Addressing educational needs of health workers in Ghana using distance education

Authors names: Joseph A. Mensah adiajoe@yahoo.com
Edward Badu (Prof)
Collins Osei (Dr.)

Centre for Distance and Continuing Education
Institute of Distance Learning
Kwame Nkrumah University of Science and Technology
Kumasi-Ghana

ABSTRACT

Most African countries experience new challenges. One such challenge is scarcity of health workers as a result of low salaries, poor conditions of service, lack of professional updating and migration to richer countries etc. Ghana is no exception to this problem. To solve it, the government improved their salaries and allowance, and provided other incentives such as cars in order to retain those already in the system, and employed some youth, under the Youth Employment Programme, in the health sector. These have not solved the problem completely as some health workers leave for school and create vacancies at their work place. In order to increase access to quality education and training, the distance education scheme can be used. The paper seeks to analyze the import of distance education for promotion of proficiency skills in the health sector and review ongoing professional development programmes for health workers in Ghana, and come out with strategies to offer training avenues leading to the professional growth of the individuals and economic growth of the country.

INTRODUCTION

Most African countries experience new problems and different challenges. One such problem is scarcity of health workers as a result of low salaries, poor conditions of service, lack of professional updating and migration to richer countries among others. Ghana is no exception to this problem. To solve it, the government of Ghana increased the salaries and allowances of the health workers and provided other incentives such as cars, in order to retain those already in the system. Further, under the Youth Employment Program, some youth were employed in the health sector. These have not solved the problem completely as some health workers leave for school thus creating vacancies at where they were working.

Health workers are the most important asset of any healthcare system. However, they need to continually learn and apply new skills and knowledge. Without such learning opportunities, health care workers, particularly those in rural or remote areas, will experience a decline in skills and knowledge, professional dissatisfaction, low morale, disillusion, lack of commitment, and reduced interest in their work. They miss opportunities for career advancement and they frequently look to urban areas for work. Landon *et al* (2004), in a study on access to basic training, concluded that improving access to training was an important element of improving retention. Investing in education is the most sustainable way to increase the number of health workers because, more educational opportunities for health workers at all levels, will ensure that there is a long-term strategy to address high attrition rates.

The health workforce in Ghana has been significantly depleted in recent years through increased attrition rates. In addition, failure to invest in health systems or in improving education for health professions, coupled with a paucity of continuous professional development for health staff have weakened the effectiveness of the health workforce. Aiga and Kuroiwa (2006) found that in Ghana, the qualities of continuing education opportunities are unequally distributed. They found that, the total continuing professional education opportunities were greater than the target of the Ministry of Health, but fewer than

healthcare workers' demand, and the type of occupational group was the major determinant of continuing professional education opportunities. Thus, only few healthcare providers (particularly nurses) are given study leave with pay, leaving those eager to develop their professional competences to wait for quite a long time instead of the stipulated three-year period of service for one to qualify for study leave with pay. Continuing professional education is regarded as part of the nursing role in the National Health Service of the UK, which assumes that nurses' roles can be extended through the continuing professional education, which is considered as a key factor in nursing retention (Gould et al, 2007).

Myers (2005) recognizes the potential for distance education to help train health personnel in smaller towns, capitalizing on the strengths of place-committed local students. Distance learning can be an effective and economical strategy for reaching widely dispersed learners – such as members of the public health workforce.

The increasing requirements for health services and corresponding need for a large number of health workers, as well as the necessity of continuing education of professionals have led to the application of distance teaching/learning in the health sector. While developed in the sixties, even as at now, only a few countries have initiated distance education for training of healthcare workers. In the mid-sixties, a distance-learning program for family physicians and various categories of nurses was initiated in Australia and the United States (Texas). The Welcom Tropical Institute implemented a distance education program on various diseases using a problem-based approach in a few African countries including Kenya, Sudan and Tanzania; more are being offered at the University of Dundee, Scotland. In the nineties, a few other countries initiated health education and training programs at a distance (Rumble and Olivera, 1992, cited in Dutta *et al*, 1994)

Distance education systems have emerged the world over to meet the growing demand for education, including professional education, to provide opportunities at a comparatively low cost, and meet the continuing education needs of professionals and various other functionaries. The methodology of distance teaching/learning often involves a multi-media approach to design, develop and implement independent learning programs through self-instructional materials, both in print and electronic media forms. Distance study allows self-pacing for convenience and facilitates learners having control over their learning. The various media used for distance education delivery include among others, print materials, audio and video programs, radio and television programs, tutoring and counseling, field visits, laboratory practicals, extended contact programs, and teleconferencing.

This type of learning is especially useful when the target population consists of individuals who are already in the workforce and are considerably older and more experienced than the regular university population. It is a relatively new concept, which not only has the ability to train a large number of people in a short time in a cost effective way, but can also attend to improvement in professional skills without diluting the quality. Magagula (2003) asserted that distance education caters for all types of people regardless of their age, gender, citizenship, social standing, commitment, and social responsibility and geographical location.

In the 1990s, a limited number of institutions in India started offering a few health courses through distance education. However, getting to the latter part of the 1990s, the Indira Ghandi National Open University launched a B. Sc. Nursing program for in service diploma holder nursing professionals and a Post-Graduate Diploma in Maternal and Child Health for medical officers/private practitioners in collaboration with the World Health Organization (Varghese et al, 1993).

The education system for health workers encompasses pre-service health education and in-service training, however, according to Dutta *et al* (1996), since health sciences deal with life and death, and are therefore more skill-oriented (rather than more knowledge-based), it is felt that providing basic beginning or early training in the field of health may not be feasible through distance learning. Being an innovative and flexible system, and having the ability to respond to emerging training and educational needs, distance education is more appropriate for in-service training of health personnel.

The paper seeks to analyze the import of distance education for promotion of proficiency skills in the health sector and review ongoing professional development programs for health workers in Ghana, and come out with strategies to provide training avenues, which will lead to the professional development of the individuals and economic development of the country.

DATA COLLECTION

Data for this study were collected using a questionnaire as well as an interview guide. The questionnaire comprised of 16 questions and it was for the nurses, while the interview guide was for the Principals of Nursing Training Colleges and Directors of Health Services. The pretested questionnaires were administered to nurses in three regions of Ghana, namely Ashanti, Brong Ahafo and Upper East. Two hundred nurses as well as three Principals of three Nursing Training Colleges and three Directors of Health Services or a representative of the Director were used for the survey.

DISCUSSION OF FINDINGS

Table 1 indicates that majority of the nurses (43%) were within the 20s, 29% were in their 30s, 21% were in their 40s, whiles 7% were within the 50s. Furthermore, 85% were females and 15% were males. Whiles 57% were single and 43% were married, 57% had no children, 21% had three or more children, 15% had two children and 7% had one child. The age variable indicates that majority of the nurses were young and only few were old. This can be attributed to the high attrition rate hence the young ones who have just come out of school or training are present while the older ones have either left or are on retirement. Women dominate nursing in Ghana and this is shown in the number of males and females that were present for the survey; 15% and 85% respectively. From the survey, most of the nurses were single; 57%, while 43% were married. This is also manifested in the number with children; 57% had no children, whiles 43% had one or more children.

Table 1: Demographic Variables

Demographic Variables	Frequency (N = 200)	Percentage (%)
Age		
50+	14	7
40+	43	21
30+	57	29
20+	86	43
Sex		
Male	29	15
Female	171	85
Marital Status		
Married	86	43
Single	114	57
Number of Children		
0	114	57
1	14	7
2	29	15
3+	43	21

Table 2 shows the academic qualification and grade of the respondents. Those with B. Sc. Nursing form 14%, whiles those with Diploma and SRN are 43% respectively. This is because degree nursing was formerly not offered in our universities so only a few nurses are university graduates. There is also a problem of where to place these nurses so most of them find their way outside the Health Service. This indicates that there is more room for higher education for these nurses, especially from SRN to Diploma, and from Diploma to Degree. With the professional grading it is found that half the respondents (50%) were at the grade of staff nurse, 36% were in the grade of Nursing Officer, while Senior Nursing Officer and Principal Nursing Officer formed 7% respectively. Majority of them were very young (within 20 to 30+ of age) indicating that they had not been long in the service.

Table 2: Academic Qualification and Professional Grading

Academic Qualification	Frequency	Percentage (%)
University Degree (B. Sc.)	28	14
Diploma	86	43
SRN	86	43
Professional Grading		
Staff Nurse	100	50
Senior Staff Nurse	0	0
Nursing Officer	72	36
Senior Nursing Officer	14	7
Principal Nursing Officer	14	7

Table 3 indicates the basis for promotion in the health service for nurses. The bases for promotion are long service and academic development. For long service, one has to serve for three to five years before being promoted to the next grade. Study leave with pay is granted after three years of service to those who want to go to school. In the survey, 65% indicated that promotion is through long service while 35% indicated that promotion is through academic development. Promotion is not based on attendance at short courses.

Table 3: Basis for Promotion

Bases for Promotion	Frequency	Percentage (%)
Long Service	129	65
Short Courses	0	0
Academic Development	71	35

Table 4 shows that most of the nurses wanted to upgrade their professional skills through the distance education mode. Answering the question whether they would like to achieve professional development or academic advancement through an off-campus learning situation that allows one to follow programs equivalent to campus-based programs, 93% of the respondents indicated yes while 7% responded in the negative. This is in conformity with Magagula's (2003:9) assertion that workers who wish to upgrade and update their professional qualifications and cannot often give up their jobs to attend face-to-face learning in conventional institutions make use of distance education".

Table 4: Choice for Distance Education

Distance Education	Frequency	Percentage (%)
Yes	186	93
No	14	7

Table 5 indicates the reasons why the nurses wanted or did not want distance education. Some of the reasons outlined for wanting distance education are; to achieve profession development; to care for the family while studying; and to have the normal promotion while studying. Those who did not want the distance education gave the following reasons; no promotion during one's upgrading; salary remains the same; and frustration. The results conform to a study by Aiga (2006), which indicate that health workers undertake professional development to maintain and improve professional knowledge and skills as well as to obtain higher job status.

Table 5: Reasons For or Against Distance Education

Reason	Frequency	Percentage (%)
For		
Professional development	72	36
Promotion while studying	0	0
Taking care of family while studying	0	0
Professional development and promotion	57	28
Professional development and caring for family	14	7
Promotion and caring for family	0	0
Professional development, caring for family and promotion	43	22
Against		
Colleagues promoted before one completes Salary not changed Frustration	14	7

The interview guide sort the following from the Directors of Health Services and Principals of Nursing Institutes: the number of health facilities in the region, the number of nurses in the region, the number of nurses on study leave, frequency of the organization of short courses for professional development, and their views on distance learning.

Table 6 indicates the number of health facilities and total number of nurses in the three regions.

Table 6: Number of Health Facilities and Nurses

Variable	Number
Health Facility	
Hospital	50
Health Centre and Clinic	367
Personnel	
Nurses	2,446

The number of nurses on study leave was not readily available to the researchers. It was confirmed that study leave with pay is granted to nurses who qualify and apply, however, certain factors determine the

number who are granted annually. These factors were identified as; relevance of the course/program to work; absence would not create any problem at the work place; and whether the region would benefit from the course/program. These factors tend to delimit the number of nurses who are given the chance to pursue further studies, hence the majority wanted to embrace the distance education concept, which would allow them to attain higher education without leaving their work place. This complies with the observation by Rose (1995) that, "In various forms, distance education has proven to be capable of educating groups of people who would not probably attend higher education otherwise".

On their views of distance education for nurses, the Directors of Health Services and Principals of the Nursing Training Institutes in the survey regions indicated that it would not be conducive for the basic or initial training since that involves a lot of practical or clinical work. However, it would be good for those in service, especially from SRN to Diploma, and Diploma to Degree. This view is in line with the views of Dutta *et al* (1996) that being an innovative and flexible system, and having the ability to respond to emerging training and educational needs, distance education is more appropriate for in-service training of health personnel.

CONCLUSION

This paper has looked at how to address the educational needs of health workers in Ghana using distance education. It was found that majority of the nurses really want to develop their professional skills but are delimited in their efforts. Due to this, they now want an alternative, and this can be obtained through distance education. This collaborates with Dodd's (1991) assertion that distance education is a great equalizer of educational opportunity and provides large numbers with the chance to continue their education.

Certain issues came up that need to be addressed and considered for successful application of distance education programs for health professions:

1. For specialization, clinical practice should be done in specific locations, and this may pose a problem to nurses who are not working in those health facilities with the requisite amenities or services and professionals to supervise.
2. Only general nursing courses can be undertaken using distance education, however, in order to meet the diversified and emerging needs of health workers, the programs and courses have to go beyond medical graduates to include a wide variety of need-based functional areas ranging from simple awareness programs to more complicated skill-oriented courses on epidemiology and health economics.
3. Students must be supported to increase expertise with both their complex provider role as well as new technologies.

In conclusion, it is worth noting that distance education has tremendous potential for providing education and training programs for health workers. For this to be achieved, the stakeholders in the Nursing Service; the Ministry of Health, the Ghana health services, the Nurses and Midwives Council, and the Universities should all come on board to make this facility available to the nurses.

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