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Nursing in Ethiopia

Nursing can be defined as the diagnosis and management of human reactions to tangible or possible health complications. Nursing can also be described as a skill incorporating science that involves working with patients, their families, and groups to not only enhance overall body health but also improve the psyche and soul of an individual. In this regard, nursing can be thought of as an active therapy incorporating instructive processes that aim at serving the wellbeing of patients. Nevertheless, the profession has been widely seen as dominantly female. As a result, nursing as a profession has struggled to be identified as so. Undeniably, the term nursing might have been derived from a word referring to nourish or nurture as mothers would to their young ones (Alano 2). However, the development of nursing into a complex yet crucial profession has necessitated its recognition in the medical world. This research essay analyses the history of nursing and its incorporation in Ethiopia

Historical context

Alano argues that the history of nursing can be traced back as far as that of humans (2). In this argument, Alano contends that the human species has for a long time been challenged to foster and care for the sick and helpless (2). Nevertheless, the Renaissance period ushered in a new era of eccentricity and greediness. Alano argues that in this time, the monastic orders associated with

people declined (4). In this regard, the selfless image of nurses as it was depicted in the Christian and the Middle Ages rapidly changed. Provision of care to the ill and the dependent was delegated to servants or those individuals unable to fend for themselves. As a result, hospitals during the Renaissance were filled with epidemics and numerous deaths. Moreover, individuals who worked in this settings were viewed as evil and unpleasant (Alano 5).

The 19th century saw this negative view of nurses changed by a single lady known as Florence Nightingale (Alano 5). Even though she was born to a wealthy family, she chose to stay away from a life of luxury owing to her strong Christian beliefs. Following her Christian ideals, Florence opted to commit her life to serving the ill and helpless. Alano argues that due to her education and wisdom, Florence realised that optimum caregiving required an education (5). Through her strong will, she was able to persist constant opposition from her family and the society. Finally, she commenced her personal study and research concerning hygiene and health.

Owing to her success, Florence was recognized by Britain's Secretary of War who enlisted her for an outstanding job. At this time, Britain was engaged in a fierce battle in Crimea and reports arriving in the country showed that majority of the causalities died while nursing their wounds in the hospitals than they were in the battlefield (Alano 5). Upon her recruitment, funds were gathered and nurses employed for Nightingale's campaign. Upon arrival, Florence realized that the conditions in the infirmaries were appalling. The lack of a functioning sewer system, disorganized medical operations, poor laundry services and bad food all contributed to the pandemic that was going on in these hospitals (Alano 5). Moreover, Florence insisted on retaining control of her supplies and funding and together with her staff, were able to reduce the death toll significantly. Alano contends that Nightingale's efforts, combined with those of her

staff reduced the number of fatalities of the injured to less than three percent (6). Eventually, Florence was able to bring about reforms in the military's approach to health care.

After getting back to Britain in 1860, Florence established the Nightingale School of Nursing (Cherie, Mekonen and Shimelse 7). This particular institution served as a unique model to other establishments. Additionally, Cherie, Mekonen, and Shimelse state that the highly qualified graduates from this institution travelled the world over to manage hospitals and training institutions. In this regard, it is safe to state that the nursing, as it is present, owes its existence to Florence Nightingale.

Nursing in Ethiopia

While it is among the oldest countries in the world, the arrival of modern medical procedures and apparatus was slow in Ethiopia. According to Cherie, Mekonen, and Shimelse, this can be attributed to the status many ancient tribes held towards diseases (8). Illness to a lot of people was perceived as punishment from the gods or as a result of evil magic. Nevertheless, traditional communities had medicine men (locally referred to Hakims or wegasha) who would perform rituals, while utilizing specific herbs. Conacher argues that while it is among the largest of the developing countries in Africa, Ethiopia still presents aspects of health care common to developing countries (141). These characteristics include the frequent occurrence of infectious diseases, famine, limited monetary resources, numerous peasant communities relying on agriculture, a significant percentage of the population made up of children and scarcity of trained health personnel (Conacher 141). In this section of the paper, the development of nursing in Ethiopia will be traced.

The early 20th century saw the establishment of Ethiopia's first medical facility. Ali states that the Menelik II Hospital in Ethiopia was the first ever doctor's facility in the country, having been opened in 1909 (158). At the time, the workforce was mainly made up of Russian personnel working in the health sector. This influx of Russian personnel was attributed to the relationship Ethiopia and Russia had in their bid to fight off Italian intrusion in the late 1890s (Ali 158). It is from this alliance that the present day Ethiopia emerged, with its first ruler Emperor Menelik II. In contrast to other African countries at the time, the defeat of Italian invasion by the Ethiopians ensured that the country placed itself as a sovereign state, free from colonialism (Ali 158). Tafari Makonnen, the Emperor's cousin was crowned the new ruler (crowned Emperor Haile Selassie I) after Menelik II's daughter, who was his successor, died in 1930. At his time, the medical facility was in use as a training facility for health personnel prior to a second invasion attempt by the Italians in 1936. Three years later, Tafari Makonnen's daughter, Princess Tsehai, completed her training on child nursing and went on to become Ethiopia's first national nurse (Ali 158).

During the Second World War, Ethiopian nurses originated from different regions. After Ethiopia's liberation from Italian invasion in 1942, Sister Meheret Paulos graduated from a nursing school in Jerusalem, before working with the first British Army in the North African country of Egypt (Ali 158). After her work in Egypt, she returned to Ethiopia and served in some hospitals in her home country. Ali goes on to state that in 1945, Swedish medical recruits were recruited in Ethiopia to ease the burden on the country's healthcare workforce (158). Furthermore, the World Health Organization (WHO), under its "Field Mission" initiative sent a doctor and nurse to help establish a course in ancillary nursing (Goodman 134). In 1949, Sister Sambatu Gabru graduated from her studies in Beirut, before heading to Canada to receive further

training and returning to Ethiopia to work as a matron in both Menelik II and Haile Selassie I Hospitals (Ali 158).

Post World War II saw growth in nursing schools in Ethiopia. According to Ali, 1949 saw the establishment of a nursing school that offered a three-year course primarily for women (158). This nursing school resulted from combined efforts of Haile Selassie I Hospital and the Ethiopian Red Cross. More than half a century on, the director of this establishment remains to be of Swedish nationality (Ali 158). A year later, the WHO sponsored five women of Ethiopian nationality to the British Hospital in Uganda, where they underwent training in nursing and graduated after four years (Ali 158). In his article, Ali states that in the same year (1950), the Zweditu School of Nursing was established offering a three year program course on nursing for both male and female applicants (158).

In 1954, Haile Selassie I Public Health College was built up in Gondar to the North of Ethiopia. Brown, Alemu, and Watkins argue that this is one out of three medical colleges in the country that produces 150 medical graduates annually (28). This medical facility at Gondar serves up to 120,000 citizens leaving in the town (Brown, Alemu and Watkins 28). The surrounding regions have about 10 medical centres that together serve a total of 300,000 individuals living in the rural regions of Gondar. According to Brown, Alemu, and Watkins, the largest faculty of medicine in Ethiopia is located in the countries capital at the University in Addis Ababa (28). Together with the medical facility in Gondar (north) and Jimma (south), Brown, Alemu and Watkins estimate that these three medical facilities serve up to 60 million inhabitants of the country.

The Dergue regime converted the previous nursing training that concentrated on bedside and community training to a more comprehensive program (Alano 8). During this system, an additional health care training institution was established in Jimma, in the southern part of the country. The new training facility aimed at teaching health practitioners using an approach based on educational philosophy and based on the community (Alano 8). After the toppling of the Dergue regime, the provisional administration of Ethiopia established a new health policy. According to Alano, the new policy focused on the promotion of health, prevention of diseases and therapeutic and rehabilitative health care services (9). This new policy focused more on rural communities and those affected most by manmade disasters. Furthermore, the transitional government ensured the establishment of additional training institutions for health workers to safeguard the workforce. Two training institutions, one in Alamaya University and the other in Dilla College of Teacher Education and Health Sciences were inaugurated in 1996 (Alano 9). As a result of this new health policy, the number of individuals trained in nursing and health care provision increased exponentially. Additionally, the formation of nursing association (the Ethiopian Nurses Association) has helped grow the number of Ethiopian nurses over the years (Murray 158).

As a result of the new health policy put in place by the interim Ethiopian government, the country has seen an expansion in the number of institutions offering higher education. Alano argues that this expansion is responsible for the increased number of higher learning institutions offering degree programs in nursing (9). A good example is Mekele University that introduced a medical education course. Additionally, Hawassa University opened its College of health Science expanding its scope on medical programs (Alano 9).Additionally, the Federal Ministry of Defence set up a University College which trained medical personnel (Alano 9).

Nursing Processes in Ethiopia

According to Hagos, Alemseged and Balcha nursing processes were initially adopted by nurses from North America and the United Kingdom (1). According to Hagos, Alemseged, and Balcha, the processes were passed from General System Theory (GST) and had rapidly become the norm not only in contemporary nursing but also in competence nurse dogma (1). The nursing process is an accepted as the most suitable technique of clarifying the nursing core, its scientific foundation, skills, and humanists expectations that inspire critical thinking and originality while permitting the solution of problems in the professional environment (Hagos, Alemseged and Balcha 1).

Moreover, Hagos, Alemseged, and Balcha argue that implementation of nursing processes will improve the quality of services hospitals provide to their patients (2). Additionally, implementation enhances the building of hypothetical and scientific awareness as a result of clinical repetition. As discussed earlier, health services in Ethiopia are yet to be world class. The limited services mainly due to scarcity in the number of trained personnel translate to poor quality of health care. Hagos, Alemseged, and Balcha argue that the quality of nursing in Ethiopia is also poor and contends that application of using processes will help improve the condition (2).

In their research, Hagos, Alemseged, and Balcha aim at examining the application and effect of nursing processes in Mekelle Zone Hospitals in Ethiopia (1). The authors utilize a cross-sectional technique that utilizes both qualitative and quantitative methods to evaluate the effectiveness of nursing processes in Ethiopia. Qualitative data was collected from 14 heads of nursing departments from six hospitals while the quantitative information was collected from

200 randomly chosen nurses from the six hospitals, proportional to their size (Hagos, Alemseged and Balcha 1). Analysis of the collected data was done using thematic examination and SPSS (version 16.1) for qualitative and quantitative data correspondingly. The research yielded five results as are explained below.

Knowledge stood out as a determining factor for application of nursing processes (Hagos, Alemseged and Balcha 7). From the study, 90% of the nurses scored less than 50% on questions related to their knowledge (Hagos, Alemseged and Balcha 7). From this result, the authors argue that nurses lack enough information to apply the nursing processes.

Both the qualitative and quantitative results revealed that 99.5% of the nurses are positive about nursing processes (Hagos, Alemseged and Balcha 7). The authors concluded the attitude is not the problem with regards to utilizing nursing processes. From this result, knowledge was seen as the most common hindrance of applying nursing processes by Ethiopian nurses.

The third result showed that application of nursing processes following the scientific methodology was not done in the hospitals that were studied (Hagos, Alemseged and Balcha 7). 100% of the participants admitted not to apply any nursing processes.

A sociodemographic link such as edification levels was shown to have a strong relationship with the knowledge nurses have on nursing processes. From the study, Hagos, Alemseged, and Balcha identified that nurses who had a Bachelor of Science degrees were better educated on how to apply nursing processes than those who hold diplomas (7).

From the study, the authors concluded that majority of the enabling and buttressing factors did not inspire nurses to apply the nursing processes in their practice (Hagos, Alemseged and Balcha 7). From these results, the authors concluded that 90% of the nurse workforce in

Ethiopia have poor knowledge on nursing processes and urge the government to emphasize its application in the country's hospitals.

Occupational Exposure for Nurses in Ethiopia

Occupational exposure to the biological material by health care workers is a grave concern for the medical fraternity. Reda, Fisseha, and Mengistie argue that exposure to blood and bodily fluids present as a risk to healthcare worker, especially to conducting life-threatening diseases such hepatitis B and C and human immunodeficiency virus (HIV) (e14420). In this regard, developing countries, such as Ethiopia, report high cases of occupational exposure. Moreover, it should be taken into consideration that majority of the developing countries in Sub-Saharan Africa account for the highest occurrence rates of HIV (Reda, Fisseha and Mengistie e14420). In Ethiopia, limited studies have been conducted to describe the state of occasional exposure on the country's health care workers with regards to the standard precautions.

In their research, Reda, Fisseha, and Mengistie aim at investigating occupational exposures on the medical workforce in eastern Ethiopia (e14420). The study included 457 healthcare workers, including nurses, who were randomly picked from 10 hospitals and 20 health care centres from the eastern part of Ethiopia. The study utilized questionnaires that had a response rate of 84.4% (Reda, Fisseha and Mengistie e14420). The result showed a high percentage of health workers in Ethiopia are exposed to high levels of blood and biological fluids. Additionally, Reda, Fisseha, and Mengistie state that the research revealed suboptimal practices carried out by nurses that not only endanger them, but also put the life of patients in jeopardy (e14420). The authors argue that health authorities from this region of Ethiopia, and

possibly others, need to improve training of health care workers to ensure operational exposure to these possibly harmful biological materials is reduced (Reda, Fisseha and Mengistie e14420).

Improving the Quality of Nursing in Ethiopia

While quality improvement techniques have been known to promote better management and effectiveness of health centres, these methods are modest in developing countries (Bradley, Hartwig and Rowe 392). Bradley, Hartwig, and Rowe designed a study which sought to examine the Ethiopia Hospital Management Initiative (EHMI) (393). The study aimed at refining the intervention plan through the use of quality improvement techniques. Subsequently, the study revealed that quality improvement methods are capable of bringing about positive management changes even in developing countries (Bradley, Hartwig and Rowe).

Conclusion

As discussed, nursing has a history that stretches back as far as that of humans. Nonetheless, the position of nurses has remained somewhat similar over the years. Perception of nurses is what has changed significantly over the years. Presently, nursing is a respectable profession that plays a major role in provision of health care. While Ethiopia is considered to be among the oldest countries in the world, the slow arrival of modern medical procedures and apparatus has led to poor growth in the health sector. Nevertheless, much is yet to be done for the country to realize high-quality provision of health care. Increasing the health care workforce is crucial to ensure the country secures a healthier future. The establishment of numerous nursing training institutions is a milestone in achieving this objective.

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