Nurses’ experiences of working with quality improvement in Tanzanian healthcare. 
A study done in Arusha.

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ABSTRACT

To constantly work with quality improvement is important to maintain a high standard of care. Tanzania is one of many countries facing challenges within the health sector due to constrained resources. Exploring the nurses’ perspective of working with quality improvement gives a glimpse of the current situation in the Tanzanian health sector. The purpose of this study is to analyse the nurses’ experiences of working with quality improvement. For this study interviews have been conducted and then analysed through a qualitative content inductive analysis. The result showed the nurses’ experiences of obstacles and possibilities when developing the quality of care. Main categories were lack of economy, resources and staff, feeling empowered and healthy team dynamics among colleagues. During the study the authors encountered several obstacles that limited the study. An ethical approval was required, thus only six participants partook in this study. Lack of economy resulted in the biggest obstacle towards improvement as this limited investing in possible assets. The effects of good collaboration between colleagues are shown in many studies to be beneficial for the working atmosphere, which was also found in this study.

Key words: Quality improvement, Tanzania, nurse, nursing care, healthcare
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INTRODUCTION

United Nations (2015) has set seventeen goals to ensure sustainable development across the world. One of these goals is promoting wellbeing as well as ensuring healthy lives for all ages and all people. Tanzania is a country facing challenges in the health sector. The gap between available resources and the resources at hand is large. Inadequate resources, lack of qualified staff and limited budgets are underlying factors. Many health facilities are in need of restoration and upgrading to make way for new initiatives, electricity, running water and other equipment (World Health Organization (WHO) Regional Office for Africa 2009, pp. 10-11). Working with quality improvement can be seen as a tool to identify the needs within an organization and also how to meet those needs. The nurses often work closely with the patient together with a team of different professions. The nurses play a key role in the healthcare system and their labour and effort can help push the healthcare forward. Our goal is to explore the nurses’ perspective of the obstacles and opportunities in developing healthcare in Tanzania. We chose to conduct our study in Tanzania due to a personal interest in the country. It was also convenient since we already had a contact person in the country. We hope that this study can broaden our view and give us insight in how to work with development and improvements, and potential applications to other healthcare systems.

BACKGROUND

Tanzania

The united republic of Tanzania had in the year of 2016 a population of 57 million, which are about 57 people per square meter. The distribution of people is uneven, about a third of the population live in cities, which make the countryside more sparsely populated (Svanberg, Rundquist & Brandström 2017). Tanzania is a country with many different religions. About 60 percent are Christians, either catholic, protestant or another minority Christian group. Almost a third of the population are Muslims and about ten percent are following traditional native African religion (Dahlgren & Westerlund 2017).

The gross domestic product per capita of Tanzania is considered to be one of the lowest around the world. Over twenty percent of the population live in poverty with less than 2 US dollar per day. The life expectancy was estimated, in 2011, to be 57 years old for women and 56 years old for men (Hansson 2017). In the last decade the country has reached higher economic and political stability, which has affected the development of the country. The political stability has opened the door for investors to pour into the country and the fight over poverty has become a political goal. In 2010 the Tanzanian government took part in a national strategy for growth and the reduction of poverty that can be summarized within three main topics. The topics are; economic growth to increase the personal income, social welfare and improving quality of life, democratic governance and a demand of accountability and liability (Sida 2015). The political party
in charge has been the same since 1962 and a new president is selected every fifth year (Hansson & Palmberg 2017).

**Tanzanian healthcare system**

Health is of great importance to peoples’ welfare and happiness. Health does not only affect humans on an individual level. It also has a national effect; through economic progress, longer lifespans, and the ability for people to save up money and be more productive (WHO 2016). This shows the connection between how quality of life can affect the different spheres of society and a country on a national scale. Health is a very important factor, if not the most important factor, when it comes to the development of a country.

The provision of healthcare in low-income countries is generally considered to be of lower quality due to constrained resources. The struggle is related to the complexity of inadequate access to necessary medicine and technology, combined with insufficient human resources. Many African countries, however, have made the provision of quality healthcare a top priority. In high-income countries the quality of patient care in hospitals is steady on the agenda, in comparison to low-income countries, where it has been slower to gain traction (Shijima, Eliakimu, Takahashi & Miyamoto 2014).

The healthcare system in Tanzania is mainly built on state management where the goal has been equal healthcare for everyone. This goal has not yet been reached due to economic issues. In the year of 2009 the estimated amount of money set for healthcare was about five percent of the total governmental budget (Hansson 2017). The health financing system is based on either the central national budget through the government or by local government budget. There are also private organizations or faith-based organizations, which are dependent on service fees from clients and donations (Haazen 2012, p. 10).

**Quality improvement in Tanzanian healthcare**

Modern healthcare is facing new challenges. Demography, modern technology and new discoveries broaden our knowledge and contribute to constant development of society (Myndigheten för vård- och omsorgsanalys 2016). Healthcare needs to be on the forefront of science and follow the trend of development to keep up with the pace of change. To meet the developments of society it is of great importance for nurses and other healthcare workers to constantly work with quality improvement. Rosengren (2014, s. 109) means that healthcare workers’ abilities and qualifications should set the standard of how to work with quality improvement. Healthcare providers are unique individuals and need to be given development opportunities based on their personal qualification. A cross-sectional study was conducted at a public hospital in Dar es Salaam, Tanzania. The aim of the study was to look at patients’ level of satisfaction on the quality of care. The result showed that the patients had an overall dissatisfaction
with the level of care received and that the management of the hospital should focus on helping the staff to improve their communication (Khamis & Njau 2014).

The result of a study made in 2014 show that there are multiple factors influencing the implementation of working with quality improvement. It is not enough to only have skills and knowledge in the matter. Good leadership and teamwork are other factors influencing the effect and quality of implementation (Shijima et al. 2014).

**Nurses’ role in Tanzanian healthcare**

The Tanzania Nursing and Midwifery Council (TNMC 2014, p. 1) is an organization established to regulate the education of nurses and nursing practice in Tanzania. The purpose is to ensure that a high standard is maintained in the nursing field to guard, endorse and preserve the public health, welfare and safety. There are six different levels of preparation for nurses in Tanzania, varying from certificate level to doctorate degree or PhD in Nursing. The second level of preparation, diploma in nursing, cover the task of improving the practice based on updated research.

The nursing practice is based on numerous principles. Some of these principles focus on the nurses’ ability to implement and ensure quality care for patients. These principles include that the nurses must work evidence-based using skills and knowledge to ensure that quality care is received by the patients. Through different settings and by using innovative ideas the nurse needs to facilitate quality healthcare through a safe and supportive environment. Furthermore the scope of nursing describes that the nurse must evaluate his or her work to identify necessary improvements that need to be made. This is described in the nursing process, which is a scientific method used to help nurses identify treatments of health problems. The steps that follow are collecting data, identifying the problem, selecting appropriate interventions, implementing the actions identified and evaluating the treatment. Throughout the process the nurse needs to monitor the patient to evaluate the interventions made. If further assessments were made and the cost of the intervention was ineffective this should be documented by the nurse. In the final step the nurse must evaluate her work to determine if the goals were achieved, whether the interventions were effective and if any changes should be implemented in the future (TNMC 2014, pp. 3-5).

**Nurses’ caring role**

Dahlberg and Segesten (2010, p. 128) describe how each and every one of us creates our own lifeworld based on former lived experiences. The lifeworld is under constant development and affects how we all act and interact with the rest of the world. Ekebergh (2015, p. 19) summarises that using lifeworld as a guide in the patient care helps the caregiver to acknowledge how each individual experiences health, sickness, suffering and care. The caregiver should affirm the patients’ emotions and experiences, listening and partaking in the patients’ lifeworld. The International Council of Nurses (ICN)
2012) highlights the ethical codes that nurses should follow. These include showing respect, integrity, empathy and responsiveness towards the patients.

**Nurses’ dilemmas and workplace situations**

A study done in 2008 explored different ethical dilemmas and workplace distress that nurses in Tanzania faced in their work settings. The study showed that the major factors of their distress were related to the essence of life. In some situations the patients’ lives depended on the resources available in the given situation. Without the proper equipment, nurses were more susceptible to contagious diseases and many nurses felt concerned about their own health. Other factors that caused distress were lack of support from supervisors and doctors. Patients’ economic status determined the level of care received. This created an inner existential worry for the nurses. Despite the fact that they faced adversities and a heavy workload, some of the nurses aimed to improve healthcare for their patients. The nurses educated their staff and underwent training themselves (Häggström, Mbusa & Wadensten 2008).

A study conducted in 2014 explored nurses’ views of how computerization contributed to quality care improvement. The result showed that the nurses’ were positive towards the impact of computerization and how it increased the quality of care. Also the study revealed that leadership played a key role in integrating the computerised systems at the ward. A correlation was found between the leaderships’ approach to quality improvement and quality improvements undertaken by the nurses themselves (Kagan, Fish, Farkash-Fink & Barnoy 2014).

**PROBLEM STATEMENT**

Public health plays an important role for the state of a country's wellbeing and welfare. A better public health contributes to progress and development in different spheres of society. It is important to strive for a high standard of care to reach a better public health and therefore a better society. The Tanzanian health sector is facing challenges affecting the work within quality improvement. The nurses’ carry an ethical responsibility to care for the patients in a respectful way using evidence-based treatments. They play an important role in developing the patient care. When looking at quality improvement in healthcare, we wish to explore how the nurses work in the given situation with the resources they have and to hear their experiences of how to work with improvement at their workplace. It is important to enlighten this for further research in the matter. This study can also contribute to finding tools of how to continue working with quality improvement.
AIM

The purpose of this study was to analyse the nurses’ experiences of working with quality improvement in healthcare in the area of Arusha, Tanzania.

METHOD

To capture the participants’ own experience and expectations of working with quality improvement a qualitative research design, based on interviews, was chosen for this study. In a qualitative design method the researcher has the opportunity to meet the participants face to face and partake in the collecting of data. This opens up for the researcher and participant to meet each other’s inner thoughts, emotions and experiences (Olsson & Sörensen 2011, p.19). According to Nunkoosing (2005 p. 699) the aim of doing a qualitative study is to unify the whole picture of a person’s behaviour, emotions and cognition instead of researching each part separately. Furthermore Nunkoosing describes interviews as the best way to receive and understand another person's lived experience. For this study we have chosen narrative interviews with semi-structured questions, which enable the interviewer to follow the interviewee. Narrative interviews focus on the story of each participant, which can come up spontaneously or with help from the interviewer. This design of an interview supports the participant to express their meaning and knowledge in a natural way (Kvale & Brinkmann 2008, pp.153-155).

Data

The participants of this study were all nurses with a Tanzanian citizenship who had at least two years of working experience as a nurse in the area of Arusha. Originally one set inclusion criteria was that the nurse had to be actively working. Due to certain obstacles along the way, we removed that inclusion criterion. Our last interview was held with a nurse who was currently no longer working at the clinic, but had had six years’ experience of working at one. One interviewee worked at a faith-based hospital, four of them worked at a faith-based clinic and one used to work at a private clinic in the outskirts of Arusha. Seven nurses were asked to participate; six of them accepted the invitation to partake in the study and one of them declined. See table 1 for variables of informants.
Data collection

With help from our local contact person the participants for this study were found. The first hospital that we visited received us and let us hold one interview. They recommended us to see the District Medical Officer for a formal letter of approval for further interviews. The DMO forwarded us to the Regional Medical Officer who declined our request due to new law enforcement in the country made in November of last year. However, our contact person helped us find one clinic that welcomed us to visit and hold interviews, thus adding up to five interviews in total. The final participant was also found by our contact person who knew the participant privately.

The participants were informed of the purpose of the study and the meaning of participation orally and through a letter of consent, see appendix 1. Each interview was held, with agreement from the interviewee, at the clinic or hospital where the participant was working. The lengths of the interviews were between ten to thirty minutes. With the participants permission all interviews were recorded with a dictaphone.

The questions were created with help from the SWOT-analysis, which is based on a survey of a company’s strengths, weaknesses, opportunities and threats. The SWOT-analysis is a commonly used tool when analysing possible improvements within an organization (Piercy & Giles 1989). The aim of using this method was to emphasize positive sides, but also bring to light subjects in need of change. See appendix 2 for questions.

Analysis

Qualitative content inductive analysis was used to analyse the data collected. Inductive analysis method is used when the purpose is to analyse peoples’ stories about different experiences and perceptions (Lundman & Graneheim Häggren 2012, p. 188). The
recorded interviews were transcribed and also thoroughly read through several times to highlight the overall picture. The participants’ identities were removed to keep them anonymous. After reading we discussed the content and reflected over possible headlines and categories that were recurring to identify the categories that connected the interviews. We carefully read through each interview highlighting meaning units and formed them into condensed meaning units and then into codes. While coding the main focus was to describe and lift the variations in the texts, looking at similarities and differences in answers. These codes were then used to identify subcategories and main categories, see example table 2. Whilst analysing we held a dialogue between the two of us to stay aware of any preconceptions and diminish unnecessary interpretations. Dahlberg and Segersten (2010, p.155) discuss the importance of keeping an open mind when meeting others to be able to see the uniqueness in each and every one. One has to be aware of ones’ own preconceptions and expectations to avoid ascribing attributes to the other individual.

Tabel 2. Example of a qualitative content analysis.

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Condensed meaning unit</th>
<th>Code</th>
<th>Subcategories</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>“When my patients recover, especially when I’m out of my office and going to the work and do some nursing procedures. I become very comfortable.”</td>
<td>When patients recover and I’m doing nursing procedures I become very comfortable.</td>
<td>Succeeding as a nurse makes me comfortable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“I feel good […] to serve these children, to serve the patients.”</td>
<td>I feel good serving the patients</td>
<td>Serving makes me happy</td>
<td></td>
<td>Nurses feeling satisfied at work</td>
</tr>
<tr>
<td>&quot;To work with my people, talking to patients and I like the patients. I like to meet them. So what makes me happy.&quot;</td>
<td>It makes me happy to work with my people and meet the patients.</td>
<td>Enjoy the staff group and the patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;I like to serve the clinic patients.&quot;</td>
<td>I like to serve the patients</td>
<td>Serving makes me happy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“…working as a nurse it has to be a calling. […] That is a job, and also passion, what I am called to do, so I was working wholeheartedly.”</td>
<td>Working as a nurse is a calling, a job I do with passion and wholeheartedly</td>
<td>Nursing as a calling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“So the influence I have, I think, is within the lab […] within the lab I can command, I am the one who is standing here.”</td>
<td>I have influence within the lab where I can command</td>
<td>Influence at my work area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ethical considerations

Olsson and Sörensen (2011, p. 85) mean that a high ethical standard within studies is characterised by the four requirements of comprehensibility, compliance, confidentiality and the principle of usefulness. These requirements indicate that the researcher provides clear information about the study to the participants and that participation is completely voluntary. The data collected must be kept safe to assure that unauthorised personnel cannot access the recordings or the transcriptions thus to keep the information confidential. The collected data must only be used for the intended study.

To keep a high ethical standard, we chose to follow these requirements and inform all participants both orally and in writing describing the indication and implication of the study. The letter of consent was handed out before the interview started, see appendix 1.
RESULT

After analysing the collected data from the interviews, twelve subcategories were found. These subcategories were then compiled into five main categories, see table 3.

Table 3. Subcategories and Categories

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of finances</td>
<td>Economic resources</td>
</tr>
<tr>
<td>To rely on donations</td>
<td></td>
</tr>
<tr>
<td>Nurses’ power to improve</td>
<td>Self confidence</td>
</tr>
<tr>
<td>Nurses feeling satisfied at work</td>
<td></td>
</tr>
<tr>
<td>Lack of staff</td>
<td>Human resources</td>
</tr>
<tr>
<td>Working with qualified staff</td>
<td></td>
</tr>
<tr>
<td>Nurses feeling distress at work</td>
<td>Workplace challenges</td>
</tr>
<tr>
<td>Many steps to deliver a message to the manager</td>
<td></td>
</tr>
<tr>
<td>Patients lack of knowledge</td>
<td></td>
</tr>
<tr>
<td>Unity in the work team</td>
<td>Positive working environment</td>
</tr>
<tr>
<td>Satisfied with material resources</td>
<td></td>
</tr>
<tr>
<td>Collaboration with other institutions</td>
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</tbody>
</table>

Economic resources

The financial status of the organization was a recurring topic of how it affected the work situation. The lack of finances was presented as an obstacle towards improvement. Receiving donations from private donors helped the situation to a certain extent. From this context the subcategories lack of finances and relying on donations emerged.

Lack of finances

The lack of finances resulted in a shortage of staff, equipment and supplies at the different clinics and hospitals. Examples of supplies were lack of medicine, beddings and cleaning equipment. Depending on how the clinic or hospital was funded a variety of economic struggle occurred.

“When it comes to the private it’s hard because it’s all about your ability and your financial status. With the government it is easier because they can do anything with the taxes to improve the clinics services, the hospitals services. But with the private in
getting our resources and improvement of the resources and everything depended on what we get and how we will utilize that.”

The wish for better economic resources to be able to expand the organization was explained as an important matter in how to develop the workplace. To meet a wider group of patients and to manage to give more treatments expansion was needed. To be able to admit the patient and to make room for an operation theatre were examples of new ideas to develop. The desire to expand was also based on the qualification of the staff. The staff was sometimes overqualified and it was explained how they could not fully practice their skills and knowledge although they had the education to perform other tasks.

**To rely on donations**

To receive help from private donors was explained as something important as this supplied the organization with equipment and material. Even though financial improvements had been made, all needs had not yet been met. Depending on which organization and how it was funded the need for donations varied.

“And with the help from our donors we managed to have some equipment like bed sheets and mattresses but still we have other needs, which need to be followed up [...] And if some donors then come in we get more and we use the money to pay our staff.”

**Self confidence**

The result showed that the nurses shared a mutual sense of joy about going to work. Due to the open work atmosphere they felt confident in sharing their thoughts and ideas. Having the right knowledge and succeeding with new assignments was also explained as factors contributing towards good confidence.

**Nurses’ power to improve**

The nurses described in different ways how they felt empowered at work. Overall new ideas were welcomed but sometimes hard to establish due to limited resources. It was expressed that the nurses felt they had power to influence towards change but mainly within their work responsibilities.

Colleagues being open to new ideas were found to be beneficial towards implementing improvements at a workplace. The importance of good communication between colleagues was highlighted as a fundamental component to succeed in working with quality improvement. Going through training and sharing the new knowledge and ideas with colleagues was explained as tactics to influence.

“For example we improve every day because we have some training, we improve some things, do this... we come here after getting a seminar or training and I introduce it to all staff. At the administration they take action in improving some of this. [...] I have good (power to influence) cause if I see maybe or I have a knowledge, which they don't
know I introduce it to them. Then they can see if it’s good or not. If it’s good then they can take it and work with it.

Many positive experiences were found. At the same time difficulties in implementing changes in the daily work also surfaced through the interviews. The financial issues and lack of time affected the outcome of the development. To implement some improvements there was a need for finances and time, making some situations hard to influence.

Good leadership was also explained as an important factor to maintain a good quality of care. Strict leadership towards the nurses was illustrated as an important component for the staff to take the orders into action.

Nurses feeling satisfied at work
The result showed that there was an overall feeling of satisfaction with the current situation at work, given the resources they had. It was described how the nursing profession felt like a calling and a passion, this perspective was supportive in difficult and challenging situations.

“I say it is a calling, this is what I feel I’ve been called to do, then it’s not a challenge because it is all about giving the time to serve those people the way they are coming. So I was ready to meet them at any point, as who they are. […] When you feel like it is your calling then it’s what you have to do. Then you’ll do it with love, with passion because you know that’s your work. That is a job and also a passion.”

Serving the patients and seeing them recover was found to go hand in hand with feeling happy at work and overcoming stressful situations. The result also showed that succeeding with tasks and improvements increased the feeling of happiness and self-satisfaction. Desired changes could at first seem difficult to apply, but after adapting to the new situation, it contributed to personal development.

Human resources
Two main subcategories emerged from the interviews, where the nurses highlighted the consequences of lack of staff and also the benefits of the highly qualified staff they had.

Lack of staff
A need for more staff, especially nurses, at the different clinics and hospital was a recurring topic of conversation. The result showed that the shortage of staff and heavy workload affected the memory of the nurses. It happened that the staff forgot to do some work activities, i.e. checking vital signs and administering medication. To solve this, it was explained, that tough leadership was required to push the co-workers into getting
all activities done. The shortage of nurses on a national scale was described and also how the number of staff varied within different organizations.

“We have one nurse, sometimes only one nurse per shift. [...] Even if there are forty patients you will be alone. Even if there are fifty patients you will find yourself alone. [...] So you find sometimes she forgets the vital signs. You see? [...] You try to push them to do those activities they feel like they have been overworked. But still we are pushing our staff, so they get used to knowing they are supposed to do those activities.”

The result showed how the situation of lack of staff made the nurses work excessively and that they could not provide the necessary care to their patients. It was explained that they needed more staff to be able to care for the patients quickly and easily.

Working with qualified staff
Qualified education and good knowledge of the staff were factors that fostered a positive working environment. This resulted in feeling comfortable to receive patients with all kind of conditions, at the same time as knowing and being aware of the limitations.

“...the second thing that made our work to go is because they had a lot of educated people. [...] I was ready to receive any patient with any condition they come in with. Any kind of sickness, I was ready to receive them the way they were. [...] And we used to work according to our ability. If any patient comes who is above our ability to handle we make him or her go into another place where they can meet their needs and treat them on time.”

Workplace challenges
Alongside all the positive aspects of working as a nurse in Tanzania this study also showed some of the challenges found in the nurses’ everyday job. The result showed the feeling of being stressed at work. Another challenge found was the issue of reaching out to the patients and to make them understand the importance of, for example, fulfilling a treatment. A similar issue was also found when trying to communicate with the management, which was not always successful.

Nurses feeling distress at work
As part of the interviews we explored how the nurses coped with distress at work. It was explained that as a human being it is normal to feel distress and that those feelings were not overwhelming. The result also showed the struggle of feeling criticized by colleagues.

“As a human being you cannot be a hundred percent perfect. Therefore someone else may criticise you in one or another way and not do your job properly as a nurse. You see? So when you are criticised you don’t feel happy.”
The government sometimes did interventions and found aspects in need of change within the organization, which was described as something that caused distress. Even though there were a couple of aspects that caused distress at work the result also showed the experience of feeling no distress. Feeling distressed at work was mellowed down by the enjoyment of working.

Many steps to deliver a message to the manager
At the time of the interview all patient records were in hard copy, which consumed a lot of time for the nurses when recording, finding records and delivering the records to the doctors. The result showed that the obstacle to get computers was due to the system of management.

“It's many steps to go to deliver our message, it takes time and sometimes it is forgotten. Yeah it's not easy because when we have some information we’re not going to tell her (director) straight, we’re supposed to tell our leader. The leader who we have here is the doctor, after that administrator. [...] After that, they deliver the message to the director. [...] so many steps, it can get lost.”

Patients lack of knowledge
A challenge that was acknowledged was that many of the patients did not seek medical attention in time. The result found that the more rural the location of the clinic or hospital the longer it took for patients to seek help. To not seek help in time was related to how educated and aware of early symptoms the patient was. The lack of education and awareness, along with not keeping a good hygiene and be able to follow medical procedures were challenges that the Tanzanian nurses were facing when meeting the patients.

“The challenges we used to have is to the patient. That the patient did not understand the health education, how to use medicine in a proper way. That was a challenge. [...] Some people maybe when it is malaria they come when it is very late and then they don’t come early on time. The same apply to other diseases. People are uneducated and unaware of how to go in a proper way so that they can cure those diseases. And some of the diseases it’s environment, health education in the way of environment. Health education in the way of cleanness, hygiene.”

Positive working environment
The result showed that there was a positive working atmosphere. Good team dynamic at work, good material resources and the benefits of cooperating between different professions and instances were all factors that contributed to this.
Unity in the work team

A good team spirit established through unity and cooperation showed to be influencing towards a positive working environment. Beneficial factors were described as support from other colleagues and feeling comfortable asking each other for help. Each profession having clear areas of responsibilities, contributed to working time efficiently and in unity.

“We were working in unit. As the nurses with the doctors we used to work in unit. Like everybody used to understand what they were meant to do and they could do it on time yeah. We were hearing and listening from each other.”

Sharing the same faith was highlighted as a component that strengthened the team unity. The faith gave the staff internal energy, helping them when caring for the patients.

Satisfied with material resources

It was emphasised that the resources available at the workplaces was seen as the strengths of the places. The material resources made it possible to help other hospitals and clinics with some tasks. Having a dispensary was also highlighted as strength.

“[…] we have machines, which can perform things that they are not doing there (other clinics and hospitals)”

Collaboration with other institutions

Good partnership and collaboration with the government and other institutions helped the different hospitals and clinics to improve. The district medical officer was mentioned as someone who helped by providing staff.

Sharing studies and updated research between the different workplaces contributed to keeping up to date with new discoveries and development. The good communication between the different institutions was described as an element that improved the standard of the hospital or clinic.

“And also networking, network on how other clinics works best and then like, making it a better service by; yeah, learning from other places and see the new things that are invested by this but also the governmental advice as well.”

DISCUSSION

Method discussion

The strength of chosen method for this study is that interviews were used as a tool to collect data. Interviews give the first hand resource of the individual’s experience and it
is the best way to receive the story of a person’s lived experience. An interview invites the individual to share his or her emotions, thoughts, expectations and experiences (Nunkoosing 2005, s. 699).

A new law enforcement made in Tanzania last year, gave us some difficulties when collecting data. It limited us from entering and receiving interviews from most clinics and hospitals. Students who want to do research in the country require a research permit, together with a letter of introduction from the hosting institution (Embassy of the United Republic of Tanzania in Nordic countries and Baltic states 2016). Unfortunately we missed this information entering on a visitor’s visa. The good relationship between our contact person and one clinic opened up the opportunity for us to interview the nurses working there. Our final interview, conducted at a different workplace, was also facilitated by our contact person who knew the nurse personally. Although all interviews were good and helpful, the situation limited us from randomizing the participants. Originally we wanted to explore how nurses work with quality improvement in present time, but one of the interviewees was no longer working as a nurse. The current situation forced us to be content with the participants provided for us. We were aware that our contact person could have an impact on the result since he helped to provide the interviewees but he personally had no interest or received any personal gain from this study.

The first interview took place in the office of the hospital secretary, who was also referred to as the "boss". She was the one who gave us permission to hold the interview on the condition that she would be present during the interview. This could be seen as something that weakens the reliability of this interview, as we suspect that the nurse conformed her answers according to the hospital secretary’s will. According to Borg and Westerlund (2012 pp. 27-28), a study is reliable when it measures the data of the subject in question. In this specific situation we cannot be sure that the interviewee spoke what was truly on her mind and the answers may be a bit refined. Unfortunately the given situation did no leave us with any other options than to proceed with the interview with the secretary in the same room.

We acknowledge that language is a barrier in this study, since all nurses and both interviewers had English as a second language. For two of the interviews we used an interpreter, which adds an extra step in the interpretation of words and increases the risk of losing the intended meaning. Culture is another aspect that can complicate the interpretation. National Encyclopaedia (2017) describes culture as deeply rooted in a society, expressed through the way of life, traditions and manners. Clashes of cultures and misunderstandings can occur when people from different cultures meet.

To strengthen the reliability of the study we chose to include quotes in the presentation of the result. Letting the reader take part in the first-hand data increases the transparency, which also decreases the possible risk of interpretation.
Birkler (2007, s. 42) means that people carry conceptions and opinions formed through lived experience and these may later on form prejudice. Prejudice is always present when we act and interact with the world and does not necessary have to be negative. They can rather be described as an expectation or conception under constant development. In the meetings with the interviewees and when analysing the data, we tried to be aware of our preconceived ideas to minimize the risk of influencing the result.

Some of the interviews were short, yet informative. All interviews were held at the nurse’s workplace during work hours, which could have affected the length of the interviews. Even though it was not expressed, there is a risk that some of the nurses felt time pressure and therefore avoided giving in-depth answers. As none of the interviewees had English as a first language, some of the nurses struggled to express themselves. It is possible that we failed to receive the intended meaning behind their words and that instead of really sharing what were on their mind the nurses gave simple and easy answers.

We chose to keep the names of the clinics and hospitals anonymous to eliminate the risk of smearing the organization.

This study can be beneficial for healthcare workers as the result showed how the nurses encounter working with quality improvement. This study highlights assets and obstacles in the matter, and this information can be used to further develop the work in different hospitals and clinics. We plan to share the study with the involved clinics and hospitals. We also wish to share it with our future colleagues and workplaces as we believe that the result can be implemented in healthcare worldwide.

**Result discussion**

The findings of this study reveal the daily work and situation of the nurses that were interviewed. It does not give the complete picture but gives an insight into the nurses work situation and how they work with quality improvement. We discovered that there are multiple aspects that affect the outcome of the nursing care. The main aspect was lack of financial resources and economy. The consequences led to a shortage of equipment, staff and the inability to expand the clinics to match the nurses’ skills and abilities. In this discussion we will focus on the main findings that played an important part in working with quality improvement.

**The consequences of lack of staff**

The shortage of nurses was described to us as an issue all over Tanzania with some areas more affected than others. The requirement for more nurses was needed to meet the number of patients. Having few nurses resulted in a stressful work environment where implementation of quality improvement was difficult.
A report put together by Joint Learning Initiative (JLI) 2004 pp. 18-19) describes healthcare workers as one of the most essential resources in healthcare and metaphorically explained as the glue of the healthcare organization. The workers are the ones synchronizing and managing other health resources, i.e. technology, infrastructure and knowledge, into one functioning healthcare system. Furthermore the report enlightens how neglecting the workers cause a waste of health resources and thus results in stagnation in development of the healthcare.

What we found in this study is that clinics or hospitals are suffering from lack of staff and they are all well aware of the situation and their inability to affect the issue personally. Finding educated people who are willing to stay in more rural areas is a recurring struggle for many clinics and hospitals in the area of Arusha. JLI (2004 pp. 18-19) describes how the healthcare market is dominated by those who have the money to pay. Professionals with high qualifications are likely to migrate from public to private sector and also from poorer to richer regions. This phenomenon has been increasing over the last couple of years and leaves the already exposed areas with even fewer personnel at hand.

**Nurses’ empowerment**

In our study we found that influencing and improving routines at a workplace is not always an easy task, a lot depends on the co-workers’ and the manager’s attitudes towards new ideas. One can make minor improvements when doing individual tasks, but to initiate improvements on a bigger scale require the collaboration of co-workers and the approval of the manager. Finances and resources also determine the ability to implement improvements. The lack of money can be a restriction to investing in necessary resources. Improvements that are time consuming can also be neglected even if the outcome is foreseen to be beneficial.

A cross-sectional survey done in 2014 explored how nurses perceive empowerment and which work related factors were connected to empowerment. Practicing one’s personal skills and possibilities for developing the work were major factors that strengthened the nurses’ approach of empowerment, commitment and motivation towards working (Kuokkanen, Leino-Kilpi, Katajisto, Heponiemi, Sinervo & Elovainio 2014).

In our result we found that nurses felt that they could not fully practice their skills due to the financial limitation of the clinic. The situation created a stumbling block towards development. An increase in resources and finances could extend the clinic and eventually enable the nurses to use their full potential. Feeling empowered and motivated creates a more satisfying working atmosphere. From a long-term point of view, the nurses are more likely to stay at their job, contributing to sustainable development. Working experience increases knowledge and contributes to working more time efficiently.
Health is central to reach sustainable development and is also to be considered as a human right. Health contributes to reaching sustainable development through economic growth, sustainable environment, social inclusion and good leadership (Thematic Group on Health for All of the Sustainable Development Solutions Network 2014). Health is an admirable goal to be reached for the patients. It is also of great importance that the nurses have good health thus to reach sustainability in the society and in the health sector.

A culture of teamwork

Team dynamics and good collaboration between colleagues were found to be meaningful components to feel satisfied at work. When conversing about their situation at work the nurses described how pleased they were coming to work and sharing the days with their colleagues. After completing all the interviews it was clear to us that the atmosphere among the people working together played an important role in the wellbeing of the nurses as well as the outcome of the care provided to the patient.

According to Salas, Cooke and Rosen (2008, p. 541) a shared cognition between colleagues is significant when it comes to improving the team performance. Furthermore they describe shared cognition as one factor of how to improve the team situation awareness, as well as communication within the team. It was described to us that the nurses felt comfortable in asking their colleagues for help, no matter the profession. A shared mind-set between colleagues contributed to creating the best possible care for the patient. Our study showed that an opposing team dynamic created stress and discomfort linked for nurses at work.

The culture of a workplace is impacted and created by multiple elements. A study done in 2012 explored influences that have contributed to developing the culture at an emergency department. The current state of culture was influenced by multiple factors such as pressure to perform, stressful situations and social gaps. The result of the study showed that teamwork and the ability to work well together was essential for improving the patient care outcome (Person, Spiva & Hart, 2012).

Our study showed that collaboration, including hearing and listening to each other and to let everybody speak their mind, is significant when it comes to creating a satisfying work environment. To feel happy at work and also to be involved in a team made the participants willing to go that extra mile to contribute to a better care for the patients.

Lindberg (2015, p. 269) discusses an interesting aspect of viewing the patient and sometimes even the next of kin as a team member in the unit. She further means that from the perspective of caring science it should be a shared understanding. Being a patient is a vulnerable position and to participate in the care the patient needs to receive the opportunity by the caregivers. By supporting the patient the nurse can play a key role in helping the patient participate in his or her care. It would be interesting to
consider how this aspect could affect the nurses’ level of satisfaction at work. This is a possible observation that could be further researched.

Clinical implications

The result showed different aspects that hinder the nurses from working with quality improvement and what obstacles they meet in their work. This study can be used as a tool of how to further explore and improve the nurses’ situation. It also reflects the positive aspects that enlighten the nurses’ working situation, which can also be used as a help to develop a safer and higher standard of patient care.

This study can be used to increase knowledge of how the nurses in Tanzania work with quality improvement at their workplace. It adds to broader viewpoint and can be used to as a tool to implement different strategies in quality improvement. We hope to share this with the partakers in Tanzania as well as with our future colleagues and workplaces in Sweden.

CONCLUSION

This study gives an insight in how nurses in the area of Arusha feel about working with quality improvement in healthcare. The result showed that there are multiple aspects that make it difficult for the nurses to proceed with quality improvement. The main challenges found were on a level of management, i.e. finances and lack of staff. The result also showed that the nurses experienced positive sides at work, even though there were issues. Good collaboration between colleagues and feeling acknowledged and listened to made the nurses feel satisfied.

The result of this study can be used as a basis to further explore how the Tanzanian healthcare system can be improved. Improvements in quality of care directly influence the outcome of the patient care. The result also showed the positive aspects and strengths of the healthcare, which can set an example to other departments.
REFERENCES


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APPENDIX 1

Letter of information
Nurses’ experiences and expectations of working with quality improvement in Tanzanian healthcare.

We are two students partaking in the Bachelor degree in the program of Nursing Science at The University College of Borås, Sweden. We would like you to be a part of our study and meet with you for an interview.

The aim of our study is to explore the nurses’ perspective of working with quality improvement in Arushan healthcare. The interview will be held by Amanda Robertsson and/or Ester Yochim at, for you, a convenient location. If needed, the interview will be held with the collaboration of an interpreter. Estimated time for the interview is between 20 to 30 minutes.

With your consent, we wish to record the interviews on audiotape. These recordings will be kept safe from unauthorized personnel to make sure that the content will not be leaked. The result of this study will be kept confidential to prevent the possibility of identifying you.

Your participation is completely voluntary and you may at any point choose to withdraw from the study without any need of explanation. There will be no consequences if you choose to do so. The interview will not be used against you, and the purpose is only to look into how you perceive your workplace.

If you have any further questions or thoughts please feel free to contact us at any time.

With gratitude,
Amanda Robertsson and Ester Yochim

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APPENDIX 2

Interview Questions

Opening questions
Could you describe a normal day at work?
How many patients do you see per day/are admitted?
How many registered nurses work here per shift?
How many licensed practical nurses and how many doctors work per shift?

Strengths
What are your strengths as an organization?
What would you say is the reason that things do or don't work well?
What makes you happy at work?

Weaknesses
What improvements would you like to see?
Do you feel like that you have the power to influence towards improvement?

Opportunities
What opportunities are open to you?
How can you reach them?
What is the general view of improvement and development within your workplace?

Threats
What obstacles could be seen as a threat to reach improvements?
Is there anything that causes you distress at work?

Final questions
Is there anything else you would like to add?