by nurses. It so happens that even where doctors are found they depend on nurses to give specific treatments. Hodgson (1980) states that in rural areas, nurses find themselves performing tasks beyond their duties. Following this they are not encouraged and supported. For instance Nsofu (1984) states that,

"In the Zambian situation the nurse acts as a nurse and as a doctor, in the face of a severely bleeding patient. Should she put up a drip or observe the ethical rules that only doctors are allowed to do that? Depending on the outcome, this nurse can either be praised or blamed or even prosecuted. Many of the problems can be solved if the disciplinary system can clearly define the rights and obligation of employer and worker and also provide safe guidelines".

People in rural areas see a nurse as a kind of physician since doctors

are not available. Nurses feel responsible for the fate of the patient. In hospitals doctors spend an hour with the patients. Nurses spend the remaining twenty-three (23) hours at bedside. Sometimes the life of a sick child depends on her ability to correctly fulfill all instructions and nurse the patient properly (Lutsicy 1934).

Specialization is inevitable and a progressive phenomenon. The nurse like the doctor should combine specialization with a wide medical knowledge and a wide cultural background. One must be more than a doctor here, one must also be a person of cheerful and kind disposition with great deal of patience. In the nurses hierarchy a ward nurse occupies a special place. She is always on duty. She must take note of everything and manage to do most things. But the problem come in because many new graduates begin work with a wealth of knowledge but limited clinical experience, they are more education oriented than service oriented in the roles and responsibilities they are expected to assume (Armstrong 1974).

It is in this regard that the nurse in rural area is held in high esteem by the community as she is expected to play, to some extent, the role of a physician, midwife, health administrator and many more roles. When she finds that she is unable to meet the challenges, she falls apart. Douglas (1972) states that anxiety, conflict, frustration and feeling of failure can develop within an employer when his needs are not consistent with opportunities and requirements presented by the employing organization. This in turn makes the graduate nurse to seek transfer and shun the rural area. This really paints a bad image on the nursing profession to the graduate nurse and the observers, and the government loses large sums of money when transferring the nurses unnecessarily.

Nursing is a dynamic occupation in that it is changing constantly. The nurse must be adaptable to change and must show an interest in her

professional development (Kehoe and Harmer 1979). But this is not the case with the basic graduate nurse who fails to adapt to change in rural area after having worked in rural area for more than three (3) months. This extract from the Zambia Daily Mail of 15th August, 1985, makes an interesting reading; to which it was discussed that, Zambia has produced thousands of ill educated students because of its defective education system, up until now education has churned out thousands of ill educated boys and girls. This is so because the current trend puts emphasis mainly on theoretical subjects. Armstrong (1974) postulates that the differences in preparation and competence among nursing practitioners prepared by nursing educational Institutions has created a state of affairs within the work setting for which it has been difficult in the past for nursing administration to plan. Nurse graduates come to the rural hospital with a significant amount of nursing theory and little clinical experience. However, Thomas et al (1982) write that, the hospital needs to provide an environment which helps each individual not only to increase his competence but also to learn to live and work in the rural community if that at all is possible. Thomas et al (1982) further argue that in order to make training in social skills effective, it should be given under conditions which are as similar as possible to the actual situations. Davis (1976) states that a nurse has to undergo a series of change influenced by the people around her and work setting. A training school's curriculum should enable the student to discover for himself or herself what the population's needs are in terms of health, in order to set his or her own educational goals. This discovery should however be guide if it is to be useful. The other most likely effect leading to uneffective nursing in rural area is the expectation of the student in relation to his or her social

function. Each student should be in position to know what the population actually wants and what it is not receiving, only then would he or she be motivated to find ways of meeting the needs of the rural community.

The other aspect the author observed was lack of administrative abilities the graduate nurse had, upon first appointment. Ward administration is taught only for sixteen (16) hours, and the student nurse taught only practices it for one (1) week (U.T.H curriculum 1977). This is not enough, as a graduate nurse sent to a rural areas is expected to assume heavy responsibility and be accountable. When the graduate nurse is sent to rural areas she will take up responsibilities of an administrator of which she had little knowledge. Due to lack of knowledge in administration, the average nurse totally unprepared for the challenge, after regards the opportunity to make decisions as a trap in which she will fall, if she makes an error in judgement (Douglas 1972). Gillis (1979) contends that effective group skills are required of nurses who work as managers on first appointment. Frequently, however, administrative skills are underdeveloped in hospital based training as personnel have priced more highly the advanced skills necessary for clinical competence in their own area (Gillis 1979).

Deliberate efforts are needed to positively guide, encourage and socialize more nurses into leadership and administrative positions now and in the future. However, we must build a more positive and constructive climate than presently exists to attract and retain nurses into these positions. Efforts should be made to emphasize some of the rewards, satisfactions, challenges and achievements leaders in nursing in order to encourage students to become prepared for such

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positions in the future.

Nurse students lack exposure to nursing in rural areas during their training. This is because the public health component of health nursing is not allocated enough hours to allow for exposure of nursing students to rural work settings, where the type of nursing is not the same as in urban hospitals. For instance sterilization is by use of boiling method in all rural areas, rather than by the use of pre-sterilized packs. Public Health Nursing is taught to student nurses for twenty-six (26) hours and then continued in the second lecture period for seven (7) hours, and then the student nurse goes into practice for six (6) weeks (U.T.H curriculum 1977). At Kitwe school of Nursing student nurses were exposed to rural settings through the Flying Doctor Service for two (2) weeks in the years 1978 and 1979, during their practical experience in Public Health and thereby acquainting them to rural areas. This was stopped due to the short period given to practice public health, and the non availability of a clinical instructor for the Flying Doctor service after 1979. This move deprived student nurses the little exposure to rural nursing. It is therefore apparent that there are areas in which educational objectives are ill defined to help student nurses in meeting the rural areas demands.

Frustration, unhappiness and high levels of stress are exhibited in the graduate nurse when she is unable to perform her duties adequately in rural areas. Armstrong (1974) states that since the employing hospital expects and usually needs these new nurses to fill staff vacancies as soon as possible the first experience as full time members of the nursing staff in the new area can become traumatic and frustrating experience both for the graduate nurse and for those whom they work with. Frustration which inturn produces disillusionment for these new graduates, who find that they are unable to cope with

their responsibilities, frequently results in termination of employment as well. Mulenga (1985) in his study of "Why Nurses shun the rural areas" found that most nurses who went there on first appointment left the rural areas within two years mainly because of lack of facilities, and that they were overworked since most of the procedures done were accomplished by improvising. There was no sense of satisfaction after work and many were frustrated and ended up resigning or taking marriage certificates so as to be transferred back to the urban areas. Armstrong (1974) postulates that by product of this situation is a never ending high turnover of nursing personnel that has caused nursing administrators to become increasingly concerned about the need to bridge the gap between graduation and employment into the nursing service which they have been prepared. Tyler (1984) notes that such individuals become liabilities rather than assets, not only from the stand point of morale. The maladjusted worker cannot be happy and this attitude may spread so that he may become dissatisfied with almost any aspect of the hospital situation, although it may not be the real cause of difficulty.

This is a sad affair, is that to the community which is supposed to get the best of care and who from the experience they will have the hospital makes them lack confidence in the nurse. More to this is the lack of confidence in the hospitals as whole. This makes them stop coming to the hospital and instead seek tradition healers. This therefore retards the efforts of Primary Health Care and the motto of Health for All by the year 2000 becoming unachievable.

It is for this reason that, the present study is directed towards the four (4) Registered Nurse Training Schools and how their graduate

nurses can effectively give nursing care when posted to rural areas.

The present study is also directed towards finding out what the views of the nurses, who have worked in rural areas, and their supervisors, are in regard to effectiveness of the Registered Nurse Education Curriculum in preparing nurses to nurse effectively in rural areas.

OBJECTIVE OF THE STUDY

1. To establish whether or not the Registered Nurse Education Curriculum is preparing the Registered Nurses adequately for rural nursing.

If the findings show that the curriculum is adequate in preparing the Registered Nurse for rural nursing, the educators could use the findings of this study to improve the Registered Nurse Education Curriculum.

HYPOTHESES

In order to assess the extent to which the Registered Nursing Education Curriculum prepares registered nurse for rural nursing, the following hypotheses are proposed:

1. Student nurse lack of exposure to the rural area during training leads to their failure to adapt to rural nursing.
2. Inadequate exposure to administration during training leads nurses to poor administrative skills when nurses are sent to rural areas.
3. Lack of exposure to rural nursing causes newly qualified nurses to lack confidence and fail to execute their skills effectively.

CHAPTER III

LITERATURE REVIEW

The teaching programmes for nurses emphasise the role of Registered nurses in dealing with Zambia Health Problems and needs especially those related to communicable disease control, health education of the public, environmental health sanitation. It also emphasises the factors that effect the dynamic function of the nurse such as shortage of trained manpower, social and cultural beliefs of the people.

The nursing education programme also prepares the registered nurse in behavioural sciences which will develop her understanding and ability to solve the needs of the individual, family and community. In this way it develops the nurse into a responsible individual who actively participates as a member of the community she is working in and fosters professional growth in the field.

Though the nursing education programme in Zambia has tried to prepare the graduate nurse she suffers a sense of professional loss in the nursing values and fails to meet the challenges of her profession when sent to rural area. She is expected to perform nursing duties to which she only had little experience during her practice as basic nurse student.

Winter (1982) contends that a newly qualified nurse sent to rural areas is relatively new, there has been little preparation and guidance as to how she would develop her role within the rural area. Neither has she been prepared for all problems that are encountered, particularly feeling of professional isolation. Winter (1982) further states that the role of the registered nurse in rural areas is vital in identifying and preventing through health education. She can only fulfill a role effectively if she is trained in the school of nursing. Pohl (1978) states that this is because the nurse who has thorough understanding of principles of teaching and learning, will be able to make adjustments to the needs in a variety of settings. Iverson (1982) argues that to have a better prepared rural nurses, the nurse

needs teachers who can expand her mental capacities and offer the right material to ~~nature~~ her growth. This does not imply the narrow confines of today's nurse training schools with just nurse education carrying the whole lead. A broader ~~and wider~~ expertise is needed. A nurse needs to be well equipped with the knowledge of running the ward and how to make decisions for the betterment of the course.

Hinchliff (1979) contends that teaching is the ability to communicate effectively to the student or pupil, enabling learning to take place. Teaching or learning resources are tools that enable the communication to be more effective. Merton et al (1957) applies this to the medical schools which have task to shape the novice into effective practitioners of medicine, to give him the best available knowledge ~~and~~ skills, to provide him with professional identity so that he comes to think, act and feel like a physician. The authors add that it is the medical school's problem to enable the medical man to live up to the expectations of the professional role long after he has left the sustaining value environment provided by medical school. The same could be said about nursing schools.

The process of nurse education involves the socializing of the student into nursing. She is expected to move from her lay imagery to institutionally approved imagery of nursing (Chibuye 1980). She has to undergo a series of changes influenced by the people around her and work setting. However, Lanara (1982) points out that, the role of nursing education is crucial. It should strive to create a nurse as an autonomous being capable of taking responsibility and making choices, a self determining person. Lanara (1982) further argues that the education experience should provide opportunities to take responsibility, for example, it should provide opportunities for students to choose among selective course, to undertake independent studies, discover relevant sources and contact people to formulate nursing care plans and carry them out.

Nursing education ought to nurture nursing responsibilities through the art of dialogue, through meaningful clinical learning experiences for and with

students, and through cultivation of inquiring minds and searching hearts. To this Lanaza (1982) concludes that the cultivation of acquiring minds and searching hearts is very important if teaching is to be thorough or simply a sum of competences or a set of measurable behaviours. Young people, for instance student nurses in the teenage, are likely to be moved to learn when they are challenged by teachers who are themselves able to act responsibly. This may lead to high quality of nursing care which will presuppose full consciousness of responsibility on the part of the nurse. Lanaza (1982) states that the eagerness promptness, precision and attentiveness in nursing care, generally depend on the degree to which the nurse has internalized the nursing responsibility and the degree to which she feels responsible to the individual for whom she cares. The nurse is responsible not only for what she is expected to do in that area, but also for accidental omissions such conditions as poor sanitation, inadequate protection of patients life and welfare. Indifference, so often linked with lack of a sense of responsibility, is incompatible with nursing care.

Hinchliff (1979) states that a person who is ill must remain at the centre of each individuals awareness. It is this fact which prompts an experienced clinical teacher, staff nurse or ward sister to watch a learner at work and try to ensure that her/his nursing skills are developing correctly. Therefore education and service are reciprocal and the quality of one is indigenous to the other. Hymovic and Banard (1979) note that learning experiences are kept close to the realities of practice, the service expectation of education are better understood and the quality of practice improves. This in turn makes the student learn much better if she cares completely for the patient. She will gain insight into the patient and build a complete picture of his or her physical,

psychological and social needs. And Steven (1974) in his study concluded that educators have become aware that student reactions to a learning situation is the extent to which the goals, interaction, activities and decision in that situation are controlled by rules, by mad set, and by generally accepted expectations.

Even though these graduates may be familiar with hospital policies and procedures, they will need assistance in moving from the dependent student role to the independent graduate role. Armstrong (1974) states that since the employing hospital expects and usually needs these new nurses to fill staff vacancies as soon as possible the first experience as full time members of the nursing staff in the new area can become traumatic and frustrating experience both for the graduate nurse and for those whom they work with. Frustration, which in turn produces disillusionment for these new graduates, who find that they are unable to cope with their responsibilities, frequently results in termination of employment as well. Armstrong (1974) further postulates that a by product of this situation, of course, is a never ending high turnover of nursing personnel that has caused nursing administrators to become increasingly concerned about the need to bridge the gap between graduation and employment into service for which they have been prepared.

It is to this regard that nursing practice should encompass the total practice rather than focussing on limited groups as hospitalized urban nursing (Iverson 1982).

World Health Organization Technical Report series (1981) enlightens us that a number of factor point to the need for education and training in equipping the graduate nurse to nurse in rural areas. First is the lack of trained personnel to work in rural areas, secondly wven where trained people exist facilities are often lacking. Mulenga (1985) in his study on why nurses shun the rural areas found that 12 responses talked about inadequate supply of health facilities. These included grugs and equipme

Shortage of manpower was also noted in his study, making the nurses remaining in rural areas to carry the whole load of work. Thus if graduate nurses are exposed to the rural areas before they will be able to improvise and take the initiative where there was shortage of manpower, instead of having experience of profound role deprivation and suffering a loss of professional values and ideas learned at school (Kramer 1974). Kramer call the problem "reality shock".

McIvor (1984) states that reality is often enshrined as something sacred and intractable, not to be touched or meddled with. The author further contends that the reality of others in our profession is dismissed as idealistic or the most appealing standards of nursing care. The poor graduate nurse is caught up in this whirlwind of chaos and bickering. So our perception of reality should through development and experience change. Mc Ivor (1984) describes the "phenomenum of shock" "as reactions of new workers when they find themselves in work situation for which they thought they were going to be prepared and then suddenly discover that they are not". Again the graduate nurse is the most susceptible victim and this applies to all grades of nursing staff who if they survive reality shock, become victims of burn out.

Tyler (1981) states that such individuals become liabilities rather than assets, not only from the stand point of morale. The maladjusted worker cannot be happy and this attitude affects the individual so that he may become dissatisfied with almost any aspect of the hospital situation, although, it may not be the real cause of difficulty. It is therefore as Rufo (1981) states that the systems educational programme must have guidelines to ensure the effectiveness of educational activities, as well as to validate the competency of the

employees to perform duties.

John and Bond (1980) tells us that nursing is constantly changing in response to other changes in society and exerting its own influence. Very obvious influence on nursing are the technological changes and changes in medical knowledge introduced into health care. For instance taking temperature at one time was central to medical work; doctors had little other than temperature to guide them and infections were rife. John and Bond (1980) go on to say that as medical knowledge grew and other diagnostic indicators of disease become known, temperature taking became less important and was delegated to nurses. Nurses do not undertake the following: ECG, Venepuncture, administering intravenous drug therapy, taking cervical smears. It is necessary for nurses to move into these areas. This is because the graduate ^{sent} to the rural areas assumes these responsibilities, due to shortages of medical officers. And usually it is the registered nurse who is called upon to do this work. John and Bond (1980) state that socialization takes place at school, parties, infactories and other work places. A nurse is also socialized through out her nursing career as each time she enters a new place of work or occupies a new role in nursing she must learn the proper way in which to behave in relation to colleagues, other professionals, patients or clients. The socialization of the nurse is most explicit during the initial training as she moves from being a nurse. John and Bond (1980) continue to say that the novice begins the career with some lay expectations of what nursing is. The authors further state that, a young person enters nursing with the desire to do something worthwhile associated with a christian and humanitarian with the desire to help others less well off, to be of service. The image

very smartly comes up against reality when the novice learns that nursing has a lot to do with pleasing the sister, tutor, colleague and community.

Students have to learn how to behave like ²nurse, what stance to take how to respond to particular situations. Student learn not to cry or show other emotions in front of patients or their colleagues when they meet distress, it is regarded as unprofessional! The nurses may, at different times behave inappropriately in situations they do not regularly. Kerfoot and McCloskey (1984) state that with faculty working in the practice setting, teaching should improve. Faculty can more readily see what is absolutely essential content to include as a result of their practice and differentiate what content is nice to know but unnecessary. It will be imperative for nursing care. If academics teach realistically with cost containment in mind, then the problems with reality shock, burnout, turnover and poor performance should be reduced. This can best be related to Ivan Pavlov best rendered for his work on classical conditioning. Hincliff (1979) notes that, Ivan Pavlov whilst doing some psychological studies in dogs, noted that they salivated immediately before they were fed. This is unconditioned response. Ivan Pavlov extended the idea by repeatedly ringing bell. This is conditioned response. Hincliff (1979) notes that this psychological theory can be related to human activity, but largely in terms of the body automatic responses. In the learning environment, it's value is limited. This theory is heavily dependent on reflex action and emotional activity and cannot in isolation be, used in the clinical field. Hincliff (1979) contends that during the three year course for state registration, the student nurse spends four-fifths of her time in clinical work. It is therefore in the ward that most of her experience is gained, and here that the standard of good practice is set. The ward can indeed be the

ideal place for learning if it's full potential is exploited. The same applies to rural nursing.

Our professional aim in life is to help improve the standard of nursing care given to patients. One way to achieve this aim is to improve the quality of learning experiences undertaken by nurses. Our special role of nursing skills and especially in the preparations of those who are to involve themselves in an assessing role (Kehoe and Harber 1979).

The other aspect the researcher is interested to look at is the limited knowledge and administrative skills the graduate nurse goes with to rural areas. Upon first appointment the graduate nurse is supposed to assume administrative roles. During nurse education training they learn administration for sixteen (16) hours and have one (1) week to practice administrative roles in the ward setting. Finer (1982) states that administration should be an intergral and compulsory part of the basic curriculum, on par with sociology, psychology, the history of nursing and professional ethics even as these themselves are already on par with acquisition of clinical knowledge and the complex subjects called nursing art. Finer (1982) contends that administration as an autonomous subject should be taught in the second year of the basic nursing training, that is, after the benefit of some months practice on the ward, and therefore the third year to begin applying it.

O'hear (1981) noted that a person in nursing frequently is placed in an administrative position because of specialization as a nurse in maternity or paediatrics or any of the other areas. She is put in an administrative position largely because of knowledge and skills her speciality, rather than for any other qualifications. Nurse managers are crucial to the effectiveness of any nursing department. Traditionally, nursing directors have promoted staff nurses with the best technical skills to nurse managers positions (O'hear 1981). This practice may at times, be to the detriment of

all involved - the nurses, the patients and hospital (Johnson et al 1984). This will never produce good nurse managers due to the fact that, she is not knowledgeable in administration but good in her field of experience. This makes her either forget about administration and concentrate on her work or forget about her field of speciality and start learning administration without guidance hereby endangering the practices of her subordinates and the patients.

Donovan (1975) notes that there are many reasons why nursing service administration has not reached maturity. Ironically, one of the impediments to progress has been the emphasis placed on education (Donovan 1975). Often nurses have been offered limited opportunity to study nursing services administration. This is a big handicap to the graduate nurse as per expectations of her subordinates and the patients, in that she is held in high esteem by both subordinates and patients. But failure of her executing her duties, makes the subordinates loose trust in her and it makes the subordinates and patient feel that they have a nurse manager they cannot rely on and trust. Then Brown (1981) argues that to become a charge nurses a person must have undergone higher education and have a clinical teaching qualification in order to satisfy a compulsory teaching commitment in all fields of nursing, then he should become a charge nurse. In our Gambian context very few have undergone the administration course. It is therefore important that administration be taught comprehensively in schools of nursing. Knatz (1980) postulates that it is the district nurse who is in-charge and who is professionally accountable for assessing the needs of the patient and family and monitoring the quality care. The author further points out that the district nurse delegates tasks appropriate to enrolled nurses, who remain wholly responsible to the district nurse for the care that they give to patients. The district nurse is accountable for the work undertaken by auxiliaries.

Stevens (1974) states that the nurse in administration of nursing is in the pivotal position that links nursing management with nursing care. This conversion of plans and concepts into actions is one of the most difficult

parts of management. Typically, it's the function of the nurse administrator to apply policies, practices, procedures, objectives, concepts and goals to the concrete situation on a given patient unit. Such application demands clear perception and good judgement. Stevens (1974) adds that the nurse administrator has responsibility for patient care, staff management and administration of nursing policies, thus, a basic in-charge management framework can be developed by identifying both her key responsibilities and her key mechanism for action.

Lenige (1974) contends that nursing leaders need considerable knowledge and skills in politics, economics, social policy, normative values and in management strategies and processes. The author further notes that nursing leaders must not only be politically and intellectually astute, but they must be good risk takers, fairly aggressive, active persuaders of issues, and alert to alternative strategies in pursuit of an objective. The nursing leaders must have strong egos, a positive sense of personal identity, and a determination to preserve desirable professional values.

It is therefore, hoped that if administration is covered effectively in the basic nursing training, then such problems would not arise. As most often nurses are best utilized as supervisors in the centres. This role demands greater application of previously learned administrative experience. In the supervisory capacity, a nurse practices teaching skills, decision making and other administrative responsibilities, and the patient counselling in the form of promoting preventive health measure. She is responsible for the well being of all patients and functioning of her staff, the organization and smooth operation of the centre.

From the above literature review it may be concluded that the Registered Nurse Education ought to nurture nursing responsibilities through meaningful clinical learning experiences for basic students. These learning experiences must be kept close to the realities. This can only be achieved by orienting the basic nurse to rural nursing where improvising is the order of the day

among other things. Basic nursing schools also need to produce nurses who are knowledgeable in many roles of nursing.

Though administration is taught in schools of nursing it is not comprehensive enough for the basic needs of the graduate nurse who finds herself in a rural area. Wider knowledge is needed in this field to prevent the graduate nurse falling apart as she fails to meet the challenges of the rural needs. The rural nurse is many things to the community and she is held high esteem by society, since she spends much time with them.

CHAPTER IV
METHODOLOGY

Research Design

The descriptive study design using a self-devised questionnaire was used in this study. The purpose was to identify and explore why nurses fail to effect the nursing care taught to them in the school of nursing when sent to rural areas. The study was also to identify the areas in which the Registered nurse education curriculum failed to equip the graduate nurse to effectively nurse the rural community, thereby coming out with answers which could be added to the Registered Nurse Education Curriculum to better prepare the graduate nurse for rural nursing.

A descriptive study was done, since it provides data about a number of members of a population that have the same characteristics (Oppenheim in 1966 PP 8). Registered nurses who had worked in rural areas of Zambia and their supervisors were sampled for this study. Seaman and Verhonick (1982) add that this type of design assists to find out reasons for the existence of a phenomenon. They went on to say descriptive studies assist in formulation of new concept by assembling phenomenon which seemed unrelated or unorganized.

Location

The identified area of concern is the basic nurse education curriculum in preparing the basic nurses to nurse in rural areas. Nurses working at University Teaching Hospital, Ndola Central Hospital and Kitwe Central Hospital, and had worked in rural areas in the previous (five) 5 years participated in the study. The study also included nurse supervisors drawn from provinces away from the line of rail, who were closely working with nurses in the rural areas. The provinces included were Northern, Eastern, Western, North-western, Luapula and Southern

provinces of Zambia.

The three hospitals are urban centred and along the line of rail.

These three hospitals have a large population of nurses working there.

The largest of them all is U.T.H with a total of 839 nurses out of whom 350 are R.N's (Ministry of Health establishment 1984\85). The bed capacity of U.T.H is 1,500 This hospital has wards and departments ranging from specialized wards and departments such as Intensive care unit and Dialysis unit to Medical and Surgical Wards. Practical experience is offered at this hospital to students in the fields of Medicine, Nursing, Radiology, Physiotherapy, Dentistry, Laboratory technology and many others.

The second largest was N.C.H which has a bed capacity of 800 and has a total number of 362 nurses of whom 121 are R.N's (Ministry of Health establishment 1984\85). This hospital, also has wards and departments ranging from specialized departments such as the ~~the~~ psychiatry department to Medical and Surgical wards. Like U.T.H it offers some practical experience for students from various health Institutions.

The smallest of the three is K.C.H with a bed capacity of 500. It has a total of 366 nurses deployed in the various wards out of which 113 are R.N's (Ministry of Health Establishment 1984\85). Kitwe Central Hospital also offers field experience to nursing students and many other students from various health and allied health Institutions. All the three hospitals receive patients from District and General Hospitals in rural Zambia. The three hospitals are referral Institutions, U.T.H being the major referral centre.

The rural health centres at which most nurses in the study worked, are the smallest full time health units set up at village level.

These provide health service to the rural areas in the provinces.

These health centres have 26 beds or less. The activities of a health centre involve promotion of health, prevention of diseases and treatment of diseases and injuries. The rural health centre is therefore a major facet in the provision of Primary Health Care.

Each of these health centres falls under the jurisdiction of the Provincial Medical Officer from which the Provincial Nursing Officer operates.

The nurses working in the three urban hospitals who participated in the study were drawn from all wards and departments where nurses who had worked in rural areas happened to be at the time of data collection.

Sample

The sample consisted of Registered Nurses working in the three urban hospitals, that is U.T.H., N.C.H and K.C.H., who had worked in the rural areas in the previous five (5) years. It also included supervisors in various provinces, who were closely working with nurses in rural areas at the time of data collection.

The sample is described as a "representative selection" of the group population to be studied and the sample is consistent with the problem under study (Netter 1978). The size of the sample drawn from the group of R.N's in Zambia who has worked in rural areas was fifty-five (55) plus thirty-five (35) nursing supervisors. These numbers were expected to give a good representation of the population, thereby providing accurate data that could allow for some generalization of the findings to some extent.

Method of Selection Of Sample

Convenience sampling was employed. In this study the researcher selected the R.N's who had worked in the rural areas in the previous

five (5) years. Registered Nurses who were found on duty on the days of data collection and fit the described criteria were asked to participate in the study. The introductory letter was shown to the Sister-In-Charge and permission was sought before the distribution of the questionnaire. The R.Ns who met the criteria and were on duty were given questionnaires and asked to return them the following day. One hundred (100) R.N's who had worked in rural areas before in the previous five years and were working in the three urban hospital, (U.T.H N.CH and K.C.H.) and sixty (60) supervisors who worked closely with nurses in rural areas, were to be use as the samples. Out of the intended samples only fifty-five (55) nurses responded from the three urban hospitals and only thirty-five (35) supervisors responded from the rural areas. Out of fifty-five responses received from the nurse sample, fifty (50) were completed properly while all the thirty-five (35) were properly completed from the supervisors sample.

Instruments Used In The Study

Self devised questionnaires were used in this study to collect data. Treece and Treece (1977) states that a questionnaire is a commonest instrument used comprising of a series of questions that can be filled in by all participants in the sample. Notter (1978) describes it as a paper and pencil approach to the collection of data in that it is most useful in the survey of a larger group. The subject can also complete the questionnaire on their own and it offers and ensures the respondent anonymity hereby eliciting more frank responses or answers. The questionnaires were also used because respondents could fill in the questionnaires in their own time as the questionnaires were

distributed to them during working hours.

Two questionnaires were developed for this study. Questionnaire "A" was given to nurses who had worked in rural areas in previous five years and were at present working in the three big urban hospitals. Questionnaire "B" was given to the nurse supervisors who worked with the graduate nurses in the rural hospitals and health centres. One hundred questionnaires were distributed for questionnaire "A" and only fifty-five were completed. For questionnaire "B" sixty (60) questionnaires were distributed to the provinces, and only thirty-five (35) supervisors responded.

Question Sequences

Questionnaire A:- This was for registered nurses who had worked in rural areas in the past five years. It consisted of fifteen (15) questions. The first six questions included request for demographic data and information on the reaction nurses had when they started work in rural areas. Question 7 - 9 dealt with positions held and roles undertaken in rural areas. Questions 9 and 19 dealt with effectiveness of the administration taught to them in the basic schools of nursing in helping them to carry out this function in rural health centres. Questions 11 - 15 dealt with factors that would help to prepare trainee nurses for work in rural areas and what could be included in the basic curriculum to make the training more effective in preparing nurses for rural nursing.

Questionnaire B:- This was used for senior nurse supervisors. It consists of fourteen questions. The first four questions dealt with demographic data. Question five dealt with the problem of graduate nurses failing to carry out nursing duties after two months of being

at the station. If they felt the nurses failed to carry out nursing duties, they were asked to list in what nursing activities they were ineffective. Question seven was designed to find out how the graduate nurse could be better prepared for nursing in rural areas, and what, in the respondents opinion, should be added to the R,N education curriculum. Questions eight (8) and (9) were designed to find out the reactions of graduate nurses on first appointment to their stations and in what areas of nursing they were incompetent. Question ten was designed to find out what makes the graduate nurse behave indifferently when sent to rural areas. Questions eleven (11) and Twelve (12) dealt with the effectiveness of the administration taught to the graduate nurse in assisting him or her to cope with health care administration in rural areas. Question thirteen asked for suggestions to the curriculum planners of the basic nurses' curriculum, that would help to avoid whatever negative first reactions the graduate nurses presented on first appointment. The last question asked the supervisors to identify the factors which they thought lead the graduate nurse to behave indifferently towards her work on first appointment to a rural station.

Procedure

Letters asking for permission to administer the questionnaire to nurses working in the three urban hospitals were written to the Principal Nursing Officers of the three hospitals concerned. A brief description of the nature of the study was included in each letter (see Appendix I). Replies granting permission to carry out the study were received in December 1985(see Appendix II).

These letters served for self introduction in different words and departments of the three urban hospitals during data collection.

Respondents were promised anonymity and confidentiality. Introduction of the study to would be respondents was done and the questionnaire was explained.

Between December, 19th and 23rd the researcher distributed the questionnaires to U.T.H, N.C.H and K.C.H., to would be respondents. At each urban hospital the researcher spent two consecutive days collecting data. The first day being the day of distribution of the questionnaires and the last day being the day of collecting questionnaires. The completed questionnaires were collected from a central place in the offices of the ~~Sisters~~-In-Charge of wards, or departments. This arrangement was made because nurses have different shifts and it was only the sister-in charge who had fixed time tables. Only those who were on duty handed in the questionnaires physically to the researcher. The other completed questionnaires were put into a special container without the sister-in-charge being aware of who filled in the questionnaires. These were then collected by the researcher the following day.

Questionnaires for supervisors were sent to the following provinces: (1) Southern (2) Northern (3) Eastern (4) Western (5) North-western and (6) Luapula. These are the provinces that are rural. The questionnaires were sent through the students of the Post Basic Nursing Department who were going to these provinces on break. A covering letter was enclosed in each envelope and a brief account of the purpose of the study was indicated (see Appendix II). These questionnaires were to be given to the Provincial Nursing Officer who

later distributed the questionnaires to the district Supervisors. The researcher received back the completed questionnaires from the Post Basic Nursing Students on their return from break in January 1986. There were also two (2) covering letters from the Provincial Nursing of Kasama and Northern provinces, indicating the distribution of questionnaires, while the rest of the provinces did not indicate (see Appendix v). Some questionnaires were mailed directed to the researcher by the Provincial Nursing Officers. The questionnaires received by February, 1985 were as follows: Northern province six (6), Southern province seven (7), Luapula province six (6), North-western province five (5), Eastern province five (5) and Western province six (6).

METHOD OF DATA ANALYSIS

To be able to interpret the data collected, data were catergerised and analysed manually by the researcher. Data were then presented in table and descriptive form.

DATA PRESENTATION

Data for the study were collected using two questionnaires. Questionnaire "A" was used to collect data from Registered nurses working at U.T.H., M.C.H and K.C.H., who had worked in rural areas in the previous five years, while questionnaire "B" was used to collect data from the supervisors who worked with graduate nurses in the rural areas.

Data were analysed manually by simple counting with aid of a calculator. In order that data can be readily understood, data collected were catergorised and presented in tables according to the sequence of the questions.

Answers to questions were presented according to the number of responses given.

All data elicited from open ended questions were catergorised into major themes for every presentation and interpretations were made. The responses to some questions exceeded the total number of respondents because some respondents gave more than one response to some open ended questions. In such instances, the total number of responses were the basis for calculating percentage had fractions were rounded to whole numbers.

Tables for the two questionnaires are presented separately but follow the sequence of question in the questionnaire. The presentation of tables are maintained the order of the questions on the questionnaire.

The findings for questionnaire "A" (Nurses questionnaire) are discussed first. Fifteen (15) percent in the sample were males while ~~eighty-five~~ (85%) percent were females. The sample also showed that the highest number of respondents ranged between 25 years to 30 years, and this was 76%, while the lowest which was 6% ranged between the ages thirty-one (31) and thirty-seven (37). The sample also showed that fifty-one (51%) percent were single, this being the highest percentage, while forty-five percent (45%) were married and only four (4%) percent were divorced. The length of time on individual nurse had worked in the rural area was asked for. Those who had worked in the rural area from one year to two years were 50% of the sample. Those who had worked in rural areas between three and four

years were 42%, while 8% had worked in rural areas for more than five years (see Table I).

TABLE I

Characteristics of Nurses Sample by Demographic Variables

Category	Frequency	Percent
<u>Sex</u>		
Male	8	15
Female	47	85
Total	55	100
<u>Age</u>		
18 - 24	10	18
25 - 30	42	76
31 - 37	3	6
Total	55	100
<u>Marital Status</u>		
Married	25	45
Single	28	51
Divorced	2	4
Total	55	100
<u>Length of Years in Rural areas</u>		
1 - 2	31	50
3 - 4	23	42
5 Years and over	1	8
Total	55	100

A
Eighty-four percent (84%) of the respondents were sent to rural areas on first appointment. The remaining sixteen percent (16%) did not work in rural areas on first appointment.

Reactions of nurses in the sample when they started work in the rural areas were as follows; sixteen percent (16%) had no reaction, twenty-six percent (26%) felt anxious, and the highest percent forty (40) were frustrated. This is what some individual nurses had to say;

"I felt completely lost and wished I had never chosen nursing as a career".
"I even wanted to resign, but fortunately after two months, I adapted".

"I felt very uncertain since I was posted alone without anybody familiar to a strange place".

"Dissapointed because everybody kept an eye on me to see a new RN graduate performing duties especially ZEN's".

Eighteen percent (18%) felt satisfied when they started work in rural areas, and this is what some inividual nurses had to say;

"I was happy and satisfied for having gone to experience rural life and rural nursing".

"I was looking forward to have an experience of rural nursing".

(see Table 2)

Table 2

Reactions of Nurses when they started work in rural areas

REACTIONS	NUMBER	PERCENT
No Reaction	9	16
Anxious	14	26
Frustrated	22	40
Satisfied	10	18
Total	55	100

On positions held in the ward when the draduate nusse started work in rural areas it was found that forty-four percent (44%) started as sisters in-charge of the wards while fifty-six percent (56%) started off as staff nurses. (see Table 3 below).

Table 3

Positions Held in The Ward When the Nurse started Work in the Rural Areas

Position Held	Number	Percent
Sister In-Charge	24	44
Staff Nurse	31	56
Total	55	100

Responses to the effectiveness of the administration taught in basic

schools in helping nurses to manage their wards, Seventy-six percent (76%) felt that it was effective, while twenty-four percent (24%) felt that it was not/effective. (see Table 4 below).

TABLE 4

Usefulness of Administration Taught In the Basic Schools in managing Wards

Usefulness	Number	Percent
Effective	42	76
Not effective	13	24
Total	55	100

Information on nursing roles held in rural areas by the graduate nurses was sought. It was found that fifty-six percent (56%) held the role of staff nurse in-charge; twenty percent (20%) held the role of staff nurse in-charge, health educator and midwife; four percent (4%) held the roles of staff nurse in-charge, health educator and "doctor"; another four percent (4%) in the sample was found to be holding the roles of staff nurse in-charge and midwife; while nine percent (9%) held the roles of a staff nurse in-charge and health educator, and seven percent (7%) did not indicate their roles. All these who indicated in the sample held the roles of staff nurse in-charge (see Table 5 below).

TABLE 5

Nursing Roles Held in Rural Areas

Nursing Roles	Number	Percent
In-charge of ward, health health	31	56
In-charge of ward; health educator; midwife, "doctor"	2	4
In-charge of ward; health educator; midwife	11	20
In-charge of ward; midwife	2	4
In-charge of ward; health educator	5	9
Not indicated	4	7
Total	55	100

It was also found that fifty-five percent (55%) in the sample felt that the basic nurse training prepared them for rural nursing, while forty-five percent (45%) felt that basic nurse training never prepared them for rural nursing (see Table 6 below).

TABLE 6

What Respondents Felt About Basic Training Preparing Nurses Adequately for Rural Nursing

Responses	Number	Percent
Prepares them adequately	30	55
Does not prepare them adequately	25	45
Total	55	100

Respondents were asked what they felt needed to be included in basic training to make it more effective in preparing nurses for rural nursing. Twenty-five (25) responses stated that, putting up drips, blood collection, suturing, doing incision and drainages, and the screening and prescribing treatments, must be included in basic training. Sixteen (16) responses felt there was need to include midwifery in basic training. One of the respondents had this to say;

"much is needed in obstetries, because one conducts deliveries despite not being a midwife. These are common occurences in rural areas where it's believed a woman must always have a child. But if one does so, she should be protected by law because if anything goes wrong no one would stand for that nurse".

Three (3) respondents felt the need for rural experience while they are on training. Seven (7) responses indicated that there was need to diversify ward administration duties. Four (4) responses indicated the importance of management of emergency cases. One (1) respondent felt the need for

inclusion of communication skills in basic training. Two (2) respondents expressed the need for inclusion of Maternal Child Health in basic training (see Table 7)

TABLE 7

What respondents felt should be included in Basic Training, to Make it More Effective in Preparing Nurses For Rural Nursing

Content	Number of responses
Putting up drips, blood collection, Suturing, Incision and drainage, screening and treating	25
Inclusion of Midwifery in basic training	16
Rural clinical experience	3
Ward Administrative duties	7
How to deal with emergencies	4
Management of tropical diseases and psychiatric conditions	I
Public relations	I
Communication skills (especially to elderly ZEN's)	I
Maternal Child Health	2
Total	60

When asked what professional knowledge the graduate nurse should have been equipped with before going to rural areas, eighteen respondents felt that they needed knowledge in the commencing of drips, suturing, screening, diagnosing and prescribing medications. Seventeen (17) respondents felt that they needed more knowledge in midwifery; eleven (11) respondents acknowledged the need for more professional knowledge in ward management; four (4) respondents felt there was need for well defined professional rights and boundaries. Three (3) respondents said there was need for

more professional knowledge on what a nurse should do in an emergency. One of the respondents cited an example;

"In case of an acute asthmatic attack, should she order aminophylline and give it or observe the ethical rules in nursing?"

Three (3) respondents felt the need to have a brief account of values and attitudes of the people of the areas one was being sent to. One (1) respondent felt there was need for professional knowledge on how to use instruments correctly such as suturing needles. Another one percent (1%) they had a need to building self confidence so as to be able to work independently. Lastly two respondents felt they lacked sufficient knowledge on primary Health Care (see Table 8).

TABLE 8

Professional knowledge nurses felt they should Have Been Equiped with before Going to Rural Areas

Professional knowledge	Number of responses
Commencing of drips, suturing, screening, diagnosing and prescribing medications	18
Sufficient knowledge in midwifery	17
Ward management	11
Well defined professional rights and boundaries	4
What a nurse should do in an emergency	3
A brief account of the values, attitudes of the people to the area one is being sent to.	1
Knowledge on how to use instruments correctly, for instance suturing needle.	1
Confidence so as to have ability to work independently	2
Sufficient knowledge on Primary Health Care	1
Total	70

On length of period (in months) it took the graduate nurses to feel confident in their work in rural areas, seven percent (7%) felt confident in their work before one month was over; thirty-three percent (33%) felt confident after being in the rural area for two months; twenty-four percent (24%) felt confident after being in the rural area for three (3) months; thirty-three percent (33%) felt confident after being in the rural area for two months, twenty-four percent (24%) felt confident after being in the rural area for three (3) months; thirty percent (30%) felt confident after being in the rural areas for four (4) months; while six percent (6%) felt confident after being in the rural area over four (4) months (see Table 9)

TABLE 9

Length (in months) it Took the RN Sent to Rural Area to Feel Confident

Length of period in months	Number	Percent
Below one month	4	7
two months	18	33
three months	14	24
four months	16	30
Over four months	3	6
Total	55	100

When asked what other factors would better prepare trainee nurses to nurse in rural areas, eleven (11) respondents felt there was need for rural experience during training; seven respondents felt there was need for more knowledge in community Nursing and Primary Health Care. Four respondents felt there was need for acquiring skill in Public Relations. Four respondents felt there was need for knowledge on the working conditions in terms of the available resources. Three responses indicated the need for knowledge of the culture, norms and values of the rural area the nurse will be sent to; Two respondents felt the need of opening RN schools in rural areas; four respondents felt there was need of political education while on training, another four respondents felt there was need for...

while another two responses noted the need of emotional preparedness instead of self pity, lastly two responses indicated that the government should develop the rural areas (see Table IO below). Respondents gave more than one suggestion each.

TABLE IO

Other Factors that would Prepare Trainee Nurses to Nurse in rural areas

Factors that would prepare trainee nurses	Number of responses
Rural Experience during training	11
More knowledge in community nursing and primary health care	7
Skills in Public relations	4
Rural Allowance to be given as an incentive	4
Knowledge of the culture, norms and values of the rural area the nurse will be sent to	3
Knowledge on the working conditions in terms of the available resources	5
Political education	3
Reallocation after two years	3
Education on the intergration of Nursing with other members of the health team	2
Emotional preparedness instead of self pity	2
Clarification of General orders	2
Government to develop there rural areas	2
Openeing RN schools in rural areas	2
Total	50

The Findings in questionnaire "B" for Nurses

Supervisors were as discussed below. Nine percent (9%) were males while 91% were females. The age range was found to be as follows; between the ages twenty (20) years to twenty-five (25 years) there was no one holding a supervisory position, while the highest percentage was thirty-one percent (31%) which ranged between the ages 31 years and 35 years, Nine percent (9%) was the least and this was over the range of forty-six years and above. Marital status was found to be twenty-eight percent (28%) were single, fifty-four percent (54%) were married, nine percent (9%) were divorced and another nine percent (9%) were widowed.

The professional status of the respondents was sought. Forty-five percent (45%) were nursing sisters; thirty-three (33%) percent were nursing officers.

Five percent (5%) each were Senior nursing officers; Publichealth nurses, Provincial Nursing Officers, In-Service Co-ordinators and lastly two percent (2%) were the provincial Public Health Nurse (see Table I below).

TABLE I

Characteristics of Nurse Supervisors' sample by Demographic Variables

Category	Frequency	Percent
<u>Sex</u>		
Male	3	9
Female	32	91
Total	35	100
<u>Age</u>		
20 -25	0	0
26 -30	9	26
31 -35	11	31
36 -40	8	23
41 -45	4	11
46 and above	3	9
Total	35	100
<u>Marital status</u>		
Single	10	28
Married	19	54
Divorced	3	9
Widowed	3	9
Total	35	100
<u>Professional status</u>		
Nursing Sister	16	45
Nursing Officer	12	33
Senior Nursing Officer	2	5
Public Health Nurse	2	5
Provincial Nursing Officer	2	5
In-Service Co-ordinator	2	5
Provincial Public Health Nurse	1	2
Total	35	100

Supervisor perception of RN's coping capabilities on first appointment to rural areas, eighty-six percent (86%) felt that the RN's were unable to cope

with nursing in rural areas on first arrival on their first appointment; while eight percent (8%) indicated that they were able to cope with nursing in rural areas on their first appointment (see Table 2 below)

TABLE 2

Supervisors' Perceptions of RN's Ability to cope on First Appointment to Rural Areas

Response	Number	Percent
Able to cope	3	8
Not able to cope	30	86
Not Indicated	2	6
Total	35	100

The supervisors' feeling on the nursing activities the graduate nurses were incompetent in when sent to rural areas were as follows: twenty-seven (27) responses indicated the incompetence in administration; another 27 responses felt that there was lack of confidence in the graduate nurses. One of the respondents noted that;

"If left alone they cannot cope with special cases or any other complication where they are required to make quick decisions".

Twenty-six responses felt that they were incompetent in delegation; Eleven (11) responses felt that they lacked accountability. Another five (5) responses felt that they were weak in decision making; four (4) responses indicated the lack of supervision as the problem, while another 4 responses noted their inadequate knowledge in putting up intravenous fluids, collection of blood specimens and handling of an emergency case. Four (4) responses indicated the failure of a graduate nurse to improvise as an area of incompetence, while three (3) responses noted their incompetence in ward management. Two responses felt that they were incompetent in communication; while the remaining one response each indicated the following; fear of the unknown; failure to conduct deliveries; lack of knowledge in Maternal Child Health as a case for incompetence and lastly lack of inter-nurse relationship (see Table 3 on the next page).

To better prepare the RN for nursing in rural areas, it was felt that the following topics and strategies be included in the RN nurse education curriculum. Twenty-three (23) responses indicated the inclusion of management subjects such as planning, organizing, supervision and delegation; fourteen responses indicated the need for exposure to rural areas whilst on training; Nine responses felt there was need to teach the graduate nurse how to put up

TABLE 3

Supervisors Views of Nursing Activities in which RNs Sent to the Rural Area on First Appointment Are Incompetent

Nursing Activity	Number of responses
Administration skills	27
Confidence in Performing nursing duties	27
Ability to delegate	26
Accountability	II
Supervision/ability to supervise	4
Putting up intravenous fluids, collection of blood specimen, handling of emergency cases	4
Ability to improvise	4
Ability to manage a ward	3
Conducting deliveries	I
M.C.H activities	I
Professional relationship amongst the staff members	I

intravenous infusions and prescribing treatment. Another three (3) responses felt that there must be room in the curriculum for consolidating maturity to make the graduate nurse confident in her work. Four responses noted the need for integration of Primary Health Care in the curriculum. Two responses indicated need for inclusion of midwifery in basic training. Respondents also noted need for inclusion of; general orders (3 responses), state constitution (3 responses), human relations (6 responses), Nursing process (6 responses), () and community nursing (3 responses) (see Table 4 below).

Table 4

Topic and Strategies that would better prepare RNs for Nursing in Rural Areas If included in RN Nursing Education Curriculum

Topic and Strategies	Number of responses
Management Subjects	
- Planning	23
- Organizing	
- Supervision	
- Delegation	
Exposure to rural areas	14
Commencing of Intravenous fluids and prescribing drugs	9
Consolidation of Professional maturity to make them confident	3
Primary Health Care	4
Midwifery to be on integral part of basic nurse training	2
Lecture in General orders	3
Lectures on the State Constitution	3
Emphasis on Human relations	6
Nursing process	6
More hours in community nursing	3

To the supervisors' perception of the RNs reactions on first appointment to their stations in rural areas, twenty-one respondents felt that they were unhappy; eleven (II) respondents felt that they were frustrated and one respondent felt that they were happy. (see Table 5 on the next page).

TABLE 5

Supervisors' Perceptions of the RNS' Reactions to their Stations on First Appointment

Reactions	Number of responses
Happy	I
Unhappy	2I
Frustrated	II
Not sure of the new place and expectation	2
Not certain as they wouldn't know if they would settle to routine	I
Happy but have mixed feelings about their roles	2
Unsure until after a few months of orientation	2
Total	40

The following responses were given by the supervisors on what they thought makes the graduate nurse behave indifferently to the rural areas on first appointment: Ten responses showed the lack of social activities are not available, no entertainments and relaxing places; Nine responses indicated that the facilities found in the rural areas are not the same as in urban areas, equipment used during training is not available in rural areas, Nine responses indicated the lack of accommodation, five responses felt that it was the sudden drastic change from urban to rural areas, three responses noted too many responsibilities which she cannot cope up, another five responses felt that they are not exposed to rural areas during training (see Table 6 on next page).

Table 6

What Supervisors Felt make nurses behave indifferent to the Rural Areas on First Appointment

Factors that lead nurses to behave indifferently to rural areas	Number of responses
Social activities are not available, no entertainments and relaxation places	10
Facilities found in the rural areas are not the same as in urban areas, equipment used during training is not available in rural areas	9
Too many responsibilities which they cannot cope with	3
Nurses in rural areas are forgotten	3
Sudden drastic change from urban to rural area	5
Lack of accommodation	9
They are not exposed to rural areas during training	9
They already have set mind, they do not want to adapt to change	2
Shortage of manpower - so many patients to be looked after by one nurse	1
Nurses look forward to see their performance as RNs	1
Poor communication	2
They expect to work in urban areas to gain experience	1
Acting as sister-in-charge without allowance	1

It was found that sixty-three percent (63%) of the supervisors felt that the RN's administrative skills were ineffective in managing their wards, while thirty-seven percent (37%) felt that the RN's administrative skills were effective in managing the wards (see table 7)

TABLE 7

Supervisor's Views on the effectiveness of the RN's Administrative Skills

Effectiveness of administrative skills	Number	percent
Effective	13	37
Not effective	22	63
Total	35	100

Other suggested factors that would help prepare trainee nurses for work in rural areas were as follows:- Six (6) responses noted that trainee nurses must be told what to expect in rural areas, eighteen (18) responses felt that they should be exposed to rural nursing while on training; two response felt the need for education on screening of patients and prescribing treatment; six responses noted the need for training on Public relations and cultural values, two responses indicated that there was need for political education, two responses noted the need for well defined boundaries of nursing, and gave an example of the need to be protected when they prescribe drugs in times of emergency and when there is no doctor. Seven responses felt the need for establish a rural allowance and another one responses proposed training more male nurses to man the health centres (see Table 8).

TABLE 8

Other factors that Would Help Trainee Nurses Adjust Better To Rural Areas After Graduation

Suggested Factors	Number of responses
They must be told what to expect in rural areas	6
They should be exposed to rural nursing while on training	18
They should be taught Screening of patients and prescribing treatment	2
Public relations and cultural values should be taught in schools of nursing	6
Political education should be included in their education	2
Well defined boundaries of nursing e.g. they must be protected in the prescribing of drugs	2
They should be given Rural Allowance	7
More male nurses should be trained	1

Supervisors views on how long on the average it takes the newly qualifies nurse to adapt to rural nursing were found to be as follows:-
the highest being three months with fourteen responses as the average period the newly qualified nurses take to adapt to rural nursing. One response noted the average period the newly qualified nurses take to adapt to rural nursing as two months. (see Table 9)..

TABLE 9

Supervisors' Views on length of time on the Average It Takes the Newly Qualified Nurse to Adapt to Rural Nursing

Period in Months	Number of responses
One month	3
two months	1
three months	14
six months	9
four months	1
nine months	1
twelve months	1
Indefinitely	5
Depends on the attitude and co-operation she gets from the staff	5

SUMMARY, DISCUSSION OF FINDINGS, CONCLUSION, IMPLICATIONS AND
RECOMMENDATIONS

SUMMARY

The study aimed at identifying and exploring factors and topics that would better prepare the graduate nurse for rural nursing if these were included in the Registered Nurse Education Curriculum.

Literature related to the study was reviewed and most authors contended that a good way of preparing a graduate nurse for responsibilities in her work as a staff nurse is having a well defined Registered Nurse Education.

Two (2) self devised questionnaires were developed and administered.

Questionnaire 'A' was distributed to fifty-five (55) nurses, and the other questionnaire 'B', to thirty-five (35) senior nursing personnel. Data were analysed and presented in Chapter V. This chapter discusses the findings and draws conclusions. Nursing implications and recommendations are also presented.

DISCUSSION OF THE FINDINGS

Most of the problems and suggestions cited by the nurses in response to questionnaire A were resounded by their Supervisors in response to questionnaire B.

Most of the respondents in questionnaire A were females and accounted for eighty-five percent (85%) while the remainder fifteen percent (15%) were male. In questionnaire B eight-one (91%) percent were females, while nine percent (9%) were males. In questionnaire A seventy-six percent (76%) of the respondents were between the ages of twenty-five (25) years and thirty (30) years. Fifty one percent (51%) were single, while forty-five percent (45%) were married and four percent (4%) were divorced. Fifty percent (50%) had worked in the rural areas between one and two years, while forty-five percent (45%) had worked in the rural areas between three and four years, and only eight percent (8%) had worked in the rural areas for a period of over five years. These findings show the flight of graduate nurses from rural areas to urban areas. At the same time most of the nurses were young and in the age range when they want to get married; twenty-five years and thirty years. Usually these graduate nurse

get married to men who work in urban areas leading to the number of the RN's in rural areas being reduced and rendering the rural areas more short of RN's. The findings however, show that 51% of these nurses were single and they could have left the rural for other reasons, some of which could have been rooted in dissatisfaction with rural nursing.

The results showed that eighty-four percent (84%) of the graduate nurses were sent to the rural areas on first appointment as staff nurses. This large number of graduate nurses indicates the need for manpower in rural areas. These areas are medically underserved. Hence, the hurried manner in which nurses sent to rural areas are put in charge without orientation to the rural nursing.

The findings also revealed the reactions of nurses when they started work in rural areas. In questionnaire "A" it was revealed that forty percent (40%) were frustrated, twenty-six percent (26%) were anxious while eighteen percent (18%) were satisfied and sixteen percent (16%) showed no reaction. Most graduate nurses, as the findings showed, were either frustrated or anxious when sent to rural areas. This was echoed by their supervisors in questionnaire "B" table 5 who described the graduate nurses to be unhappy (fifty-three percent 53%) and frustrated (twenty-eight percent 28%). This was further amplified by the supervisor's perceptions of the RN's ability to cope on first appointment to rural areas to which eighty-six percent (86%) indicated that they were not able to cope and eight percent were able to cope on first appointment to rural nursing (see table 2). These findings clearly indicate the ineffective preparation of the graduate nurses to nurse and function to their optimum level in rural areas.

The Registered Nurse Education Curriculum needs to prepare the graduate nurse for rural nursing. This could only be done by exposing them to the rural areas for a specified period of time whilst on training. Kisuke (1984)

contends that:

"Exposure to practical realities of life in most cases act as a tool to make a person more determined, balanced in thought and responsible-----, Expenditure is another factor. But when geared into good use it is

question ~~for~~ debate. It is also true that future leaders will come from this group. Therefore there is hope that the scheme will not only benefit the students but the entire nation in future".

It was interesting to note that what Kisuke (1984) contends is acknowledged by the nurses and their Supervisors in both questionnaires. Both felt that rural experience during training should be included in the Registered Nurse Education Curriculum. This suggestion coming from the senior nurses who, most of them were over the age of **thirty-five** (35) years (questionnaire "B" table I), shows their ~~w~~experience and maturity in the nursing profession, and must be taken seriously.

The exposure of trainee nurses to rural areas while they are on training will curtail the problem of the graduate nurses' lack of confidence and skill when posted to rural areas. It therefore seems that the frustration and the unhappiness the graduate nurse suffers is compounded by the "phenomenom shock"; reactions of new workers when they find themselves in work situation for which they thought they were prepared and suddenly discover that they are not. Students in nurse education, therefore need tuition from clinical teachers, ward sisters and other qualified staff in various placements in order to reduce phenomenom shock after graduation.

The strategies souled by both nurses and their supervisors that would better prepare RN's for rural nursing in the Registered Nurse Education Curriculum (table 7 questionnaire "A" and table 4 questionnaire "B") were, the need of being equipped with professional knowledge on commencing of drips, suturing, screening, diagnosing and prescribing medication. The nurse in rural areas is called upon to do these duties and she acts in the place of doctor, where one is ^{not} available, when the doctor is on leave or is attending to other duties. In rural areas the community looks to the nurse as they would to a doctor. The nurse herself feels responsible for the fate of the patient in any emergency. Should she prescribe and administer



medication to an asthmatic patient in an attack, or observe the regulations that limit the extent to which she can go to save a life? Definately this patient dying in the face of the nurse when she the nurse, could have prescribed and administered the medication and saved a life frustrates the nurse. In the mean time if she does not do anything therural community looses confidence in her. The nurse may end up resigning, to move away from these ~~frustrati^ons~~ or she may find on excuse for moving to an urban area, hence reducing the number of nurses in the rural areas. The nurse must have a sense of satisfaction and accomplishment to move nearer to the patient. Only then can there be job satisfaction for the nurse.

One way to get around the dilemmas of a graduate nurse who finds herself in a rural area is to structure nursing education in such a way that nurses can carry out additional functions when called upon to do so. There is also need to revise laws that govern nursing practice. Nursing students move from implementation of selected parts of nursing regimens to the ability to critically evaluate the regime of others and finally to creation, implementation and evaluation of their own nursing regime. The focus would be on development of such skills as assesment, examination and evaluation. The present practice does not seem to adequately prepare nurses for rural nursing.

The supervisors and nurses indicate the need for comprehensive community nursing that he or she uses theoretical knowledge gained in school to practice in a community setting which closely parallels rural nursing. This involves the student nurse starting to prescribe treatment, refering, suturing and many more. But this also has it's limitations as the student nurse practices community nursing only for six weeks (U.T.H Curriculum 1980). Emphasis on the developmant of skills namely, technical and caring is also necessary. The technical skills are often of great complexity, for example management of peritoneal dialysis intermittent positive pressure ventilation. This can be achieved if the RN education curriculum is such that learners are helped to develop their pontetial as nurses. Failure to do this results in diversity between theory and practice coupled with the nature of student nurse training which frustrates a good number of graduate nurses when sent to rural areas.

The findings also revealed that sixteen respondents from the nurse sample felt there was need for inclusion of midwifery in basic training. This was echoed by their supervisors who also felt there was need for inclusion of midwifery in basic training. This could be attributed to the fact that in rural areas where girls as young as fifteen years of age get married, child bearing is part of traditional values. It is in the rural areas where one finds high rate of deliveries, yet there is a shortage of trained midwives in these areas. A graduate nurse sent to rural areas is often called upon to conduct deliveries of which she acquired limited knowledge both theoretically and practically during the basic training. Much is needed in this area, because a graduate nurse conducts a delivery despite not being a midwife. Moreover she is not protected by law, because if anything goes wrong no one would stand for that nurse yet most rural areas have no trained midwives. It is in this regard that the basic curriculum should contain midwifery training so as to avoid the uncertainty the graduate nurse faces when she goes to the rural areas where she will have to conduct deliveries as one of the duties she will have to undertake. Midwifery training would instill a sense of confidence in the graduate nurse.

Three respondents felt there was need to consolidate professional maturity to make the newly qualified graduate confident. The supervisors also felt that graduate nurses lacked confidence in their work and instead showed self pity. The findings also revealed that only seven percent (7%) of the nurses felt confident after one month and the rest felt confident after being in a rural area for two, three, or even four months (see table IO questionnaire "A"). Most graduate nurses are young. Without sound preparation during their basic training they are likely to suffer many uncertainties over their roles. This leads to a graduate nurse having no confidence. To instill this confidence, occupational socialization should involve learning skills and knowledge of the occupational roles within the occupation. Therefore students in nurse education are supposed to have tuition from clinical teachers, ward sisters and other qualified staff in various placements which should include rural areas. This

means that the problems of adequate staffing, job satisfaction, quality care, and an environment conducive to growth for students and staff must be of concern to both service and education. It is only through such programmes that professional maturity will begin to get consolidated in the graduate nurse.

From the supervisors response, four (4) felt there was need for inclusion of Primary Health Care in the nurses curriculum. Graduate nurses upon completion are sent to rural areas which are peripheral areas in Zambia. Primary Health Care is defined by W.H.O. (1980) as

"essential health care made universally accessible to individuals and families in the community by a means acceptable to them through the full participation and at the cost that the community and country can afford"

To make Primary Health Care effective so as to achieve "health for all by the year 2000", there is need for graduate nurses who are rich in the knowledge of the concept Primary Health Care, so that they can be fully involved in the programmes. To improve the graduate's performance in these programmes Primary Health Care should be extensively taught in the schools of nursing. If possible students should be sent to Mwachisopola Demonstration Zone for experience in the Primary Health Care implementation programmes; other such centres can be set up through out the country.

Twenty-three (23) responses from the supervisors indicated the need for comprehensive coverage of management subjects such as planning, organizing, supervision and delegation. This came to light in the two questionnaires. For questionnaire "A" table 4, seventy-six percent (76%) of the nurses felt that the administration taught in the basic schools in managing wards was adequate, while twenty-four percent (24%) felt that it was not adequate. In questionnaire "B" for senior nurses, table 3, shows that twenty-seven respondents felt that the curriculum provides inadequate administration skills for graduate nurse. Twenty-six respondents said there was inability of graduates to delegate. Eleven respondents noted lack of accountability and four respondents expressed that graduate nurses lacked the ability to supervise their subordinates when managing wards.

Thus, lack of management skills contributes to the graduate nurse's being a poor administrator in the rural areas. This hinders the delivery of quality patient care. It is obvious from the present educational programme for nurses that the nurse is ill-equipped to play the roles the society and subordinates expect her to play. Akiwumi (1970) contends that education for nurses should aim at preparing nurses who will be more perceptive and see inter-relationships more easily, a nurse who can develop a deeper comparison of understanding of all people and gain new appreciation of individual differences, a nurse who will have skills in thinking and reasoning who will not therefore accept things blindly but will base her actions on clear principles, a nurse who will discriminate among values and one who can adapt herself to change both in the profession and in society.

It is obvious that from the foregoing literature, education of nurses should be rooted on a broad foundation of knowledge that characterizes the liberal, educated person. Reid (1985) in his survey of ward sisters revealed that nursing sisters were relatively young and inexperienced. Many such sisters reported that they had problems in monitoring standards of patient care and dealing with administrative work as it can be seen from the findings of this study to which seventy-six (76%) and eighteen percent (18%) were below the age of 30 years (table I questionnaire "A"), hence they showed self pity when put into managerial positions after graduating. This is attributed to the minimal coverage of administration during their basic training. Lahiff (1984) contents that the training received by student nurses does not itself prepare them for all the duties a nurse may be called upon to perform. Further preparation is needed for effective group leadership skills of nurses who work as managers on first appointment.

Nurses in rural areas act as sister in-charge, health educator, midwife and doctor. Frequently however, these skills are underdeveloped in hospital based personnel who more highly priced the advanced skills necessary for clinical competence.

Since most graduates are young and are sent to rural areas where they assume leadership roles, professional maturity should be reinforced after they have completed their training by having internship at various hospitals in the country. The internship could be combined when the nurse is doing her or his one year course in Midwifery. It is also through this clinical internship that the young nurse would be able to relate knowledge in her practice to rural areas. Therefore, clinical areas for internship should be conducive to learning and development of self confidence. An ideal learning environment is seen as one in which the educational needs of learners are met. This can only be created by the ward. Sister and other trained staff working in the clinical areas. The key features to this are team work, negotiation, good communication and availability of trained nurses during work and when work is done (Fretweel 1980 cited by Chibuye 1982). It is only through these measures that the graduate nurse would be competent in administration and other skills necessary for rural nursing.

General Orders and the Constitution of Zambia were the other factors cited by the supervisors that should be included in RN nursing education. The inclusion of the General orders and the constitution of Zambia would institute a sense of knowledge on their working conditions. Knowing the general orders and the constitution of Zambia will make the nurse understand her role in rural areas and hence she will get fully involved in political organizations of the rural communities. This will help the graduate nurse to be able to organize her services, especially when it comes to the better implementation of Primary Health Care. The graduate nurse will never feel lost if oriented in these rural areas when properly educated on the constitution of Zambia and the general orders.

One respondent from the registered nurses who have worked in rural areas indicated the need for inclusion of human relations in the RN nurse education curriculum. This was also cited by their supervisors in six responses. Human relations will foster good communication abilities between the nurse and the community she serves. The graduate nurse will be

able to combine the role of doctor, social worker, mental health educator, consultant and tutor when dealing with rural based personnel. She will be a motivator, co-ordinator and family counsellor as well as community leader. This will enable graduates of traditional nursing schools to cope in rural areas.

Nurses need knowledge and new skills, particularly skills in problem solving, communicating and working with other people. This will mean a shift in the educational focus of programmes preparing nurses to work in communities.

This type of preparation would need implementation of the Nursing Process as reflected by six responses on the Supervisors' questionnaire. The nursing process which is a scientific problem solving approach to the nursing will make graduate nurses more effective in the delivery of care. It is for this reason that each RN School should ensure that graduate nurses are conversant with the nursing process when they graduate.

Three respondents from the registered nurse (table 8 questionnaire "A") expressed need for knowledge on the traditional values and needs of the people in the area where the nurse would be sent to, before graduating. It is imperative that the graduate nurse knows where she will be posted early, so that she can start learning the values, the dialect and customs of that area. This could be made known to her while she is doing her internship as suggested.

Four responses expressed the need for well defined professional rights and boundaries. The graduate nurse sent to the rural areas holds many roles for which she only has minimal preparation during her or his basic training. These are noted in table 5 questionnaire "A". For instance the findings shows a graduate nurse functioning as a Ward Sister, doctor, midwife and a health educator of the health centre she is working at. It is for this reason that nursing boundaries must be well defined. The job description of the Nurses and Midwives act 1970 needs to be revised. It is the graduate nurse who

is answerable for anything that went wrong while she was trying to save the patient's life when she is not covered by law. This was also echoed by three responses who questioned what a nurse should do in an emergency in a rural area. The roles of a nurse are many. The nurse needs to have a professional sense to deal with these roles, but she needs guidance as to what extent she can go, as rural areas are short of other health professionals.

Factors which make the graduate nurse fail to nurse in rural areas were noted by their Supervisors who noted unavailability of social activities in rural areas. They cited entertainment and places for recreational relaxation as almost non existent (table 6). Recreation is one of the basic needs of man. Recreation is important for an individual's physical and emotional well being. So in absence of recreation and physical activities the graduate nurses are unable to relax mentally and hence, it only increases their unhappiness for being in a rural area.

Nine responses of the supervisors indicated that facilities in the rural hospital setting are not the same as those in urban areas, for example equipment used during training is not available in rural areas. There is, therefore need to expose students during basic training to rural nursing for practical realities. An ideal learning environment is seen as one in which the educational needs of the learner are met, but at the same time the real situation is ideal for learning.

The findings also revealed that the graduate nurse assumes too many responsibilities which she cannot cope with. This was noted by three responses of supervisors (questionnaire "B" table 6). This graduate nurse is given more responsibilities with which she has little experience. She receives no acting allowance or incentive and ends up being frustrated as she sees the responsibilities as a trap in which she will fall if she makes an error. The nurse gets discouraged when she sees that her friends in

urban areas, where there are all cadres of hospital as nursing officers doctors, medical assistants and many more, are getting the same salary as her. She also feels that she is being used to alleviate the shortage of manpower in the rural areas.

Sudden drastic change from urban to rural area was cited by five responses of supervisors as one of the factors which make the graduate nurse behave indifferently when she gets to her rural station. Most of the graduate and trainee nurses have done their primary and secondary education in urban areas. Bwalya (1984) in his study of why Zambian Youths join nursing found that seventy percent (70%) of those who joined nursing grew up in urban areas and trained in urban areas. This drastic change produces "shock" in the graduate nurses. It is for this reason that during their training nurses should be exposed to the rural areas and internship be introduced to reduce the graduate nurses' chances of suffering "rural shock".

It was also revealed by nine responses of supervisors, that lack of accommodation makes the nurse fail to perform her duties efficiently in the rural areas. The nurse needs accommodation for her, to perform effectively. Abraham Maslow, has proposed a hierarchy of needs which can give a person a firm basis in which to develop the spirit of a happy worker. He suggested that no effective work can take place unless various levels have been met. A graduate nurse without shelter will definitely not reach the level of intellectual challenge, and hence, fail to perform adequately in her work.

Accommodation should be the first thing a working person should get. In our Zambian situation where the extended family system is practiced, family members want to be looked after by a family member who is working. This is one responsibility of the graduate nurse which must not be overlooked. The Ministry of Health must accept the responsibility to build houses for their staff if their performance is to be of high standard.

CONCLUSION

The study has very intriguing findings which need a follow up study. As mentioned

earlier, the RN education curriculum needs to be revised.

Although the study was on a small scale, the study revealed interesting findings. Due to the current economic difficulties the country is facing it may be difficult to implement the suggested changes. It is imperative, however, that the findings be further studied and implemented for the effectiveness of nursing care in rural areas. It is necessary to find ways of improving the curriculum based on the findings. At the same time, it is necessary to provide the graduate nurse with adequate professional and political knowledge to enable him or her to function effectively in rural areas. It also must be appreciated that nurses in rural areas need recreation facilities to improve their physical and mental health. Once the mental health is improved, good working morale will be established and will help to improve rural nursing.

NURSING IMPLICATIONS

It was evident from the findings that the Registered Nurse Education Curriculum leaves much to be desired if it is to improve the nursing care in the rural areas. It has been indicated in the study that graduate nurses lack confidence and exposure to rural areas during their training. At the same time it should be borne in mind that there is need for proper build up of the graduate nurse. A sense of learning must be instilled in the learners so that even the graduate nurse must be responsible for his or her learning.

From the study it may be deduced that there is no exposure of graduate nurses to rural areas, where they are expected to work after completion of their training. It is in this regard that ways and means of exposing the graduate nurses to rural areas need to be worked out in order to enable them to have rural experience while they are on training. This will definitely reduce the shock the graduate nurse experiences when sent to the rural area on first appointment. The curriculum should be revised to create room for this experience.

The other disturbing factor which the Ministry of Health and the General Nursing Council and the curriculum developing officers should look into, are the well

defined boundaries in nursing. Nurses should not take chances in emergencies; they should know their rights in their work setting. They carry out work in the rural areas for which they had little or no experience during their training. If they are to carry out such roles as sister-in-charger, Health educator, "doctor", they should be trained in extra skill such as commencing drips, prescribing drugs, screening of patients and others with full protection by law. These suggestions are drawn from the findings in the study. More to this is the revision of the nurses and midwives act (1970) so that the job description is well spelled out. Another finding was that graduate nurses lack administrative skills. To improve their administration abilities the curriculum needs to allocate adequate time for trainee nurses to be competent in administration. It is for this reason that it is thought administration be taught in the second year, then in the third year the trainees must practice administration fully. Administration internship could be worked out when the trainees are doing their midwifery training. Furthermore Midwifery must be integrated in the basic training to make the graduate nurses competent in their work when they go to the rural areas where they are expected to practice midwifery.

For administration internship and inclusion to midwifery to be a success, one RN school could be picked for experimental purposes. If the results are positive then only can the other remaining three RN school implement such a programme. There is need for nurses to realize the importance of research in nursing. This realization will go a long way in enhancing quality patient care. Furthermore, Provincial Nursing Officers should take an interest in the distribution of the questionnaires sent to their provinces, and send them back promptly to the researcher to have better representation of samples from each province. Some questionnaire were sent back to the researcher after two months when the researcher had started analysing the available data while other were never returned. This will also help to make generalization of the findings more likely when there is equal representations of the population in a study sample.

LIMITATIONS OF THE STUDY

The following were the limitations of the study:-

- 1) The two self devised questionnaires used were not pretested, hence the repetition in the answer given.
- 2) Both samples were too small to allow for generalization of the findings, because of the time limit and financial constraints. A large sample would have needed more funds and a longer period of time to process the data.
- 3) Literature on the topic was from studies done in the other countries and not in Zambia.

RECOMMENDATIONS FROM THE STUDY

To better prepare the RN for rural nursing, the following recommendations should be taken into consideration by the Ministry of Health and the

General Nursing Council:

- 1) Trainee nurses must be exposed to rural areas whilst they are on training to prepare them for rural nursing.
- 2) Nurses should be trained in commencing of intravenous infusions, prescribing drugs and screening of patients. In rural areas doctors are not readily available.
- 3) There is need for well defined professional boundaries in nursing. The roles of a nurse are many. The nurse needs to have professional sense to deal with emergencies, but she needs guidance as to what extent she can go as the rural areas are short of other health professionals.
- 4) Introduction of internship for nurses in various hospitals. It is only through this clinical internship that the young graduate nurse would be able to use knowledge gained during her training to develop the self confidence which she needs in order to nurse effectively in rural areas and elsewhere.
- 5) There is need to set up more Rural Health Demonstration Zone to be used for training and orienting nurses to rural nursing.
- 6) Midwifery should be made an integral part of basic training, or the two trainings should be concurrent, before posting, since most graduate nurses are called upon to conduct deliveries because most rural areas have no trained midwives.
- 7) A similar study should be conducted on a larger scale to allow for generalization of findings.

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The University of Ibadan,
Department of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
IBADAN.

6th December, 1985

The Provincial Nursing Officer,
University Teaching Hospital,
P. O. Box 50001,
IBADAN.

U.P.S. The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
IBADAN.

Appendix I

Dear Sir,

Letters Requesting for Permission to Carry Out The
Research Study at U.T.H, N.C.H and K.C.H.

I am required to conduct a research study in a chosen area in order to fulfill the requirement for the diploma. I am interested in the Registered Nursing Education Curriculum and its preparation of the graduate nurse to nurse in rural areas. I would administer a questionnaire to nurses who have worked in rural areas in the past five years. The questionnaire will be used by myself and responses will be held in confidence.

I am writing to request your permission to carry out this study.

I look forward to hearing from you.

Yours faithfully,

SAUNDRA K. WOODS (SRN)

The University of Zambia,
The University of Zambia,
Department of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985
6th December, 1985

The Principal Nursing Officer,
The Provincial Nursing Officer,
University Teaching Hospital,
P. O. Box 50001,
LUSAKA.

U.F.S. The Head,
U.F.S. The Head,
Department of Post Basic Nursing,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir,

RE: Dear Sir, PERMISSION TO CARRY OUT A RESEARCH STUDY AT YOUR HOSPITAL

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY

I am a student currently studying for a Diploma in Nursing Education at the above named University.

I am required to conduct a research study in a chosen area in partial fulfilment requirement for the diploma. I am interested in the Registered Nursing Education Curriculum and it's preparation of the graduate nurse to nurse in rural area. I would administer a questionnaire to nurses who have worked in rural areas in the past five years. The questionnaire will be used by myself and responses will be held in confidence.

I am writing to request your permission to carry out this study.

I look forward to hearing from you. be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
Department of Post Basic Nursing
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Principal Nursing Officer,
Kitwe Central Hospital,
P. O. Box 21994,
KITWE.

U.F.S. The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY AT YOUR HOSPITAL

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the diploma, I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of a graduate nurse to nurse effectively in rural areas.

The study will be conducted at the three biggest urban hospitals in Zambia that is U.T.H., Ndola and Kitwe. In order to complete the research study I need to administer a questionnaire to nurses who have worked in rural areas in the past 5 years.

I intend to distribute the questionnaire between 17th and 23rd December, 1985.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
Department of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Principal Nursing Officer,
Ndola Central Hospital,
P. O. A,
NDOLA,

U.F.S. The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY AT YOUR HOSPITAL

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the diploma, I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of a graduate nurse to nurse effectively in rural areas.

The study will be conducted at the three biggest urban hospitals in Zambia that is U.T.H., Ndola and Kitwe. In order to complete the research study I need to administer a questionnaire to nurses who have worked in rural areas in the past 5 years.

I intend to distribute the questionnaire between 17th and 23rd December, 1985.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

Appendix II

Letters Requesting for Permission to carry Out Research
Study in Northern, Southern, Eastern, Western, North-western
and Limpopo provinces from the Provincial Nursing Officers.

The University of Zambia,
Dept. of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Provincial Nursing Officer,
Ministry of Health,
Provincial Headquarters,
P. O. Box
LIVINGSTONE.

U.F.S.: The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY IN YOUR PROVINCE

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the course I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of graduate nurses to nurse effectively in rural areas.

The study will be conducted in six provinces (Northern, Luapula, Eastern, Northwestern and Southern) placed away from the line of rail. In order to complete the research study I am asking for your assistance in the distribution of the attached 10 questionnaires to the supervisors of graduate nurses in the rural health centres and hospitals of your province.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
Dept. of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Provincial Nursing Officer,
Ministry of Health,
Provincial Headquarters,
P. O. Box 510023,
CHIPATA.

U.F.S.: The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY IN YOUR PROVINCE

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the course I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of graduate nurses to nurse effectively in rural areas.

The study will be conducted in six provinces (Northern, Luapula, Eastern, North-western and Southern) placed away from the line of rail. In order to complete the research study I am asking for your assistance in the distribution of the attached 10 questionnaires to the supervisors of graduate nurses in the rural health centres and hospitals of your province.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
Dept. of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Provincial Nursing Officer,
Ministry of Health,
Provincial Headquarters,
P. O. Box
MANSA.

U.F.S.: The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY IN YOUR PROVINCE

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the course I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of graduate nurse to nurse effectively in rural areas.

The study will be conducted in six provinces (Northern, Luapula, Eastern, North-western and Southern) placed away from the line of rail. In order to complete the research study I am asking for your assistance in the distribution of the attached 10 questionnaires to the supervisors of graduate nurses in the rural health centres and hospitals of your province.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
Dept. of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Provincial Nursing Officer,
Ministry of Health,
Provincial Headquarter,
P. O. Box
SOLWEZI.

U.P.S.: The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY IN YOUR PROVINCE

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the course I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's ~~preparation~~ of graduate nurses to nurse effectively in rural areas.

The study will be conducted in six provinces (Northern, Luapula, Eastern, North-western and Southern) placed away from the line of rail. In order to complete the research study I am asking for your assistance in the distribution of the attached 10 questionnaires to the supervisors of graduate nurses in the rural health centres and hospitals of your province.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
-Dept. of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

6th December, 1985

The Provincial Nursing Officer,
Ministry of Health,
Provincial Headquarters,
P. O. Box
MONGU.

U.F.S.: The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY IN YOUR PROVINCE

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the course I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of graduate nurse to nurse effectively in rural areas.

The study will be conducted in six provinces (Northern, Luapula, Eastern, North-western and Southern) placed away from the line of rail. In order to complete the research study I asking for your assistance in the distribution of the attached 10 questinnaires to the supervisors of graduate nurses in the rural health centres and Hospitals of your province.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

The University of Zambia,
 Dept. of Post Basic Nursing,
 School of Medicine,
 P. O. Box 50110,
LUSAKA.

6th December, 1985

The Provincial Nursing Officer,
 Ministry of Health,
 Provincial Headquarters,
 P. O. Box
KASAMA.

U.F.S.: The Head,
 Department of Post Basic Nursing,
 P. O. Box 50110,
LUSAKA.

Dear Sir/Madam,

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY IN YOUR PROVINCE

I am a second year student doing Diploma in Nursing Education at the above Institution. In partial fulfilment of the requirements for the course I have to carry out a research study. I am interested in the Registered Nursing Education Curriculum and it's preparation of graduate nurse to nurse effectively in rural areas.

The study will be conducted in six provinces (Northern, Luapula, Eastern, North-western and Southern) placed away from the line of rail. In order to complete the research study I am asking for your assistance in the distribution of the attached 10 questionnaires to the supervisors of graduate nurses in the rural health centres and hospitals of your province.

Your kind assistance in this work will be highly appreciated.

Yours faithfully,

SANDIE K. KUNSANAMA (MR)

Appendix III

Letters Granting Permission to Carry Out Research Study at U.T.H.,
N.C.H and K.C.H.

KCH\101\25\3

30th December, 1985

Mr. Sandie K. Kunsanama,
University of Zambia,
Department of Post Basic Nursing,
School of Medicine,
P. O. Box 50110,
LUSAKA.

Dear Sir,

RE: PERMISSION TO CARRY OUT RESEARCH STUDY

This is to acknowledge your letter dated 6th December, 1985 regarding the above subject.

I am pleased to inform you that you have been permitted to come and carry out your research study project at this hospital on the dates that you have requested.

You are requested to report to the office of the Principal Nursing Officer on your arrival to the hospital.

Thank you.

Yours faithfully,

F.J. MULUDYANG (MRS)
SENIOR NURSING OFFICER
for/SENIOR MEDICAL SUPERINTENDENT

NCH/104/1/5

19th December, 1985

Mr. S.K. Kunsanama,
University of Zambia,
School of Medicine,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Attention: The Head, Department of Post Basic Nursing

PERMISSION TO CARRY OUT RESEARCH STUDY

Reference to your letter on the above mentioned subject dated 6th December, 1985.

This is to confirm that permission has been granted for your research between 17th and 23rd December, 1985.

We wish you the best in your project.

F.T. Nduna (Mrs)
for SENIOR MEDICAL SUPERINTENDENT

/ipc

Appendix IV

Introductory Letters Used Whilst conducting the
Research Study at U.T.H., N.C.H and K.C.H.

Kitwe Central Hospital,
P. O. Box 20969,
KITWE.

27th December, 1985

Sisters In-Charge of wards,
Kitwe Central Hospital,
KITWE.

Attentions: To All Sisters-In-Charge of Wards and Nursing Officers.

RE:- RESEARCH STUDY

This is to introduce to you Mr. S.K. Kunsanawa from Post Basic Nursing School of Medicine, University of Zambia, who is on a Research Study Tour in this hospital.

He has been allowed to carry out this study here and please you are all requested to give him your most maximum co-operation in your wards.

Thank you.

F.J. MULDYANG (MRS)
SENIOR NURSING OFFICER
for SENIOR MEDICAL SUPERITENDENT

Ndola Central Hospital,
P/A.,
NDOLA

19th December, 1985

Ndola Central Hospital,
P/A.,
NDOLA.

Attention: To all Sisters-In-Charge of Wards and Nursing Officers

Re: RESEARCH STUDY

The bearer of this note Mr. S.K. Kunsanama, is a Diploma in Nursing Education Student at Post Basic Nursing, School of Medicine, University of Zambia.

He has been allowed to carry out a research study at Ndola Central Hospital. Please attend to him.

Thank you.

R. NDUNA (MRS)
PRINCIPAL NURSING OFFICER
for SENIOR MEDICAL SUPERINTENDENT

University Teaching Hospital,
P. O. Box 50001,
LUSAKA.

6th December, 1985

University Teaching Hospital,
P. O. Box 50001,
LUSAKA.

Attention: To all Sisters-In-Charge of wards and Nursing Officers

RE: RESEARCH STUDY

Please authorise Mr. S.K. Kunsanama a Diploma in Nursing Education student from Post Basic Nursing, School of Medicine, University of Zambia, to carry out a research study in your ward and other related departments. You are all requested to give him your maximum co-operation in your wards.

Thank you.

N. LISHOMWA (MRS)
SENIOR NURSING OFFICER
for/SENIOR MEDICAL SUPERINTENDENT

Appendix V

Letters Granting Permission to Carry out Research Study in
Northern and North-western provinces.

EDU\3

3rd January, 1986

Mr. S.K. Kunsanama;

U.F.S. The Head,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

RE: RESEARCH STUDY

This is to inform you that we have no objection to your carrying out your important study in this province. We would be happy to be of help to you should you need assistance.

H.C. Sinkala
for PROVINCIAL MEDICAL OFFICER
(NORTHERN PROVINCE)

\jkw.

PMO NWP 9 7 5

4th February, 1986

Mr. Sandie K. Kunsanana,
The University of Zambia,
Department of Post-Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Mr. Kunsanana:

Greetings.

In reference, once again, to your letter of December 6, 1985. I am pleased to enclose herewith three (3) copies of questionnaire for Senior Nurses/Supervisors from Solwezi General Hospital, Mwinilunga and Kabompo District Hospitals. I shall forward to you the remaining ones as soon as I have received them.

I trust that studies are progressing well. Wishing you success.

Yours Sincerely,

J.L. Muasa,
for PROVINCIAL MEDICAL OFFICER,
NORTH WESTERN PROVINCE.

JLM/eps

Appendix VI

Instrument Used in the study to collect Data From the
Nurses Working at U.T.H., N.C.H and K.C.H.

QUESTIONNAIRE FOR REGISTERED NURSES WHO WORKED IN RURAL AREAS IN THE PAST FIVE (5) YEARS

INSTRUCTIONS:

All information will be held in confidence; Individuals's names need not be identified in the questionnaire. Please read the Instructions and answer all the questions. Either tick () in the box next to the appropriate answer or write the comment in the space provided.

I. Sex (Please tick)

Male

Female

2. Age Large (Please tic)

18 - 24

25 - 30

31 - 37

38 - 43

44 - 49

50 And Over

3. Marital Status

Married

Single

Divorced

Widowed

Separated

4. How long did you work in rural area?

1 - 2 Years

3 - 4 Years

5 Years and Over

5. Were you sent to a rural area on first appointment?

Yes

No

6. What was your reaction when you started work?

(a) No reaction

(b) Anxious

(c) Frustrated

(d) Satisfied

(e) Other, please specify _____

7. Were you put In-Charge of a Ward on arrival?

Yes

No

8. Was the Administration taught to you in basic school effective in helping you to manage your nursing duties?

Yes

No

9. Indicate the nursing roles you held in the rural areas?

(a) In-Charge

(b) Health Educator

(c) Midwife

(d) Any other, Specify _____

10. Do you feel that your basic nursing prepare you for rural nursing?

Yes

No

11. What do you think can be included in basic training to make it more effective in preparing nurses for rural nursing?

12. What professional knowledge should you have been equipped with before going to nurse in rural area on first appointment?

13. How long (In months) did it take you to feel confident in the positions you held in rural area?

(a) 1 Month

(b) 2 Months

(c) 3 Months

(d) Any Other, Specify _____

14. Where were you trained as an RN?

11. Is their Administration effective in their managing the wards?

Yes

No

12. What do you think should be added to the RN curriculum to better prepare them for nursing administration in rural areas?

13. Apart from nurse training, what other factors do you think would help prepare trainee nurses for work in rural areas?

14. How long on the average does it take the newly qualified nurses to adapt to rural nursing?

- (a) One month
- (b) Two Months
- (c) Three Months

(d) Any other specify _____

Appendix VII

Instrument Used in The Study to Collect Data From the Supervisors of the Nurses in Northern, Southern, Eastern, North-western and Luapula provinces.

QUESTIONNAIRE FOR SENIOR NURSES/SUPERVISORS

INSTRUCTIONS:- All information asked will be held in confidence. Do not write your name. Please answer as truthfully and as sincerely as possible. Read the instructions and answer all questions. Make (x) in the appropriate box or write your answer in the space provided.

I. Sex

Male
Female

2. Age

20 - 25
26 - 30
31 - 35
36 - 40
41 - 45
46 And Above

3. Marital Status

Single
Married
Divorced
Widowed
Separated

4. What is your professional status? Please Make (x)

- (a) Nursing Sister (Blue belt)
- (b) Nursing Officer
- (c) Provincial / Principal Nursing Officer
- (d) Any other, specify _____

5. Are your RN's able to cope up with nursing in rural areas on first arrival of their first appointment?

Yes No

6. If the answer is No, in what nursing activities are they ineffective

- (a) Administration
- (b) Delegation
- (c) Accountability
- (d) Confidence
- (e) Any other, specify _____

7. In order to better prepare the RN for nursing in rural areas, what, in your opinion should be added to the RN nursing education curriculum?

Please list

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

8. List the areas in which most RN's sent to rural areas on first appointment are incompetent in?

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

9. What is the reaction of the RN's of your hospital on first appointment?

- (a) Happy
- (b) Unhappy
- (c) Frustrated
- (d) Any other, Specify _____

10. What do you think makes the nurse behave indifferently to rural areas on first appointment?

15. Apart from nurse training, what other factors do you think would help to prepare trainee nurses for work in the rural areas?

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