

# DOES IMPROVED POSTGRADUATE CAPACITY SHIFT THE BALANCE OF POWER FOR NURSES SPECIALISTS IN PRACTICE?



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## Introduction

Building clinical and research capacity of nurses through postgraduate study is well known in most developed countries but for countries in sub-Saharan Africa this is a pipedream, with some countries being slightly ahead than others. In a recent evaluation of the first master's degree instituted for nurses and midwives in Mozambique, we found that graduates had difficulty translating specialist knowledge and skills into practice. We hypothesised that factors, expected and unexpected, in the workplace of nurse specialists in the public health system may either impede or enhance their ability to transfer knowledge and influence practice.

### Aim of the study

To explore nurse specialists' experiences of change and influence on practice two years after graduating with a postgraduate degree.

#### Approach

We used a hybrid evaluation framework that includes the evaluation domains for both Kirkpatrick and ROACH models, evaluation questions per domain and the data collection methods for each. In this way, we ensured linkage between the questions, methods and the outputs. A hybrid approach was important as postgraduate capacity development addressed an existing challenge, namely, health professionals as human resources within the public health system.

# Methods

#### Design

An exploratory, sequential mixed methods design was used to collect data from master's graduates.

#### Sample

A total of twelve nurses and midwives who completed the master's coursework were purposively selected; 11 (92%) agreed to participate in focus group discussions in 2016 and responded to the follow-up survey in 2017 two years after qualifying.

#### **Data collection**

Two focus group interviews were conducted in Portuguese - the native language of participants, and used semi-structured questions drawn from the evaluation framework. A quantitative survey comprising 40 closed-ended items, followed from emerging themes during qualitative data analysis.

### Data analysis

Qualitative data were transcribed and loaded into ATLAS.ti version 5.2. Data were categorized into the existing domains of the evaluation framework: **Behaviour** (learning, reactions, results); **Context** (structures, relationships); **Rewards** (incentives, recognition, support) and then organized into subcategories. Survey data were analyzed within the online SurveyMonkey system analytics.

### Evaluation domain (K=Kirkpatrick; R=ROACH)

- (K) Behaviour extent to which graduates applied the learning and changed their behaviour.
- (R) Context the extent of constraints and demands imposed.
- (R) Rewards the presence of incentives/recognition and support for doing key functions.

#### **Evaluation questions**

- 1. How were you able to apply or transfer what you learned to your practice area? Were you able to influence change?
- 2. What changes took place/did not take change in your workplace as a result of your degree or knowledge gained?
- 3. How did the workplace factors help or hinder knowledge transfer to practice? What were the constraints or demands you faced to effect changes?
- 4. What were the reasons for lack of/hindering change in the workplace? What were your areas of influence?
- 5. How relevant is workplace recognition and support? How well did your employer support you?
- 6. What health systems recognition and support is needed to empower future graduates in the context of practice.

#### **Methods used**

Two focus group interviews with graduates as nurse specialists

Follow-up survey with nurse specialists: reported workplace changes.

Two focus group interviews with graduates as nurse specialists

Follow-up survey with nurse specialists: reasons for lack of change; areas of influence.

Two focus group interviews with graduates as nurse specialists

Follow-up survey with nurse specialists: support to empower future graduates.

# **Findings**

### **Sample characteristics**

The majority (67%) were female, specializing in maternal and neonatal nursing; males (33%) specialized in critical care and trauma nursing. The mean age was 40.2 years (range:30-53 years), with an average of 17.2 years of clinical experience.

### Main findings

"Change expectations", "Ambiguous practice environments", "Feeling powerless", "Having some influence" and "Workplace support" were emergent themes from interview data. Areas of positive change occurred in research (100%); use of evidence (88.9%) and involvement in decision-making (77.8%). For some, change did not happen as anticipated - reasons are: lack of mentors to support graduates (55.6%); lesser respect compared to doctors (44.4%) and poor understanding of the value of a master's degree (44.4%). Improvements in service quality and elevating the status of nursing were areas of greatest influence (77.8%). For graduates' influence and support required, see Figures 1 and 2



Figure 1: Graduates' areas of influence since qualifying

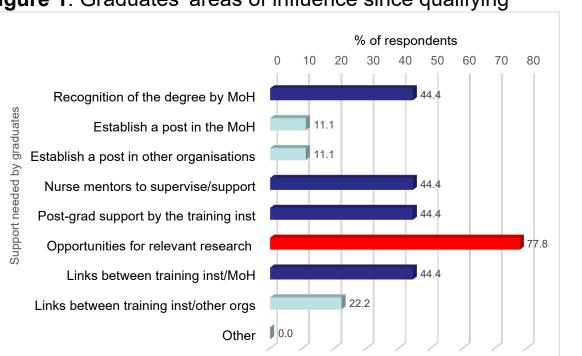


Figure 2: Support required for future graduates

# Conclusion

#### Limitations

The use of surveys and focus group interviews may have introduced social desirability bias, whereby the respondent gave answers in a manner viewed favourably by others, and recall bias - a systematic error caused by differences in the accuracy or completeness of the recollections retrieved by respondents. The small sample of graduates, funding constraints restricted the breadth and depth of the study.

#### **Conclusions**

Several enabling and limiting factors were identified in the experiences of change and influence on practice of newly qualified nurse specialists. Tacit change with respect to the value of the degree in improving the status of nursing seems not to have affected nurse specialists' own ability and power to influence practice. Improved postgraduate capacity on its own does not empower nurses in their role as specialists.

#### Recommendations

An essential recommendation is the statutory recognition of nurse specialists and career-pathing in the healthcare system. Comprehensive endorsement of the role of master's prepared nurses aligned with a supportive, enabling workplace policy would aid the empowerment of nurse specialists in practice.

#### References

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