

# Proliferation of new health cadres: A response to acute shortage of nurses and midwives by sub-Saharan African governments

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There is a global shortage of health care professionals. Shortage of nurses and midwives, in particular, has led to health care crisis in most of the sub-Saharan countries (Awases et al., 2004). The source of this problem is multifaceted. But a major contributing factor is the widening economic gap between the developing and the developed world which has led to limited resources and poverty in many developing countries. Globalization, which refers to an increase in interdependence and interconnectedness of the modern world through information technology, business transactions and high mobility of people world wide (Obasi and Olutayo, 2008), is now a major force. Globalization which is driven by capitalism has increased competition worldwide, one consequence of which is that many skilled people in developing countries are migrating to the developed world for 'greener pastures'.

Nurses and midwives in the sub-Saharan region have not escaped this development. However, their migration to other African countries and further afield has created a crisis because of the critical role that they play in their countries' health care systems. Nurses' and midwives' motivation to migrate has been created by inadequate salaries, lack of incentives, lack of retention strategies, and the major impact of HIV/AIDS which has resulted in increasingly heavy workloads and long work shifts. According to WHO (2006), 57 countries (36 of which are

in sub-Saharan Africa) experience an extreme health workforce shortage. Sub-Saharan Africa which accounts for only 11% of the world's population carries 25% of the global disease burden. It has been estimated that Africa needs an additional one million health care workers out of the 4.2 million shortage globally.

Governments of all countries have a responsibility to ensure that its people have access to high quality health services. Sub-Saharan governments face a great challenge in meeting this obligation. Some governments have resorted to short-term measures such as creation of new health care cadres to assume nursing and midwifery roles. Nurses and midwives are expected to train these emerging cadres of community health workers many of whom have only minimal basic education, and who are trained for a very short period (Holzemer, 2008; WHO/AFRO, 2007). These new cadres will assume some nursing roles, and are to be supervised by nurses and midwives.

What is the reaction of nurses and midwives to this initiative? How do these roles impact on the image of nursing and the quality of care to clients? These are important questions. Emerging cadres demand task-shifting and delegation of duties. If nurses haphazardly delegate some of their responsibilities, this will have the effect of damaging their positive social image. These health cadres are usually trained on manual tasks, especially in community home-based care; but acute shortage of nurses and midwives means that these cadres will also assume some nursing roles, although without the knowledge and skills that are required. This may, in my view, damage the image of nurses and midwives in the societies in which they serve. And it may also impact negatively on the quality of care received by patients.

In most African countries physicians and nurses are well known members of the health workforce. In this region any one in a white uniform or coat is perceived as a medical doctor or a nurse. Indeed, any other healthcare cadre is likely to be classified as a nurse. To protect their good reputation it is prudent for nurses to adhere to the ICN classification of a nurse (Holzemer, 2008), because nurses are in the best position to control the transfer of nursing tasks to various levels of nursing as guided by levels of preparation and meet different levels of nursing

personnel who have adequate educational international nursing standards for each level. This will protect the image of a nurse and not compromise the quality of care to population groups who are already disadvantaged. It is the nurses and midwives' responsibility to promote high quality health care for the population, and lobby governments to recognize nursing and midwifery as defined and classified by the ICN. Training of nurses at different levels will save costs because it will allow articulation and harmonization of nursing programs and upward mobility of nurses in their career.

Nurses have to jealously guard their boundaries and professional image. It is important to carefully delineate the roles and titles of these new cadres, and avoid use of 'nurse' or 'nursing' in their titles. These cadres often assist other health professionals with menial work. Thus their training and titles should reflect the nature of their job.

An interesting scenario occurred in one of the Southern African countries, where the government proposed a cadre to assist in crowded hospitals which result from admission of critically ill HIV/AIDS patients. These cadres were to be trained in health sciences colleges and the government's ministry of health requested that the national nursing and midwifery statutory body register them. The nurses and midwifery council declined this request and insisted that their title should not contain the word 'nurse' or 'nursing'. Since this health cadre would assist all health professionals the government has approved the title of Health Care Auxiliary (HCA). Nurses and midwives developed the curriculum for HCAs based on lists provided by the different health professionals of the tasks that HCAs would undertake.

However, training emerging health cadres such as HCAs can only be a temporary measure. It will not address the challenges that face sub-Saharan African governments to ensure provision of high quality health care to their populations. Primary health care strategies purport a participatory approach to health care but it does not promote delegation of professional responsibility to inadequately prepared cadres. The Global Forum for Health meeting which took place in Kampala Uganda, in March 2008, highlighted that governments need to scale up the health workforce, in particular nurses and midwives in sub-Saharan Africa. It is essential to curb migration by identifying measures which will enhance retention, through creating environments which would include such features as positive practice environments, adequate remuneration, active involvement of nurses and midwives in decision making and instituting effective management within the health care systems. Positive practice environments will have additional benefits such as ensuring safety for staff and patients, enhancing the quality of patient care, and improving staff morale and the overall functioning of the health care system (Report on the First Global Forum for Health, 2008)

Dornan (2008) emphasizes that each profession should carefully delineate its boundaries, identify its roles, define

its purpose and determine its existence. Corbin (2008) argues that registered nurses are often removed from direct patient care activities into leadership and management roles and instead delegate patient care activities to the support health workforce. These practices can easily convince governments that nursing roles can be performed by non nurses. Moreover, decreasing numbers of nurses in patient care settings will reduce their capacity to play their supervisory role due to job strain which ultimately leads to job dissatisfaction, lack of motivation and passion to work as a nurse. It is therefore critical for nurses in sub-Saharan Africa to re-define their practice, enhance their internal motivation, be resilient and be confident about their professional identity (Scholes, 2008). Migration of nurses and midwives in sub-Saharan Africa may be reduced by improving recruitment and retention measures (Robinson et al., 2008). But in an increasingly global economy the workforce problems of sub-Saharan Africa cannot be viewed in isolation and cannot be solved by short-term fixes of solely local action.

#### Conflicts of interest

None declared.

#### References

- Awases, M., Gbary, A., Nyoni, J., Chatora, R., 2004. Migration of health professionals in six countries: a synthesis Report: WHO Regional Office for Africa.
- Corbin, J., 2008. Is caring a lost art in nursing. *International Journal of Nursing Studies* 45 (2), 163–165.
- Dornan, J.C., 2008. Guest editorial: is childbirth in the UK really mother centered? *International Journal of Nursing Studies* 45 (2008), 809–811.
- Holzemer, W.L., 2008. Building a qualified global nursing workforce: guest editorial. The Author: journal compilation. International Council of Nurses.
- Obasi, I.N., Olutayo, A.O., 2008. The Bologna Process and African Universities: Limits and Contradictions of Neo-liberal Capitalist Globalization Reforms in High Education Paper Presented at the Tertiary Education Research Seminal Services. University of Botswana Gaborone, Botswana.
- Report on First Global Forum on Human Resources for Health, March 2–7, 2008 Kampala, Uganda.
- Robinson, S., Murrells, T., Griffiths, P., 2008. Investigating the dynamics of nurse migration in early career A longitudinal questionnaire survey of variation in regional retention of diploma qualifiers in England. *International Journal of Nursing Studies* 45 (2007), 1064–1080.
- Scholes, J., 2008. Coping with the professional identity crisis: is building resilience the answer? Guest Editorial: *International Journal of Nursing Studies* 45 (7), 975–978.
- WHO/AFRO, 2007. Increasing Nurse and Midwives numbers and capacity for scaling up health service delivery: a strategic plan for the WHO/AFRO Region: 2008–2017 WHO Report (2006).

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