

Transforming the Nursing Workforce in Liberia through Graduate Education

Dr. Dorcas Elisabeth Kunkel, DNP, RN




Presentation by Handout

- A handout will be available for all attendees at this presentation.



Objectives

- The learner will be able to:
 - 1. Describe an innovative curriculum delivery model for graduate nursing education to improve nursing work force capacity and transform nursing in Liberia.
 - 2. Appreciate the challenges of nurse educators in developing countries to transform the nursing work force in contextual and in culturally relevant ways.
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Introductions



Acknowledgments

- Evangelical Lutheran Church in America
- Mu-Theta Chapter-at-Large, Sigma Theta Tau International
- Pat & Jim McGeorge
- Lutheran Church in Liberia
- Mother Patern College of Health Sciences
- Esther Bacon School of Nursing and Midwifery
- John Paye
- Eileen Weber
- Jane Blood-Siegfried
- Anne Rosenblum
- Kolu Nanette Berger
- Nina & John Deloge
- Susan Sherbocker
- Nancy & Al Swingle
- Elisabeth & Johann Kunkel

Thank you for
your support



Liberia, West Africa



**PLEASE RESERVE ALL QUESTIONS UNTIL ALL 3
PRESENTATIONS ARE COMPLETED.**



Transforming the Nursing Workforce through Leadership Growth

Dr. Magdeline Aagard, EdD, RN



Objectives

- Describe the essence of global nursing leadership.
- Analyze the roles of gender, power and influence, nepotism and healthcare infrastructure in the development of a nursing leadership curriculum.
- Explain how nursing leaders in Liberia are prepared for their leadership roles through the nursing leadership curriculum.





INTERNATIONAL NURSING LEADERSHIP

Global Nursing Leadership

- As recently as 2006, global leadership was recognized as more of a business terminology, rather than anything to do with healthcare (Kim, Woith, Otten and McElmurry).



Leadership Capacity Building

- Literature on leadership capacity building focuses more on high income countries, rather than low-income, low resource countries, such as Liberia (Curry, Taylor, Chen, Bradley, 2012).
- Programs aimed at developing leadership skills for nurses from and health professionals from low and middle income countries are limited (Wilson, Crooks, Day, Dawson, Gakumo, Harper, Jones, McCarty, Theus, 2013).



International Nursing Leadership – Four Key Themes

- Past president of STTI, Dr. Mansour Jumaa in his 2007-2009 address noted that there are four key themes to international leadership, “being intentionally global, building knowledge resources, developing further leadership skills and creating greater emphasis on providing services.”

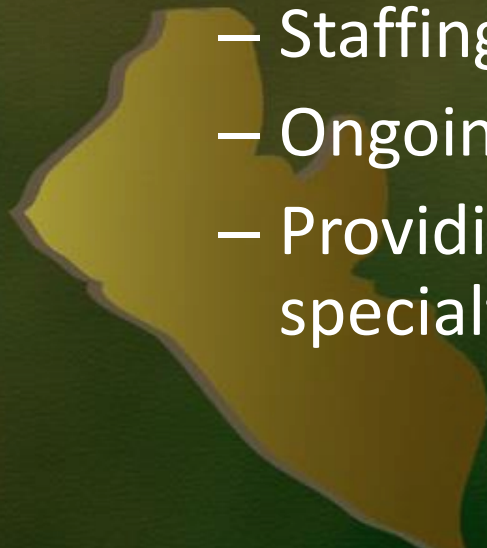


Five Themes of International Nursing Leadership

- Having a value-based vision for improving the health of the country,
- Being self-aware and having the ability to identify complementary skills in others,
- Tending to relationships,
- Using data to make decisions
- A sustained commitment to learning (Curry, Taylor, Chen and Bradley, 2012)

American Organization of Nurse Executives (AONE)

- AONE's International Committee (2014) conducted a survey of 120 international nurse leaders with 40 responses, of whom 95% lived and worked outside the US. 22 countries were represented.
- The top issues facing these nurse leaders were:
 - Staffing ratios
 - Ongoing education and training
 - Providing adequate numbers of experienced and educated nurses for specialties.



International Nursing Leadership


- As President Klopper says, Serve Locally:
 - This can be supported through global efforts, such as the one we're talking about today.
 - As a leader, especially in a developing country making small changes can have a big impact.
 - Offering continuing education to your nursing staff at your school.



Global Nursing Leadership

- Lead Globally:
 - You're here, so you already have a global perspective
 - Share your global perspective with others and encourage them to seek knowledge of other cultures as well

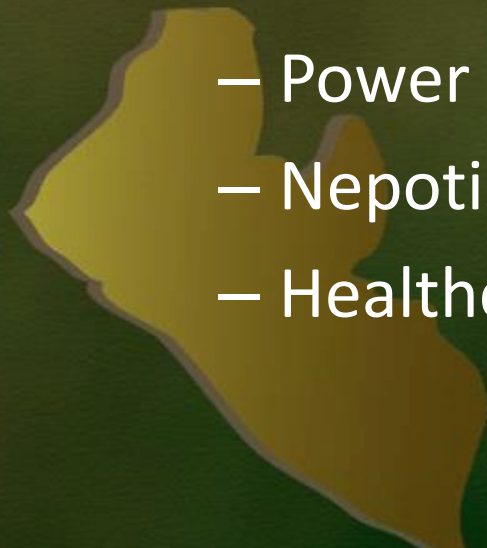




CULTURAL INFLUENCES ON NURSING LEADERSHIP IN LIBERIA

Cultural Influences in Leadership

- In developing a leadership course for the Master's in Nursing program, it was important to consider the cultural influences on leadership in Liberia. The most important cultural influences included:
 - Gender
 - Power and influence
 - Nepotism
 - Healthcare infrastructure



Gender

- Liberia is a patriarchal cultural whose roots are entrenched in a tribal system and polygamy.
- Results from Allen & Devitt's (2012) study, "show the predominance of cultural and religious beliefs in respondents understanding of why men have more power in the marriage, as reflected in the high number of responses to *it is God's will and it was always like this in our culture.*"



Gender

- Land ownership is held by men, though the women typically farm the land. If the woman's husband dies, the land passes to a male relative and the relative may take the widow as his wife. This leaves the widow without economic means of support for her and her children. (Liebling-Kalifani, Helen; Mwaka, Victoria; Ojiambo-Ochieng, Ruth; Were-Oguttu, Juliet; Kinyanda, Eugene; Kwekwe, Deddeh; Howard, Lindora; and Danuweli, Cecilia, 2011).
- Socialization to the idea that men are superior to women is also seen in Liberian culture. This occurs on a religious level, as well as familial and educational level.

Power and Influence

- In spite of the fact that the Liberian President is a woman, Ellen Johnson-Sirleaf, men hold the position of power in Liberian society (Allen & Devitt, 2012).
- Sundaiway E. Amegashie, a Human Rights Officer at the United Nations Mission in Liberia, stated that “though Liberia has a woman President, [women] are not fully represented in the governance process of the country” (Holmgren, 2013).



Power and Influence

- According to Holmgren (2013), “Liberia’s recent history of conflict and instability has created an environment that is, in many ways, hostile to women, with Liberian politics being a male-dominated business.”
- Representation of native people’s in the government is disproportionate compared to ‘civilized’ or anglo-Liberians. The People’s Unification Party (PUP) was created to support native people with leadership ability to run for government office. Their first primary was held in July, 2014 (FPA Reporter, July 11, 2014).

Nepotism

- Nepotism has been a thorn in the side of Liberia's government and healthcare system.
- According to The Guardian (2012), "Notwithstanding her achievements, Johnson Sirleaf has recently come under fire for nepotism, having appointed three of her sons to top government posts."
- In response to the allegations, Leymah Gbowee, the joint winner with Johnson-Sirleaf of the Nobel Peace Prize, resigned her position from Liberia's peace and reconciliation commission.

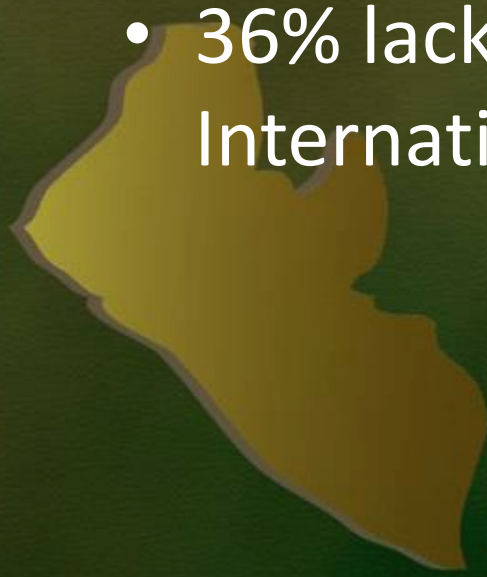
Nepotism

- I've witnessed nepotism in my work in Liberia and my students have said that it is something that they see as well. It is disheartening for them to work hard and achieve so much in their education and then they are passed over for a job because it's given to someone's cousin who isn't qualified (D.M., personal communication, June, 2014).



Healthcare Infrastructure

- The health system includes 538 health facilities, of those 448 are functioning at a minimal or substandard level.
- For example, 79% lack lighting
- 57% lack potable water
- 36% lack refrigeration for the immunization program (Rad-Aid International, n.d.)



Health Care Workers per Population

	Liberia (2008)	Ghana (2010)	US (2011)
Nurses (per 1000 population)	.274	.926	9.815
Physicians (per 1000 population)	.014	.096	2.452

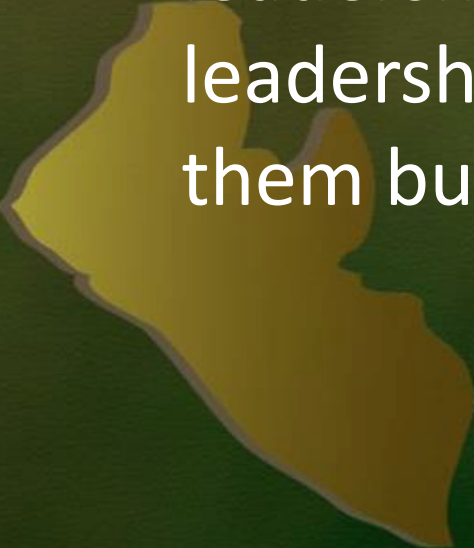


World Health Organization , Global Health Observatory Data Repository.



NURSING LEADERSHIP GROWTH

Leadership Course and Practicum

- The last course for the students in their MSN is the Nursing Leadership & Management course, then they engage in their practicum.
 - The leadership course teaches them the fundamentals of leadership theory, it engages them in discovering their own leadership style and provides leadership scenarios to help them build their decision making skills in leadership.
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Leadership Course and Practicum

- The Leadership course is built on the context we have discussed, which I discuss in further detail in my presentation tomorrow.
- In the practicum the students return to their home school of nursing and are expected to enhance their classroom teaching, conduct workshops and demonstrate leadership within the school.



Leadership – the beginning

- I ask the students at the beginning of the Leadership course to tell me what they think leadership means. Their answers vary, but usually contain some component of management, some relationship to a formal position of authority, are hierarchical, and because we're discussing healthcare are often associated with physicians.
- When I ask them to think of a person that they think of as a good role model for leadership they will usually name a central government figure, such as the President, or someone like Mother Theresa. This gives us a forum to begin our discussion of what makes a good leader.

Leadership Growth

- At the end of teaching the leadership course I ask the students what they believe leadership means. Their answers parallel the information from Curry, Taylor, Chen and Bradley, (2012) very closely. Their responses included:
 - Improving the health of Liberians
 - Being aware of their own leadership style
 - Empowering others, working well with others
 - Making evidence-based decisions

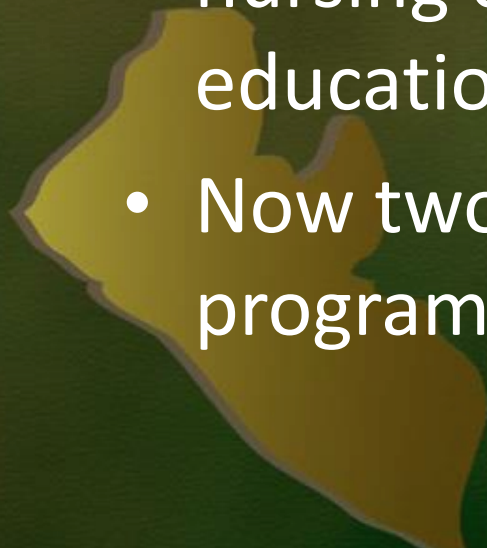


Leadership Growth

- I also ask them what they think are the characteristics of a good leader. They are much clearer and able to articulate what they believe are the characteristics of a good leader.
 - Fair
 - Trustworthy
 - Honest
 - They often comment on Servant Leadership being a preferred leadership style.

Leadership Growth

- It is exciting to see the growth in understanding of what leadership means and how they can put leadership into practice to move nursing and healthcare in Liberia forward.
- They have come out of their courses with ideas to improve the nursing curriculum, standardized testing, create a nursing education group and serve on the Board of Nursing.
- Now two of our graduates will talk about how the MSN program helped to shape their careers in nursing.





Experiences in Nursing, Nursing Education and Leadership in Liberia Before Ebola and Beyond

Edwin Beyan, MSNEd, RN¹

Harriette Mondaye, MSNEd, RN, CM²

¹ Mother Patern College of Health Sciences, Stella Maris Polytechnic, Catholic Archdiocese of Monrovia, Liberia

² Esther Bacon School of Nursing and Midwifery, Curran Lutheran Hospital, Lutheran Church in Liberia, Zorzor, Liberia



Acknowledgment

- We wish to thank all those who generously contributed to make our participation and attendance at this Sigma Theta Tau International 43rd Biennial Convention a reality.
- We are very grateful for this opportunity.



Objectives

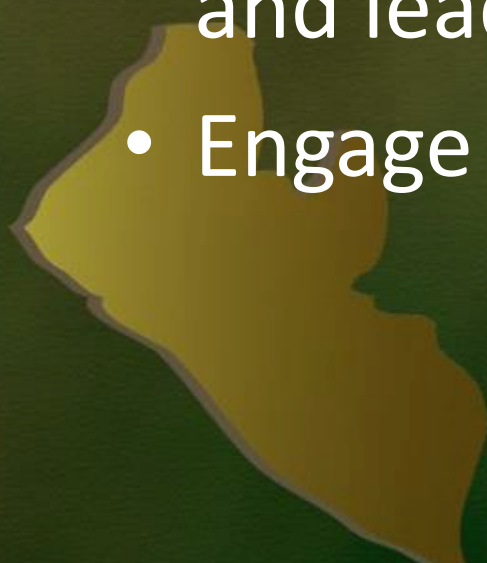
At the end of the presentation, participants will be able to:

- Describe challenges faced by nurses in Liberia.
- Appreciate role of nurse-educators in improving nursing education in Liberia.
- Differentiate nursing education in Liberia before and after the Masters of Science Degree in Nursing Education.
- Value the role of nurse-educators in the fight against Ebola in Liberia



PURPOSES

- Describe history/background and the following transformative experiences as professional nurses and educators through graduate education and beyond.
- Share our experiences in nursing , nursing education, and leadership in Liberia.
- Engage in international scholarly activities.



BACKGROUND

- As noted in the earlier presentations, our country of Liberia experienced a civil war from 1989-2003 (14 years) (Rowe, Brilliant, Cleveland, Dahn, Ramanadhan, Podesta, & Bradley, 2010; Varpilah, Safer, Frenkel, Baba, Massaquoi, & Barrow, 2011; Walsh, 2010).
- Liberia was described as “a country whose health infrastructure collapsed following 14 years of civil war.” (Sipsma, Callands, Bradley, Harris, Johnson, & Hansen, 2013, p. 954).



BACKGROUND

- A shattered health infrastructure created monumental challenges for nursing practice and education.
- Access to necessary health care for the people of Liberia was inadequate, fractured and utterly dependent on foreign aid.

(Downie, 2012; Varpilah et al., 2011; Walsh, 2010; .



BACKGROUND

Edwin Beyan

- Edwin started his nursing profession in the 90s at the John F. Kennedy Medical Center (JFKMC) in Monrovia, Liberia where he graduated with diploma in Professional Nursing in 1989.
- Initial assignment was at the Catherine Mills Rehabilitation Center which is a branch of JFKMC serving mentally ill patients.

BACKGROUND

Harriette Mondaye

- Harriette took her initial nursing and midwifery education at XXX graduating with a XXX degree in XXX year.
- Her entry to practice in the nursing profession was as an instructor rather than at the bedside.
- Had minimal experience in planning and coordinating a class.
- Started building confidence and competency in classroom and clinical teaching.

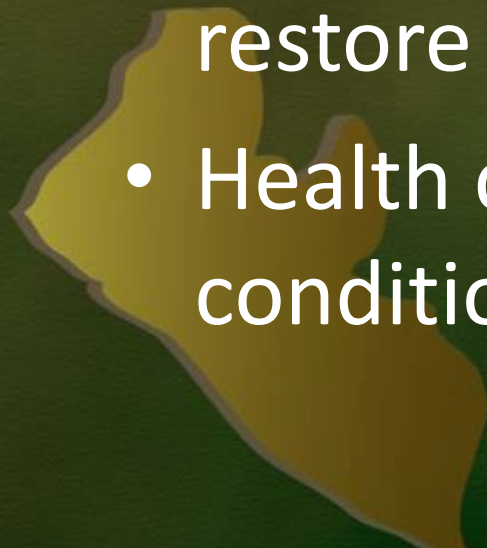
CONTEXT/HISTORY

Civil War

- In June 1990, the JFKMC closed down due to the advancing rebel forces on Monrovia.
- The civil war devastated the Medical Center.
- Most of the health care providers could not stay on duty.
- Only a few who worked with Medicines Sans Frontiers (MSF) remained.

CONTEXT/HISTORY

- The Economic Community of West Africa Monitoring Group (ECOMOG) intervened and JFKMC was reopened in late 1992.
- ECOMOG was a West Africa regional group mandated to restore peace in Liberia.
- Health care work was conducted under unusual conditions with minimal resources.



CONTEXT/HISTORY

Limited Resources

- Lack of electricity/sometimes no running water: Provided nursing care using candles and flash lights/carrying water.
- Inserting naso-gastric tubes, transfusing blood, etc. but with very limited medical supplies.
- Lack of drugs.
- Lack of salaries.
- No or very low motivation.
- Lack of support staff and minimal health care professionals.
- Challenged in nursing care and procedures/limited knowledge.
- Difficult for any staff to take over shift on time.

CONTEXT/HISTORY

Effects of Limited Resources

- There was no transportation system for staff.
- Victims transported in wheelbarrow or brought in bodily.
- Contributed to complication and poor prognosis
- Could tread densely bushy foot-paths in suburbs of Monrovia at night to get to patients.
- Locating patients in this way very difficult.
- Minimal communication: Cellular phones not common in the country at the time.
- Communication via very high velocity base radio and handsets.

CONTEXT/HISTORY

- In 2003 the Liberian civil war restarted and intensified in Monrovia.
- Non-governmental organizations (NGOs), faith based groups, and international donors arrived some of which were MSF-France, MSF-Belgium, Medical Emergency Relief International (Merlin), and World Vision/Liberia.
- Sought for health care providers amongst a scarce health care workforce.
- Edwin assigned in the Emergency Room.

CONTEXT/HISTORY

- Both Edwin and Harriette had challenging nursing experiences at different times and places because of different job placements, but these reflect those described by Liberian nurses in one study by Walsh (2010).
- Later incorporated them in teaching-learning strategies in both the classroom and clinical areas.
- Jointly the commitments to providing nursing care did not falter.

CONTEXT/HISTORY

Experiences before graduate nursing education and after the civil war.

- Nursing practice is challenged by lack of infrastructure exacerbated by past civil war and more recently by Ebola epidemic.
- Worked in health facilities with limited resources.
- Taught nursing courses based on basic teaching skills learned in teachers' workshops/ teacher centered.
- Most nurse educators had at most a baccalaureate degree but not all.

CONTEXT/CURRENT

Liberia Health System Post-war Recovery

- In 2007, Liberia began the process of rebuilding its health services (Downie, 2012; Rowe, et al.,2010; Walsh, 2010).
- LMOHSW developed an Essential Package of Health Services (EPHS) guaranteed to all Liberians accessing services through public sector (Downie, 2012 ; Rowe et al, 2010)
- Rebuilding Basic Health Services (RBHS) was instituted and funded by United States Agency for International Development (USAID) (Downie, 2012).

Graduate Nursing Education

- 2009 brought the opportunity to further develop our teaching careers.
- The RBHS began partnerships with nursing institutions and conducted workshops with at Esther Bacon School of Nursing (SON) and Midwifery (EBSNM) and Tubman National Institute of Medical Arts (TNIMA) SON.
- Having worked in clinical areas for several years, we found ourselves in the classroom helping to prepare future nurses
- Did not feel adequately prepared or educated as nurse-educators to take on this new role

TRANSITIONS: 2010

- Dr. Edna Johnson, RN, PhD, a retired nursing professor from the United States worked with the Lutheran Church in Liberia (LCL) as a volunteer Lutheran missionary from the Evangelical Lutheran Church of America (ELCA) invited applications to a newly proposed Master of Science in Nursing Education degree.
- A Catholic missionary, Sr. Barbara Brilliant, Dean at Mother Patern College of Health Sciences in Monrovia would operate the program.

Transitions

- In the classroom/clinical they are expected to shift from teacher-centered teaching-learning strategies to student-centered teaching-learning strategies.
- Students are to shift to patient centered focus.



TRANSITIONS

Example: Interactive Discussion & Group Presentation



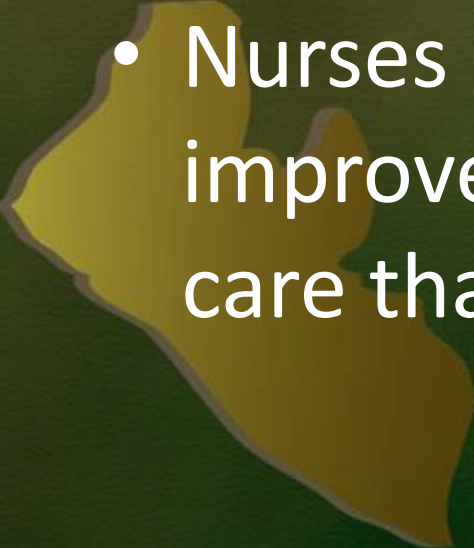
An MSNEd student on practicum at the Phebe Nursing School conducts an inter-active teaching



Group presentation at the Esther Bacon School in Zorzor

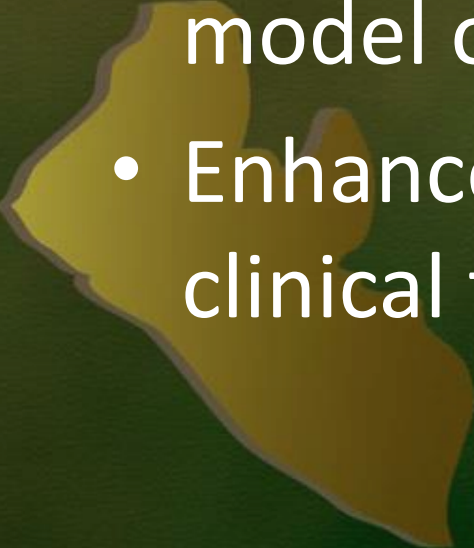
TRANSFORMATION

Outcomes: Critical Thinking/Evidence-based Nursing

- Critical thinking and evidence-based nursing are two key outcomes that came to light for us in the MSN program.
 - Nurses must be critical thinkers when providing nursing care and when interacting with clients.
 - Nurses must be involved in research and practice improvement so as to provide evidence-based nursing care that results in safer, higher quality care.
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TRANSFORMATION

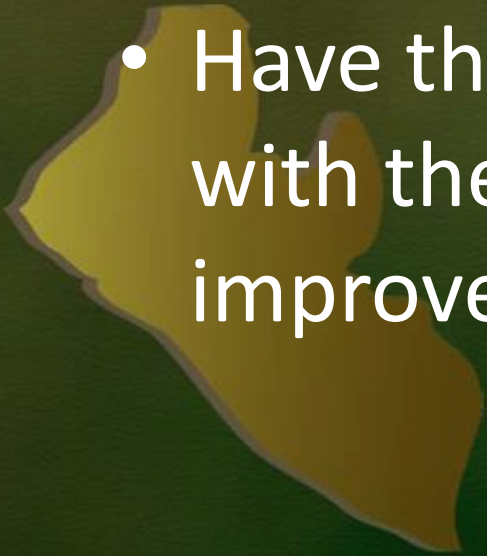
Outcomes: Student Centered Teaching/Learning

- Master of Nursing Education Program greatly changed our thinking and understanding of educating students.
 - Focus is on clinical teaching and student centered approach rather than the old medical or traditional model of teaching.
 - Enhanced the ability to assess and evaluate didactic and clinical teaching/learning in nursing students.
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TRANSFORMATION

Outcomes: Nursing Leadership

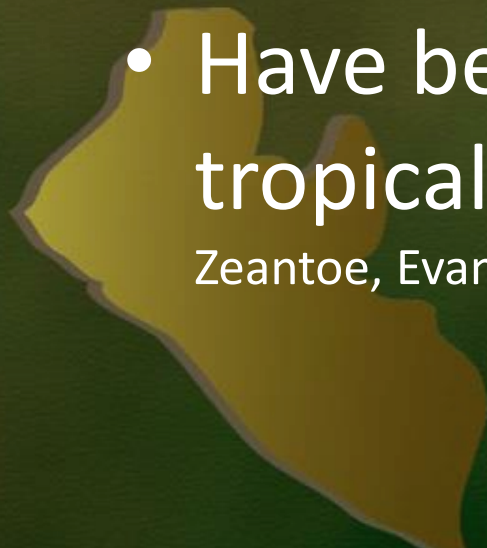
- Knowledgeable and competent nurse leaders are necessary to transform nursing education.
- Disseminated to nursing/midwifery schools across the country
- Have the education to effectively and efficiently work with the Liberian Board for Nursing and Midwifery to improve nursing education in Liberia



TRANSFORMATION

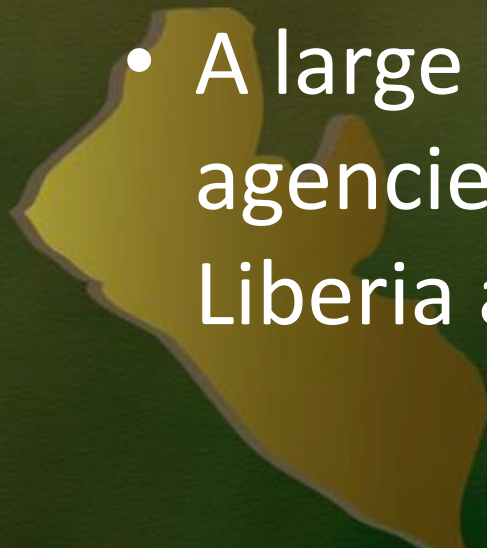
Outcomes: Nursing Leadership

- Knowledgeable to lead context relevant national and local curriculum revisions.
- Participate in assessment of nursing and midwifery schools for accreditation.
- Have begun to prepare and publish manuscripts about tropical diseases and public health in Liberia (Blood-Siegfried, Zeantoe, Evans, Bondo, Forstner, & Wood, 2014; Davis, 2014).



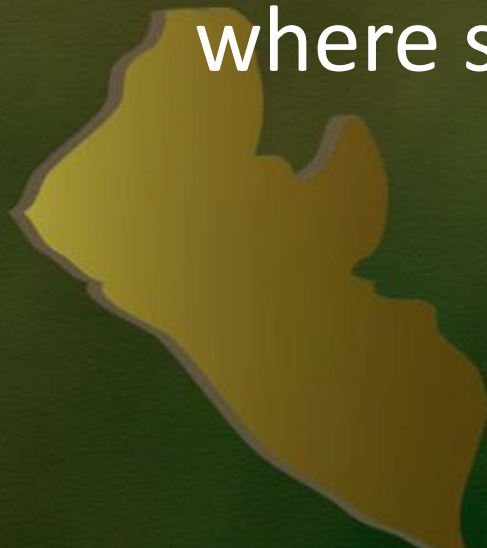
Effects of Ebola in 2014

- Nursing education jobs were forcibly shut down by the Government of Liberia due to the closure of all schools.
- Did not stop the utilization of what had been learned in the graduate program.
- A large number of MSNEd graduates were hired by agencies/ institutions fighting the Ebola epidemic in Liberia as educators, leadership and research personnel.



Effects of Ebola in 2014

- Harriette participated in training mid-level health workers on Ebola Infection Prevention And Control (IPC) in Lofa County.
- Continued to plan for post Ebola curriculum at ESBNMW where she directs the nursing program.



RESULTS

- Edwin hired by the MPCHS and now coordinates the Masters of Science Degree in Nursing Education and Primary Health Care Specialists program at the Mother Patern College of Health Sciences in Monrovia.
- Additional task during the Ebola epidemic in Liberia to supervise Ebola IPC training workshops within the Catholic health facilities/health care system.

Ebola Infection Among Health Workers

- Lack of or improper use of personal protective equipment (PPE)/sympathy for victims
- Lack of prior experience of Ebola
- Lack of good national health information infrastructure which is/was a barrier to surveillance, identification of Ebola cases, and rapid treatment of victims.
- Up to 312 health care providers got infected and 183 of them died (personal communication Jackson, D. G., Ebola Virus Data Analyst/LMOH), Oct. 5, 2015; LMOH, Sitrep, no. 350, April 30, 2015)

Ebola Infection Among Community Dwellers

- Disbelief in the epidemic
- Lack of trust in the Liberia Ministry of Health and Social Welfare (LMOHSW).
- Traditional practices



RESULTS

IPC Training workshops



Ebola IPC Training workshop at the Consolata Clinic in Tapata, Nimba County.



A nurse in a Basic PPE at the Holy Family Clinic in Caldwell, Monrovia

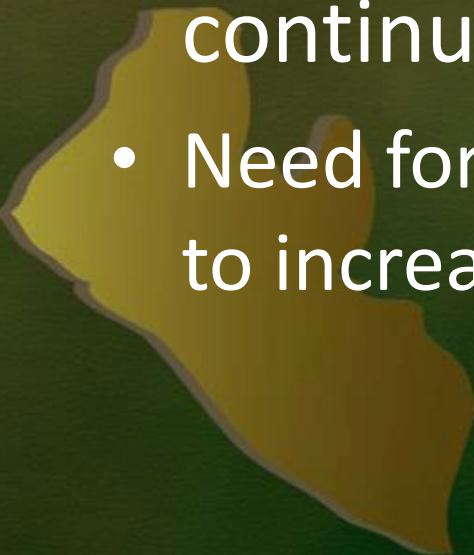
Outcomes

- According to **Conger (2015)**, a transformative change reported by all of the MSNEd students was that of moving from a teacher centered approach to a learner centered approach.
- One of the key findings of **Curry, Taylor, Chen and Bradley(2012)** who interviewed 17 health care leaders from four sub-Saharan African countries was having a value-based vision for improving the future of the country, which MSNEd graduates reflect in thought and practice.

CONCLUSIONS

- Nursing schools will have graduate level nurse-educators improving the quality of nursing education .
- Ultimate outcome will be graduating a qualified and competent nursing workforce contributing to a healthier Liberian nation.
- Graduates will accept regional and global leadership roles.
- Improved practice will minimize cross-border epidemics.
- Improvement in students' performance in Licensure Examinations

Challenges Going Forward

- Need for continual funding of health care sector.
 - Participation in scholarly research, publications, and national/regional, & international conventions.
 - Doctoral degree for a select-group of graduates to lead continued improvement in education and research.
 - Need for more nurse-educators as number of SON continues to increase.
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Graduate Hall at the MPCHS



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THANK YOU

QUESTIONS WILL NOW BE TAKEN FOR ALL THREE
PRESENTATIONS IN THIS SYMPOSIUM

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