THE NURSING PROFESSION IN ETHIOPIA: THE SIGNIFICANCE OF FREE SERVICE NURSING
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“A pediatric nurse takes a blood sample from a baby at the Comprehensive Chronic HIV Care & Training Center and Laboratory at a hospital in Ethiopia” from ICAP Global, Health, Action. Columbia University Mailman School of Public Health. (http://juno.cumc.columbia.edu/icap/category/keywords/nurse?page=10)
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LIST OF TERMS

Free Service nurse - graduate of a private nursing institute who is working in the health system without salary.

Senior nurse - nurse who are working in the government hospitals of Addis Ababa and who has ten or more years of experience.

Staff nurse - nurse who is currently working in a government hospital with less than ten years of experience.

COC-Centre of Competency

ENA- Ethiopian Nursing Association
ABSTRACT

The Ethiopian health system is known for its inability to provide efficient and effective health service for the users. Nurses are de-motivated because of lack of salary, medical equipment and efficient health care management system. Taking this fact into consideration, presently in Ethiopia there are “free-service” (FS) nurses, who are working in the health system without payment. These nurses are graduates of private nursing institutes that are blamed to inadequately train their students. Upon graduation these nurses are obliged to take national Centre for Competency (COC) examination in order to work in any health care setting. All graduates of nursing diploma program and the BSc in nursing programs should not stay more than six months out of practicing nursing; if they are found to have done so, their nursing certification will lapse. Based on a literature review that revealed no research on FS nursing in any context, this research aimed to examine the experience of these FS nurses in the light of sociology of “professionalism”. The work was conducted using an ethnographic approach; the fieldwork was performed for six weeks in capital of Ethiopia, Addis Ababa. Interviews were conducted with FS nurses, staff nurses, senior nurses, nursing educators and nursing association members both individually and in groups. The FS nurses are working in free service partly to keep their COC certification and also to get nursing experience in the health setting of Ethiopia, which they called “informal” knowledge. Although the nurses have nursing knowledge from school, which they call “formal” they are working as FS in a health setting in order to obtain “informal” knowledge. By observing and working alongside the staff and senior nurses they learn how to function in an Ethiopian health care institution. The professional formation and the professionalization of nursing has been the focus of academic debate for many years. In accordance with that literature, this study discusses resistance that may emerge from established interests – both are specific to the culture and socio-political system. Nursing professionalization and nursing professionalism have specific meanings in the Ethiopian context. The FS nurses’ need to acquire “informal” knowledge in order to claim professional status is illustrative.
CHAPTER ONE
The Development of the Health System in Ethiopia

Princess Teshay approximately 1936
(Daughter of Emperor HaileSellassie and trainee nurse at Great Ormond Street Hospital in London)

Introduction
The public health system in Ethiopia has been blamed for its inefficiency to provide sufficient service for the public. The system is seen as one area where corruption and mistrust exists between civil servants and the population. Nurses, who constitute the largest number of health workers, have specifically been the main focus for the blame (Serra et al. 2010a). On the other hand, the nurses themselves are complaining about the health system mentioning that they don't have enough salary or recognition and are working under conditions where the health system administration, medical equipment, and set up is poor. Diploma-graduate nurses must take a national Centre for Competency (COC) exam in order to have a license. If these nurses, or the BSc nurses do not work as a nurse in the next six months, then their certificate is revoked. Therefore, due to a lack of paid jobs, these nurses choose to work as “free service” FS nurses to gain the practical experience they did not receive in school and to maintain their certificate.
Contextual influences on the health systems are clearly apparent in the Ethiopian public health care system: known for its failure to provide proper health care service for the population. Many studies attributed the cause for this failure partially to the health care system’s lack of strong administration, funding and sound policy and its subsequent formation of de-motivated, uncommitted and unqualified staff (Serra et al. 2010a; Serra et al. 2010b).

Based on a literature review that revealed no research on FS nursing in any context, I chose to examine the experience of these FS nurses in the light of sociology of professionalism. Using an ethnographic approach, I performed six weeks of fieldwork in the capital of Ethiopia, Addis Ababa, interviewing FS nurses, staff nurses, senior nurses, nursing educators and nursing association members, both individually and in focus group discussions. I describe the motivations, expectations and work of the FS nurses, as well as their position in the Ethiopian health care system. My aim is to illuminate how the FS nurses’ commitment to professional values is affected by this period of unpaid work and how it affects their perception of professionalism.

Nursing and Nursing Education in Ethiopia

To frame the contextual formation of FS nursing in Ethiopia, I show how nursing was introduced in the country and describe the current health system that allows for FS nursing. The present Ethiopian government health service laws, regulations, employment opportunities and working situations of nurses in general are discussed. This introduces FS nurses and the debate surrounding the impact of the practice on professional formation of nurses in Ethiopia.

As Ethiopian literature on nursing is limited, we have to rely on the work of the few researchers who have actually studied Ethiopian health care system and workers. Colonialism paved the way for formal nursing to be introduced to Africa (Martin 2006) and to Ethiopia by the missionary who came through the present Eritrea (Russom 2006). In the late 19th century, modern nursing was started in Ethiopia by Swedish missionaries (Ethiopian Nursing Association 2007). According to the Ethiopian Nursing Association (2007), in 1949 for the first time formal nursing training was offered at the Halilesillasse Hospital (presently known as the Yekatit 12 Hospital); nursing students were selected from grade 8. The year before the death of Heileselassie I, in 1975, a communist military junta—the Derg—came to power and stayed until 1984. During this time, in 1977, the nursing curriculum was revised and the entrance for the training was raised to grade
training was given for two and half years. When the Derg was no longer in power, the nursing curriculum was again restricted, as from 1991 onwards, the half-year was eliminated, and nursing training became two years. Over nine years, private institutes emerged as providers of health sector training, which had traditionally been dominated by government institutes. In 1994, in Jimma University, approximately 300 km from Addis Ababa, 30 nurses a year were trained at the new baccalaureate level. Currently, nursing training in Ethiopia has three levels of education: diploma, bachelor degree and master degree. In the last two years, the government health training institutions have revised the curriculum and all nursing students must complete four years of education at the baccalaureate level; however, some private institutions still offer training for three years and thus award a diploma (Ethiopian Nursing Association 2007).

Presently in Ethiopia, the largest nursing institute is a central nursing training institute functioning under the aegis of Addis Ababa University and has campuses at TikurAnbesa, Paulos and Yekatit hospitals in Addis Ababa. The second largest publically owned nursing institute is Minilik Nursing Training Institute, which is administered by the Addis Ababa city administration. However, the vast majority of nurses in Addis Ababa are presently trained in privately owned nursing institutions.

A report from World Bank indicated that Ethiopia is one of the countries in East Africa that is severely hit by health professional human resources, such that Ethiopia has 3 or 4 times less staff than the East African standard. A report indicated that the number of health workers per population is very low so the number of health professionals should be increased in the country (World Bank 2005).

In Ethiopia, the ratio of nurses to population is 1/4725. The health force in rural areas is so low that some regions suffer from severe lack of nurses. In addition to lack of health professionals in rural areas, most regions are suffering from a dearth of qualified staff. Since 2004/5, in Ethiopia, there has been rapid increase of training health workers under a program called Health Sector Development Plan (HSDP) including a new group of 30,000 Health Extension Workers (Federal Ministry of Health 2010). From 2001 onwards, private health institutions began to train health professionals (World Bank 2005). The World Bank report (2005) notes that although the number of trained health staff is increasing, the quality of the health workers is deteriorating. In addition, many schools and health sector lack adequate facilities to train qualified health workers. The academic quality of the teachers, in some health institutions, is far below the standard and the curriculum is poor so that it does not develop critical skills for the health professionals.
The curriculum for the nursing training lacks the capacity to build clinical efficiency. Unfortunately, The Ethiopian Health Professionals Council created in 2002 is not legally authorized to monitor the training or accreditation of health workers (World Bank 2005:108).

An online resource, Ethiopia Forum, referring to the Ethiopian Nursing Association (ENA) indicated that at present Ethiopia has only 20 thousand professional nurses, as a result, this year’s Nursing Day was celebrated by the motto “Closing the Gap; Increasing Access and Equity, Nurses Enhancing Access and Equity” (Beyene 2011). The report further indicated that 20 thousand nurses is a minimal number in comparison with the estimated 80 million Ethiopians and recommended an immediate focus to increase the number of nurses in the country (Beyene 2011).

Health care provision in Ethiopia is dominated by the public health sector and accordingly 72% of the nurses work in public health institutions (Serra et al. 2010a). The Ethiopian health sector has been challenged by health workers who are unsatisfied with their salary, lack motivation and intend to migrate for a better salary and living conditions abroad (Serra et al. 2010b). Both health workers in the public health setting, as well as users of the public sector, have complaints about the inefficacy of the sectors and the lack of resources, including “prescribed medicines” and medical equipment, that discourages them from working in public health settings (Lindelow and Serneels 2005; Lewis 2006). Contradictions of the government’s limitations to implement a successful health policy are also visible. As a result health professionals, as well as their clients, are suffering because of the disparity between policy and reality (Hartwig et al. 2008).

Lindelow and Serneels, in a qualitative study conducted to examine the “Performance of Health Workers in Ethiopia”, indicated that health workers also forwarded the complaint that because of excess work, scarcity of medical equipment and low standard “facilities” they provide poor service for the patients. The result of not providing efficient service is affecting the commitment of the health workers and many of the health workers in a focus group for this study mentioned that because of their circumstances, working in government health facilities is becoming more problematic (2005).

Lewis indicated that in Ethiopia only 21% of the health institutions have sterilizers and only 46% have operating theatres; he stated that this is one of the probable fears of public health professionals (2006). Subsequently, the HIV/AIDS crisis is also mentioned as causing problems for the already problematic health service of Ethiopia. The crisis is
causing human and material scarcities. In this situation the health workers are in constant
danger of risk of infection or injury as a result of poor medical environment or equipment.
According to one study, as a result of this situation health workers have lost their
motivation to carry out their duties and caring for patients (Lindelow and Serneels 2005).

In addition, the human resources for health in Ethiopia are mainly affected by the
long-corrupted health care management and administration, as well as the lack of financial
and medical resources. A World Bank, Policy and Human Resources Development Fund
(1996) report indicated a lack of policy documents in human resources for health as follows, “work overload, staff shortages, unclear or misunderstood job descriptions, budget
shortages, unfair promotions, not getting annual leave at the right time, lack of transport
facilities, lack of a safety policy and protective materials and inadequate care for sick
health workers” (quoted in Girma 2007:217).

The historical, as well as, political formation of nursing in Ethiopia shows how the
nursing occupation was influenced during various historical periods by government laws
and regulations regarding the health sector. The nurses in Ethiopia are also facing
problems where their work has been underrepresented. The Ethiopian public health service
is described as one of the worst in sub-Saharan countries (Serra 2010a). The health service
is facing challenges including the impact of a failing government health system policy and
management (Hartwig et al. 2008). FS nurses are among the health service providers who
fall under this category. The focus of this project is FS nurses working in Addis Ababa
government health care centres. Knowing the motivations, experiences and expectations of
FS nurses, as well as the influence of this unpaid period on the professional formations of
the nurses shed light on understanding their emic perspective and add to theoretical
understanding of how professionalism is sustained under these conditions.

Statement of the Problem

Despite the government’s efforts to improve the health delivery system, through the
HSDP programs from 1997-2005, the Ethiopian public health service remains as one of the
worst in sub-Saharan countries. Nurses are the largest group of biomedical workers in
Ethiopian health care (Serra et al. 2010a). The health sector in Ethiopia is dominated by the
public health sector and accordingly 72% of nurses work in public health care institutions.
Lack of resources has led to a burden on the nurses who are working in situations where
physicians and other health professionals are few. Nurses are sometimes obliged to work
as dentists or pharmacists and they diagnose, treat and prescribe (Garfield 2007; Hartwig et
Their work situation has been characterized as low salary, circumstances where medical equipment is less accessible and out-dated and working under a corrupt health care system management (Capital 2009). Studies indicate that a lack of financial rewards and health system mismanagement are eroding the motivation and expectations of the nurses in Ethiopia (Lewis 2006; Hartwig et al. 2008). This experience is not uncommon for nurses in Africa, as noted in the work of Bohming (2010) with nurses in Ghana and Martin (2006) with nurses in Uganda.

Presently in Ethiopia FS nurses who are giving unpaid service in public sectors. These nurses are graduates of private nursing institutes where the tuition fee is paid by the students. Unlike the government-trained nurses, who are assigned by the government to a job upon graduation, these privately trained nurses have to look for paying jobs by themselves. In addition, diploma graduates nurses upon graduation obliged to take COC exam to be certified. If a nurse passes the COC exam they need to practice nursing within six months and failure to do so means the certificate will be disqualified. BSc graduate nurses also have to practice nursing in six months of their graduation. What makes these FS nurses special is that they are new graduates of private nursing institutes who are working in a government hospital without salary to maintain their certification, get experience and a recommendation letter. The nurses use the FS nursing as a stepping-stone so as to get a paid job. If a private graduate nurses do not get a paid job, and thus their only option is to work for free at local health institutes. Although there is no documented report about the number of FS nurses in these public institutes, during my field work I found six FS nurses in a ward with approximately 50 staff health workers; this indicates how significant the number of FS nurses are in the country. This unpaid work is a significant burden for newly graduated nurses who have no other source of income while they are providing nursing care. Investigating the experience of FS nurses in Addis Ababa, working in public health centres will give voice to a group of health professionals whose work is undocumented and under-recognized. I hope that by exploring perspectives of professionalism and FS nursing, I will add to the understanding of the experience of nursing in a country with severely limited resources. Moreover, given the lack of research from an emic perspective of Ethiopian nurses, and FS nurses in particular, it is time to investigate this group of professionals working under severely restricted conditions in a country with significantly limited resources.
CHAPTER TWO

Characteristics of Professions and Professional Organizations

The concept of professional formation has been a historical point of discussion for occupations struggling to claim the title "profession". The notion of a profession was first applied to occupations that enjoyed high status and a monopoly of service provision—such as doctors and lawyers. The word "professional" stands for an activity, not performed in an amateur way, but properly done and it can also be used to refer an occupation that requires special skills behaviours and ethics—a profession is a group of professionals. The term professionalization stands for the process and the steps occupations are taking to claim professionalism (Abbott and Meerabeau 1998). In sociology, for a long time, war has been waged over the inclusion and exclusion criteria of a profession, and the attempt to secure societal recognition. In the 1960s, sociologists developed a "trait" theory, listing characteristics that professions are assumed to possess. Among the many criteria in the trait theory, is the fundamental concept that a profession is based on “prolonged specialized training in a body of abstract knowledge, and a collective or service orientation” (Good 1960:903). But concerns were raised, claiming that some of the characteristics of trait theory were unattainable and were purposely designed by certain occupations to gain control over the labour market, this perspective in the interest of collective status failed to give a description of how and why an occupation becomes a profession. The criteria of the trait theory were ideal and focused mainly on altruism but
did not to address the social and economic realities of a profession (Abbott and Meerabeau 1998:4).

Bolton and Muzio (2008:284) discussed the feminization of professions and disagreed with earlier definitions of “professionalism” as “sterile and laments the ink that has been wasted on semantic nuances; after all, professionalism is not a static concept but the product of a dialectical relationship with its environment”. The authors further indicated that professionalism has been transformed and discussions about who is or is not a professional are no more a point of concern.

Indeed, the study of professionalism has moved beyond an earlier taxonomic concern with who is in and who is out to the historically grounded study of professionalization: the processes and circumstances, through which occupations pursue, negotiate and maintain professionalism. [284]

In regard to Africa, Martin (2006:10), who studied nursing in Uganda, suggests that instead of participating in the debate over whether or not nurses are professional, we should follow the nurses who “refer to themselves as professionals”, and “the profession provides an important framework for perceptions of their role in health care and the construction of professional identities”.

Nursing as a Profession

For a long time there has been strong debate over labelling nursing as a profession, in part because it has been regarded as a female-dominated occupation (Martin 2006). Nursing has been denied professional autonomy because of the historic nature of the occupation, gender and social relationships in the work place. The word “nursing” is derived from the Latin word *nutritura* (to nourish) and is directly associated with the traditional role of a mother—feeding and caring for family and kids. Following the institutionalization of nursing by Florence Nightingale, nursing was seen as a female occupation with the traditional male dominance over the female in the family replaced by the physician in hospital considering the physician as a husband and the patient as child (Sweet 2004; Evans 2004).

The other concern in labelling nursing as a woman’s occupation emanates from the tasks that nurses do. Doctors claim that nurses should obey the directions of the doctors, while the nurses claim that their role in the hospital is different from the doctors and their training has its particular contribution for managing, as well as curing the patients (Gamarikow 1991). Following this line, feminists argued that medicine is trying to control
and dominate female-dominated occupations by declaring nursing to be vocational as opposed to professional (Abbott and Meerabeau 1998).

The arguments focusing on social relationship nurses have in the health system point out characteristics that nurses ought to have in order for nursing to be considered as a profession. These authors argue that nurses do not have autonomy over the work they are doing (Freidson 1970:63). The argument emphasizes that nurses accomplish their work under the direct supervision of a physician and they work as a subordinate body in a medical setting rather than standing as professional body and prescribing medicine; thus this argument tries to give nursing a position of a semi-profession, a subordinate or assistant nature (Freidson 1970:57).

Contemporary research mainly focuses on the professional formation of nursing. These writers stress the various efforts and strategies nurses are engaged in, in order to exercise power and challenge the long-standing question of the professionalizing of nursing—to claim autonomy over their work. These include the academic and technical knowledge nurses are gaining, strategies and techniques nurses are using to strengthen their autonomy over their work, such as professional collaboration. Nurses in Kenya and Uganda are engaged in various short and long term trainings, “continuing medical education”, including “distance education”, intensive courses and induction, which enable the nurses to update and enhance their technical knowledge (Martin 2006; Benson 2010). Through higher education and training nurses are upgrading themselves both technically and in the way they are handling the body of their patients—thus, the nursing occupation obtains power and autonomy (Gamarnikow 1991).

Nurses are using strategies such as forming professional organizations, as well as collaborating with other professions, to establish autonomy. In some Western countries, the unionization of nursing has benefited nurses individually, as well as improved material gains from their work and opportunities to exercise power (Breda 1997). Moreover, nurses are using strategies such as organizing in the medical setting so they can influence medical services and create a boundary for demarcating their work terrain, as well as claiming professionalism (Salhani and Coulter 2009:1223). These include the use of humour as a strategy to challenge the hierarchical health care system (Griffiths 1998). Not disclosing information can also be used as a strategy to influence the health management system as evidenced by Simpson’s (2007) longitudinal study of community mental health nurses in the UK. In regard to African nursing, Ehlers and Phil sum up the situation succinctly, “Unless nurses can succeed in engaging in successful political debates and in negotiating
their rights, they might become an increasingly voiceless, faceless and powerless female profession in the Republic of South Africa” (2000:74).

**Anthropology of Professions and Nursing**

The anthropology of professions emphasises studying the cultural context where people are working. Economic, socio-cultural and political situations where professions exist create differences in the meaning of professionalism and the strategies available for workers to be considered as professionals. This is also true for professions such as nursing, which have universal similarities but also have differences in cultural contexts (Martin 2006; Holden and Littlewood 1991). Unfortunately, there is no literature that has examined nursing in Ethiopia from the nurse’s point of view using an ethnographic or anthropological methodology. Taking this fact into consideration, this study aims to investigate how a free service commitment to professional values is affected by this period of unpaid work and what its implication for the future of the nursing profession in Ethiopia might be.

This research aims to answer the following questions:

1. What is the significance of free service for the professionalization of nursing in Ethiopia?
2. How does the free service obligation affect student nurses’ motivation to enter the profession?
3. How do FS nurses experience role and career expectations?
4. How do FS nurses survive financially?
CHAPTER THREE  
Methodology and Reflections  

Fieldwork Reflection  

My aim was to conduct research on the significance of FS nursing and professional formation of nurses Addis Ababa, Ethiopia. Therefore, my main methodology was to perform participant observation in a healthcare setting and in-depth interview. As AMMA doesn’t have a procedure for ethical clearance, to get ethical clearance from the hospital where I intended to do my research was not an easy job. The seven weeks that I had to conduct my fieldwork was relatively short and not adequate to process the ethical clearance permission that I needed to conduct research in the hospital. Up on arrival, I went to the ethical clearance department of my target hospital, and was informed by the secretary that in order to apply for ethical clearance I needed to first hand over my ethical clearance from the academic institution where I was enrolled. Since I was a student studying abroad, my ethical clearance required more time and more consideration than normal. The short time span I had to do my fieldwork made me revise my approach. In addition, my first hypothesis about FS nurses was that nurse graduates who give free service are those who do not want to go to rural areas and want to stay in Addis Ababa. I wanted to have a discussion with government nursing school students, but up on arrival I found out that FS nurses are graduates of private nursing institutes, who are giving free service because they cannot get a paid job. Taking this fact into consideration and all my ups and downs during the first week of my field time, I changed my plan and emailed my advisor for approval. Accordingly, we agreed and planned to change the field site and decided that I would interview the FS nurses outside of the health institute setting. My main methodology was designed for the hospital site, thus participant observation was cancelled and only in-depth interviews and focus group discussions were conducted. The lack of an ethical clearance to do my research in the hospital prevented me from interviewing the high officials in the Ministries of Health and Education which would have given me valuable reasoning for permitting FS nursing and the policies around the system.

My fieldwork took place in the capital city of Ethiopia, Addis Ababa, where there are seven large public hospitals and various government and private health sectors. Although my intention was to conduct my fieldwork in the government hospital, TikurAnbesa, I shifted my setting and moved away from my informants’ work place because of the absence of ethical clearance. As a result, I looked for FS nurses who were
working in free service in all government health institutes of Addis Ababa. The number of the FS nurses in all health institutes varies. As TikurAnbesa Hospital is near to where I stayed and had more employees whom I knew, I sought many of my informants from those working there. As a result, six of my FS nurse informants worked at TikurAnbesa, three at Yekatit Hospital, two at Zewditu Hospital and four at various government health institutes. As the health sectors were found across the city, I was able to get a variety of experiences from the FS nurses. The total number of the FS nurses was random. Because of my access I took all three of my senior nurse informants from those working at TikurAnbesa Hospital and all three student nurses were taken from two private medical colleges of Addis Ababa. To have an overview of how FS nursing was established, I interviewed the academic dean of one of the private health institutes. As there is no formal material written or declaration for FS nursing in the country interviewing people from Ethiopian Nursing Association (ENA) or any other official from concerned bodies of the nurses' organization or association was vital. As a result, an interview was conducted with one of the high officials of the government nursing schools in Addis Ababa and with the executive director of the ENA. Of all my 24 informants, 15 were females and 9 were men. In the study all FS nurses, senior nurses and student nurses had various years of experience or years of study, as getting the views of this range of nurses was crucial. With the exception of my senior nursing informants, the officials and the private health institute dean all of my nursing informants were 23-34 year of age.

After the decision was made on how to proceed with my fieldwork, as a way of contacting my informants, I visited some of the public hospitals and sat in the cafeteria to observe and try to guess who was a FS nurse and who was not. First, I contacted my informants through informal relationships that I had with healthcare workers in my target health institutes. This informal relationship helped me to get into in touch with the hospital setting and helped me to get to know some of the nurses in the medical setting. This later helped me to get access for my informal interviews and to introduce me to my key informants. The hospital compound was crowded with patients and their relatives. Patients were everywhere and some patients were screaming from not getting attention. Considering the number of the patients and the health care setting, one wonders if even being a paid member of the staff can be tough. I was introduced to my first informant, Hannah the head of the emergency ward, and this paved the way for me to enter and see around the emergency ward. All the ward beds were already occupied and there were patients lying on the floor and on stretchers, and also patients who had not gotten attention.
yet. The patients who were already in an occupied bed were surrounded by group of health workers. From the dressing codes of the health workers, one could guess that this group is a combination of physician and nurses. As I was already informed by the head nurse about the presence of FS nurses in the ward, my eyes were looking for the FS nurses, but I could not distinguish the FS nurses, as I couldn’t see an ideal example. In the ward all of the health workers were busy. The ward was full of suffering and screaming and it seemed that no one had the time or energy to be conscious about people around except for the patients. Hannah introduced me to one of the FS nurses who became one of my key informants, Genet, although she seemed busy and was waiting to get gloves to cover the wound of the patient who sat in front of her. I asked Genet if she could give me time and talk, she looked at me and asked me what I wanted to talk to her about. I just told her the two sentences of my objective, but in the mean time the gloves were given to Genet by one of the relatives of the patient and she asked me a pardon and informed me to wait for her at lunch time. Then she informed me not to get upset if she stays late, as the workload in the ward may not let her to have lunch on time.

Since I was first introduced by a staff member of the hospital, at first some of the FS nurses thought that I was delegated by the hospital to explore the situation of FS nursing. Others thought that I was collecting that data because I had connection with a donor organization and want to do something. Clearing up my position was difficult, as I did not have any evidence except showing my letter from AMMA and my student ID.

During the data collection, obtaining informants for interviews was sometimes challenging. As some former FS nurses were currently working in a paid job in private health institute, I wanted to interview these FS nurses also. Although generally I was able to interview these nurses after their working time, some respondents did not have a work time limit, especially the ones in the private health sector. These nurses were working as much as possible so that they might stay more than 12 working hours in the health sectors. Getting these nurses from the private health sectors as informants was challenging. I had to sit and wait for them until they finished their work. Often, by the time they finished their work, it was so late that I needed to postpone the appointment for the following day.

I met most of my informants outside of the medical setting partly because I couldn’t get ethical clearance. I also wanted my informants to be away from their work place, rest and tell me what they were feeling without being scared of being overheard by their colleagues. I met most of them after their work time by their choice and also because I wanted to speak with them immediately after their work. I thought this would keep their
memory fresh and would compensate for my inability to do the participant observation. As a nurse, most of my informants were coming for the interview being tired but with fresh memory of their daily work. I was scared that they might not tell me much, as they were tired from their work. But it was the opposite, as most who looked tired, became energetic as we got into the middle of the interview. Sometimes I let them to take a silent break and drink water so that they could become more alert and start the interview with new energy.

Interviews with all the senior nurses were conducted in the place of the nurse’s choice. Most of these interviews were conducted in the offices of senior nurses. One of my senior nurse informants, who seemed more dedicated to her work, let me come into to her office, which was also partially a storeroom. On the doorstep of the office there were several patients and their relatives waiting for their medical results, so that I needed to push and pass by in order to reach the small and dark office of the head nurse. In this small room there was a very old shelf, a table and two chairs. All the furniture was old and outdated. The shelf was filled with medical materials, the table was filled with patients’ files, and the telephone was in the middle of the unordered files. My informant invited me to sit in the one of the only two available chairs in the room. Because of the noise from patients outside, recording the interview was unthinkable and I just put back the recorder I had in my hand and instead I took out my note book and held it in between my legs and opened my discussion talking about the patients around her office. During the interviews the nurses were using medical terms and as I have a non-medical background, I was forced to ask for explanations and put most of the medical words, which they couldn’t explain, in the same context and meaning as the informants put them.

Since one of my key informants had a son who was attending kindergarten, in order to interview her, I needed to fetch her child from school, since the time of the interview and the end of the school period was the same. My picking up her son helped us to talk about other things besides nursing and to have more contact and open up; she was relaxed and took time with me. For instance, Wagary, one of my informants, is a bookseller and since he was busy at night with FS nursing and selling books during the day, I needed to go to the place where he sells his books. As customers were coming and going we needed to stop the interview so Wagary could explain the price of the books and bargains and sometimes sell the books. He told me that it is in this situation, sitting in the sun the whole day and selling the books, that he able to get himself through nursing school. Observing that situation, I learned how hard working and determined he is.
All FS nurses, student nurses and senior nurses had at least one interview and some had two. Three FS nurse key informants had three interviews. A focus group discussion was conducted with selected FS nurses and student nurses, a group of five including both males and females. The focus group for FS nurses was mainly focused on the role they have in the ward. I raised this question during the interview because there were so many discrepancies in the nurses’ information. Another important issue during the FGD was the stereotypes about graduates of private nursing schools, the main issue raised by officials and the senior staff and by some of FS nurses, and I wanted the FS nurses’ opinions on this circumstance.

All the interviews were transcribed and analysed, considering the topics that were discussed in the thesis.
CHAPTER FOUR

Nurses in the Ethiopia Health System

This chapter addresses the Ethiopian Nursing Association’s (ENA) role and responsibility through three modern Ethiopian governments, as well as their current attitude towards FS nursing. The ENA’s efforts to guard the professionalism of nursing and the consequences in relation to the existence of FS nursing will be considered. A key informant who is executive director of the ENA told me,

During the Emperor period [1930-1974] when I was first graduated as a diploma nurse, nursing was one of the most demanding professions and besides the respect for nursing was also high. The contribution of the nurses was high and as a result we used to do our work through interest and desire. During that time there was a health department and hospital administration and the support from both was high. The health professionals used to give respect to nurses and nursing care had recognition and most health workers left nursing work for nurses. For instance, they didn’t simply say, “do this” or “don’t do that”, rather they used to leave the nursing work for the nurses.

The Ethiopian Nursing Association over Time (De-Professionalization?)

The ENA, established in 1952, became a member of the International Nursing Association in 1957. The aim of the Association is to strengthen the nursing profession, ensure that standard services are delivered to society, and to actively participate in the health system. The ENA watches that the benefits of the nurses are met and in order to do
that, the association discusses benefits with concerned stakeholders. The Director mentioned that unfortunately, from the beginning, there were ups and downs because of the changes of governments in Ethiopia, as well as subsequent changes in the curriculum and administration of nurses. During the Emperor’s era (until 1974) the association had a strong hold and was up to the standard. The ENA used to contribute to the health system and regulate the nursing profession. He further indicated that historically, they had also tried to advance the nursing profession in Ethiopia. During the time of the emperor, there was a person called Chief of Nursing to advise the Ministry of Health. There was nursing accreditation and a government body to control the following: nursing school curriculum, teaching equipment, teachers, standards, the quality of the books and teaching aids, and to ensure adequate clinical practice time and the monitoring the standard of nursing. This meant that the nurses during those times were qualified and as a result—respected. In addition, The ENA used to register and certify the graduating classes of nurses by giving an exam, obtained from London, called the State Board Exam.

When the military government came to power in 1974, the above-mentioned roles of the ENA abolished, and shortly afterwards, the ENA itself was abolished. Since then, the nursing profession has been deteriorating. The ENA was reinstated during the current government (a federal parliamentary republic formed in 1995) and according to the Director, “...nowadays we are trying to advertise the profession as well as giving continuous in-service trainings for the professionals and also trying to increase number of the nursing institutes in collaboration with other stakeholders and Ministry of Health”. Although all education and health issues are mandated by the Ministries of Health and Education, the ENA participates in policy issues and in developing nursing curricula. The ENA is working on advocacy and awareness creation, code of ethics, standard nursing practice and education, research and presents these activities to the Ministry of Health, the Ministry of Education and stakeholders in continuous workshops. The director indicated that these days the system for tracking the educational standard of the nursing schools is not put in place so that most schools are producing less qualified nurses than in earlier times.

The Nursing Council, which used to be responsible for accreditation, no longer exists in Ethiopia. This Council used to regulate nursing and ensure that the medical equipment, clinical practice, standard and quality of the books, as well as the teachers, were up to the standard. Instead, these days, the Ministry of Education set up a rule that
forces all diploma-nursing graduates to take the national COC exam. During a discussion with an official of one government-nursing institute, he mentioned that the private nursing institutes are not accredited by their association; rather their accreditation is given by the Ministries of Education and Health. Accreditation for institutes that train nurses should be given by the ENA rather Ministry of Education, which my informant believes is not qualified to grant accreditation. The official indicated that the Ministry of Education is not really providing accreditation, but rather it is providing a license to many institutions that are not qualified to give nursing training. These private nursing institutes are found everywhere in the country, “as if they were shops”. The official indicated that the ENA has resigned from the group authorized for granting accreditation for the private nursing institutes. The reason for their resignation was that most of the institutes asking for permission to be established were the ones with the least adequate resources. The official believes that the Ministry of Education is giving these private nursing institutes legal recognition without considering their standards.

The official also complains that the private nursing institutes are not providing adequate practical clinical training for the students. He indicated that since the institutions do not have enough teaching space or equipment for skills practice they are not giving proper practical training for the nurses and that has drawbacks for the qualifications of the students. He said that nursing is based on practice and it is through practice that a nurse becomes capable and competent. He further described that in addition to the universal knowledge that a nurse should know, knowing the local nursing practices is a significant addition, such as knowledge on how to work in the Ethiopian health system. He said that the nurses from the private nursing institutes only have knowledge of theoretical issues and that doesn’t make them competent to be hired in the health institutes. The official indicated that the private nursing institutes are exploiting the money of the students and do not feel responsible for the fate of less qualified nurses who, upon graduation, cannot compete in the market.

The discussion about the present mandate of the ENA shows that since the association lost its mandate and ability to provide accreditation for schools that train FS nurses (generally the private institutes), the association does not become involved in cases of nurses who graduate from these schools. The official of the government nursing school mentioned, “The FS nurses are not qualified nurses”. He said that most of graduates of private nursing institutes do not pass the COC exam. He claims that since only 20% of these nurses pass the exam, it shows how inadequate the education is that is given by the
In addition, the hypothesis given by the ENA about FS nursing is that for new private nursing institute graduates, FS nursing is serving as a way for them to get experience. The second hypothesis was that since nursing students from private nursing schools didn’t have enough time for clinical practice during their schooling, FS nursing is a time for this clinical practice. According to the ENA, the government gives priority to the graduates from government nursing schools, as government health sectors are the usual employers of nurses. Private hospitals are known for hiring experienced nurses only, as they want to keep their own standards high. The government nursing school official indicated that the private nursing schools should look forward and analyse why their graduate students are not getting hired and according to him, that shows where the problem is and how it should be solved.

Complaints about private nursing schools’ inability to provide adequate clinical nursing practices is also mentioned by some of FS nurses, such as Selam, who indicated that she started working in free service while she was in her final year of school, “Although while we were at school we used to go out for practice in government hospitals the responsibility we had been given was minor as no one wants to give valuable work for private school nursing students”. A student nurse from a private institute indicated that although they are suppose to go out every semester and practice, they had not done so yet, “In order to go out and practice in the government hospital the schools have pay money for the hospital, since the schools want to avoid that, they do not timely send us to hospitals for practice”.

The analysis of the data shows that the impact of the private school incompetency in providing standard nursing education is one of the main reasons for the emergence of FS nursing. As the schools do not produce competent nurses who can fit into the Ethiopian health system, the graduates are unable to get a paying job and are forced to do FS nursing before getting paid job.

On the other hand Kebede, the academic dean of a private health institute told me, Although nowadays the government is serious about any institution, which is open in the country, previously some owners of private health institutes started their work with small amount of money without fulfilling the educational and practice equipment that a health institute should fulfil. Some of them even started the school with only one microscope. These people tricked students showing negedfekad, (a certificate given for any business person in Ethiopia). Although, in order to open a health institution accreditation is needed, most of the owners of the health institutes
tricked the students by showing the certificate, since most students don't know the
difference between accreditation and certification. These health institutes were
advertising their academic programs using the government media and they were
using the advert as a way of showing students their legalization given from the
government to train the nurses. Besides, previously the health institutes were
allowed by the Ministry of Health to accept students who had less than 2 points,
which is the minimum criteria that a student should have. But all these were
mistakes taken, which slowly affected the present nurses. Since those nurses were
not academically capable and these institutions were not capable of teaching, this
system created nurses who were not capable of forwarding proper nursing. As a
result, although nowadays most schools have standard training materials and they
are accepting student who have 2 points and above, the previous stereotype given
for the private health institute graduate nurses is still attached to those nurses.

According to Kebede, the system that creates FS nursing is the ideology that even the
administrative body of the government health institutes believes—that graduates of private
nursing institutes should receive training before having a paying job. Despite this attitude,
the private school Dean indicated that some of their graduates are getting paying jobs upon
graduation and thus there is confusion in the system.

The interview with the officials of the ENA indicates that although the high
officials know about the existence of the FS nursing, they do not want to discuss it
formally, as the association does not have any formal document or discussions on FS
nursing. In addition, as the association did not make any effort to know about FS nursing,
it does not have enough information on the present situation of the FS nursing that can be
clearly expressed. During the discussion, it became clear that the association did not even
know that the hospitals are hiring FS nursing graduates who have passed the COC exam.
During the interview the official mentioned that FS nurses are the ones who couldn’t pass
the COC exam. After I informed him that these nurses are the ones who passed the national
exam, he replied that if a nurse passes the COC, they should be able to be hired by a health
facility since passing the exam means fulfilling the standard. The director indicated that the
number of the nurses in the country was 20,000 in the year 2008, which he noted is very
small compared to the population of 80,000,000 Ethiopian people. He further stated that
even the nurses who are available now are working under stretched conditions and for him,
this so-called “free service” nursing is a strange phenomenon.
ENA through time lost the mandate it had on the formation of the nurses in the country. The lack of body to regulate the nursing standard can lead to the emergence of less qualified nursing schools and graduates, and subsequently with the emergence of FS nursing. As we have seen already, the nurses who are produced by these private nursing institutes are not qualified nurses who can directly join the health institutes. Instead, after graduation, the nurses should pass the COC exam and get additional training by joining the government health institutes so that they will become full nurses. Then these nurses can seek a paying position. On the other hand, although the Dean of the private institution claimed that the current standard of the private nursing schools was adequate, the analysis of interviews with FS nurses and student nurses indicates that the schools still need to be supervised by a concerned body, such as the ENA and put up to the standard, as the schools lack sufficient clinical training for their students. Although both the ENA officials and the private nursing institution Dean expressed their own points and hypotheses about the phenomena of FS nursing, the analysis of their discussion shows that none of them know the inclusion and exclusion criteria to be standard private graduate nurse. This is evidence that no government body has addressed the issue of FS nursing and no attention is paid to the situation of FS nurses in the country. This allows us to see how blindly FS nursing is practiced in Ethiopian health systems without having a formal structure or criteria of how the system should work.

**Center of Competency (COC) Exam: Formal and Informal Knowledge**

This section addresses how the COC exam is partly designed to force nurses from private nursing institutions to give free service and how the FS nurses are claiming to be professionals citing the COC exam. The discussion further considers how the FS nurses are classified by the nursing knowledge that they got from their school, as well as the health institutes. The FS nurses are more inclined to call what they got from their school as "formal" and "informal" what they are acquiring from the health institutes. Subsequently the FS nurses claim of professionalism based on these two types of knowledge is discussed.

Most FS nurses whom I interviewed have passed the COC exam, which is given in collaboration with the Ministries of Health and Education. In order to have a paying job or work as an FS nurse any diploma graduate must take the COC exam. The regulation is that if a nurse passes the examination and is certified he or she must practice nursing without a break of six months or more. If there is no employment for a period of six months or more,
the nurse loses their certificate and must re-take the national COC examination. Analysing how the COC exam is designed, one can say that the system is put in place to force these graduate nurses to give free service. The discussion with the FS nurses indicated that in order not to lose the possibility of getting a job the nurses take the COC exam and keep their certification, but in order not to disqualify their certificates the nurses work as FS nurse. According to my informant, Genet, it takes long study and significant money to re-take the exam and most nurses want to stay in nursing practice and keep their certificate.

According to information from the ENA, the COC exam was started because of a push from the public. The clients of the health sectors were continuously inquiring about the standards of the private health institute nurse graduates. The health systems were facing problems because of the low quality of these nurses. The government school official indicated that some of the nurses were not even capable of inserting an IV or other common nursing procedures. That situation made the government create the COC exam.

During interviews most FS nurses indicated how tough the COC exam is. They mentioned that since it is very difficult to pass the exam, if one passes it shows how capable the individual nurse is. By mentioning their exam, the nurses were trying to point out that despite the fact that they lack practical nursing knowledge from their school, they were strong and capable nurses and thus, they were able to pass the exam. Therefore, these nurses try to falsify the common assumption that all graduates of private nursing institutes are not academically capable.

There is a clear disparity between the COC and the education we attended. While we were attending our education in the nursing institutes there were many students and that creates a gap so as not to have enough technical capability. In addition the school didn’t have technical materials, which enable us to develop our nursing technical capacity. All in all, the gap between the education, as well as the practice was wide. The main thing is that nursing is practice, it is not theory, that is the thing that we needed to develop at school but in contrast the nursing institute curriculum focus was on the theory. [FS nurse female 22 years old]

Subsequently the nurses emphasized that passing the COC exam means to be competent in terms of the universal nursing knowledge. For most of the FS nurses, the COC examines the knowledge one has about standard and “formal” nursing skill and knowledge. For these FS nurses passing the COC makes them more professional that those nurses who did not take the exam or pass the exam. According to Bella, a FS nurse,
Passing the COC means we have more “formal” nursing knowledge than even some staff nurses who did not take the exam. Passing the COC exam means that we are capable of forwarding the universal and formal nursing practice. You know that if you give the COC examination for the senior nurses they won’t pass, since the senior nurses are accustomed to the informal health care practices of the public hospitals they have already forgotten the formal practice that they got from school. If we were made to take the COC exam after getting experience in hospitals where we are currently practicing FS nursing, we even would not be able to pass the examination, as most of the work in the health centres is informal and it makes you to forget the formal practice that you got at school.

FS nurses complain about the disparity between the knowledge they get in school and the practical knowledge that the FS nurses are getting in the hospitals. Abebe, one of my informants, mentioned that the nursing knowledge they learned in school is found in books, which the FS nurses called “ideal” or “formal”.

Because of a lack of nursing equipment in the hospital, the practice that we are doing in the hospital is different; in the hospital we improvise things and carried out our work in whatever way possible, this is completely different from what we have learned from school. Since we do not know the informal knowledge that exists in the hospital we are considered as less qualified. For instance, in the hospital sometimes if there is no savilon [disinfectant] we use soap and water, but at school we have been told that without savilon wounds get infected and has danger. [FS nurse male 21 years old]

Due to this disparity between school and the real work experience in the hospital, FS nurses are forced to learn about nursing practices from scratch, which they called “informal” knowledge. My informant, Abebe, mentioned that generally, informal knowledge is gained by observing or asking the senior nurses (experienced nurses who receive a salary) about what they do, so that “we can learn the practical knowledge that we are supposed to learn”. In order to be capable and fully work in health settings it is crucial to acquire the experience of the senior nurses, that knowledge which the students did not get at school. Abebe said, “You know whatever the education that you have at school is inadequate without acquiring the informal knowledge in the health setting you cannot be able to work”. In another example, an FS nurse remembered her experience when she started working as an FS nurse in the hospital,
For instance, at the same day I started working in the hospital, I asked a staff nurse to hand over a cotton ball to me, and she handed over the cotton ball with her hand and I expressed my frustration mentioning that the cotton ball will be contaminated, but the nurse laughs at me and said without accepting what is practical in the ward I will no longer able to survive in the health sector and she said that leave what you have learned at school where you have learned it, now you are in public health institutes where even alcohol is a precious thing to find and that was my first time experience. Even the steps that we follow in the hospital to do certain practices are different from the standard nursing practice. In the hospital mostly practice can be start based on the available material in the ward.

Experience in the hospital mostly means learning how to improvise and do the work in the informal way that is the experience. [Bella, a FS nurse]

The FS nurses are partially made to engage in free service nursing because of the way the COC exam is designed. Analysis of the interviews indicates that the FS nurses are using the COC exam as a way to show their academic competence. On the other hand, the FS nurses are mentioning that in order to be accepted as capable nurse in the world of Ethiopian health system knowing “informal” knowledge that is acquired by observing what the experienced nurses do, is indicated as one of the main criteria that the system want them to acquire.

FS Nurses and the Division of Labour

This section discusses the role and the responsibility the FS nurses have in the ward and the FS nurses relationships with other health workers. Subsequently, the way the health institutes manage the FS nurses is also be discussed. The FS nurses are working and contributing for the health sector despite the fact that the health sector ignores the contribution of the FS nurses and has no formal system to manage the work of the FS nurses or the FS nurses.

In the health setting where my informants are working there is no job description for an FS nurse. In the ward most FS nurses do what they are told to by the health workers. Hannah, a senior nurse, indicated that it is not only the FS nurses who don’t have a job description; the staff nurses don’t either. They are doing their work in the way that was done by the previous nurses.

We are doing our work in the way our seniors used to do and for the time being we don’t have job description. We do all of the work, which can be done by us. In the
wards sometimes we work as a guard and also work as a lab technician, for instance, we do blood sugars and since we don’t have job description we are accountable for everything. We don’t know which responsibilities are supposed to be done by us and which are not ours. The FS nurses especially don’t have job responsibility; they do whatever is available for them. [Hannah, senior nurse]

The lack of job description makes the FS nurses take a role the other staff nurses do not want to take. For instance, Abebe, a FS nurse, told me that in the ward where he is working now, the FS nurses do not have a specific role. They are considered as assistants and they are there to fill the nursing gap. But in the previous ward where he used to work, the FS nurses’ work was to call the name of the patient and to arrange patient’s cards, as well as to check their blood pressure and do what the physician ordered them to do.

Since they do not know what their tasks are the FS nurses are exploited by some staff health workers to work as assistants. In terms of administration, the head nurses are the boss for both FS and staff nurses but in terms of work a physician writes the orders for patient care. Both senior nurses and FS nurses follow the physician orders, although there are a few staff nurses who consider FS nurses as assistants and order them to do the tasks that they do not want to do themselves. According to one informant, a FS nurse, “These staff nurses give us a role that they don’t want to do for instance they ask us to clean medical equipment, bring laundry, give a bed bath to patients, especially if the patient is HIV positive and make beds” (male 24 years old). Another informant stated,

Sometimes in the ward there is a staff nurse who doesn’t greet you and that nurse may order you to do the role that she doesn’t want to do and sometimes you get upset and think that being working in the same ward she does not greet me but orders me about my nursing jobs. These senior nurses order us to dress wounds especially if the wound is infected they want us to do the dressing. Besides sometimes the staff nurses leave their works earlier and ask us to cover for them but as FS nurse we stay more hours in the ward and try to do more work and learn more. But since I want to have smooth relationship and get experience I usually accept the work. Since we are in the ward for longer hours and we are eager to learn. Sometimes some of us do even what the staff nurses cannot do. For instance, last time a senior nurse was trying to insert a catheter into a woman’s bladder, but he was trying to insert in wrong place. Finally we told him and got it in the right place. But do you know, no one trusts us since he is staff and paid, he is more
reliable than us and he is also considered more knowledgeable than us. [FS nurse male 25 years old]

Although the FS nurses want to work hard and get more experience, the absence of a job description puts them in more vulnerable situation to be exploited by the health system, as well as by the staff health workers of the health system. As the FS nurses do not know which work to do and which work not to do, they do whatever they are told by the other health workers.

A second FS nurse speaking about their role in the hospital said,

*Since we are the one doing the more tiring work, they do not want to lose us, more than the administration of the hospital it is these nurses who check our attendance. Sometimes if I finish my assignment in the ward I want to go to other wards where my friends are and try to learn more work but even during those situations these nurses do not let me do that. You know these are staff nurses who are de-motivated because of their workload and they want someone who can share the burden. There are even situations where some of these senior nurses hide information like a bed vacancy. If they hear about any advertisement for a nursing position they do not tell the FS nurses—they keep it secret among themselves. These nurses want to monopolize nursing and want to keep us doing the FS nursing, as we are the one doing the “scut”¹ work.*

In addition, the lack of job description makes the FS nurses more submissive to the system, as well as the staff health workers. Besides, performing whatever they are told to do, the FS nurses maintain good relationship with the staff nurses. The FS nurses say that unless they keep a good relationship with the staff nurses they cannot get nursing experience.

Another informant mentioned the following.

*In addition, if an FS nurse makes a mistake they [staff nurses] don’t tell you politely, they shout at us in front of patients and physicians so that we feel ashamed of what we are doing and in response they want to show that they are more capable than FS nurses. Mostly, we avoid having arguments with a staff nurse as we want to have peaceful relationship with the nurses. Once you disagree with a nurses she will tell her friends so that they won’t allow you in the ward to get experience and* 

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¹I am using the English term “scut” for work such as bed making, cleaning medical equipment, bathing the patient in bed, laundry, etc. since the word in Amharic means “low professional” but in a way that might be misunderstood in the context of my study and the analysis of nursing professionalism.
no FS nurses wants that, as we all are there to get experience, so we try to respect the senior nurses and avoid any kind of conflict with them. Our work is done with their good will, if they are not willing to do so, no one will force them to put us in their role. [FS nurse female 21 year old]

Genet indicated she does the “scut” nursing jobs as quickly as possible, which includes bed making and cleaning medical equipment, so that the senior nurses in exchange allow her to get practice and to use medical equipment. She says, “Sometimes there are situations that you do what you are told to do by the senior nurses to try to keep good and respectful relationship with senior nurses as much as possible”.

Another FS nurse told me,

_Most of the nurses in the health centre are very good and cooperative but there are a few, especially the very old and senior nurses, who are more mean and rigid. These nurses are so judgmental, especially there is one nurse that doesn’t like me, but she knows that I’m good at some nursing jobs. But knowing my skill the nurse follows me whenever I do something and try to judge me on everything, that lowers my confidence and whenever she is around I start to make mistakes. On the other hand, if I ask her something, which I do not know, she doesn’t tell me and rather she says “you are graduate nurse and you are suppose to know this”. [FS nurse Meron]_

On the other hand, most of the FS nurses indicated that the staff nurses with whom they are currently working are very good and cooperative. These staff nurses help the FS nurses to get experience and to be independent; these nurses respect the work of the FS nurses and according to my informants that makes them feel that their work has recognition.

_Most of the staff nurses are very good there are some more sisterly, cooperative than a colleague and they are not authoritative and that encourage you to work hard. They do not order us but they say lets work that gives you energy._

Ayelech a FS says she has good relationship with the nurses that she has been working for over the last six months. She told me that the kind of work she does in the ward is the same as the staff nurses “even they sometimes do the tiring work so that leaves me the work that I want to do [more skilled work]”. These staff nurses also acknowledge the work of the FS nurses and what they are contributing to the health system.

_Hannah, told me that most of the FS nurses who are experienced perform like the staff nurses do; they are capable of doing nursing practice. The FS nurses in the ward where she is working are very eager to know and learn; they are hard working. According_
to Hannah not only the FS nurses, but also fresh graduate nurses from the government nursing institutes face problems at the start, but gradually they become experts. “Although some of the nurses who are graduates of the private nursing institutes are not qualified nurses and sometimes we are amazed that they graduated, the ones who are working in our ward are smart”. My other informants who were senior nurses confirmed that most of the FS nurses are very hard working and technically capable. These staff nurses admitted that the presence of the FS nurses has a big impact on the work they are giving in the health system.

Hannah, the head nurse, mentioned that since there is a heavy workload they always ask the hospital administration to hire additional staff, but instead, the administration tells them to cover the work with FS nurses. The hospital is overloaded and additional nursing staff is mandatory but the emergence of FS nursing solved the problem of the burden that the health workers felt in the public health institutions. She indicated, “In the health sector, every health worker feels the burden of their work and we all want to have additional staff. As a result, getting FS nurses is for us to be blessed”. Even with the help of the FS nurses the staff workers are over burdened and having an additional nursing staff is out of the question. If the FS nurses were not working in the ward, the quality and the quantity of work that the health sector currently delivers in the hospital would be unattainable.

Most of the work in the hospital setting is done by closely looking through how the staff nurses accomplish their work. In order to get the experience in the health system which doesn’t have formally set job description the only way is to keep good relationship with the staff nurses whom traditionally know what the nurse role and responsibility in the health service is. The mentoring that the FS nurses get from the senior and staff nurses help them to get the “informal” nursing knowledge.

Financial Remuneration of the FS Nurses

Since these staff nurses recognize the work the FS nurses sometimes they made the FS nurses to cover their duty works and pay them the duty money. Ayelech, told me that although the FS do not receive financial income, they sometimes get money from the staff nurses. Because the workload in the hospital is heavy, sometimes the staff nurses want a break. If they are on duty, get tired, or have other things to do, they ask the nearby FS nurse to cover for them and by the end of the month they give money to the FS nurse who covered their duty. For each duty a diploma nurse receives 65 birr an hour (2.68 euro) and
the staff nurses give that amount to the FS nurses who covered their duty. But only a few
FS nurses have this opportunity, the ones who already have good contact with the paid
staff nurses. Abebe, indicated, “a friend of mine, who is working in the hospital where he
[Abebe] is serving as FS nurse, sometimes gives him the chance to cover his duty and pay
him at the end of the month.” He mentioned that as his friend [the staff nurse] is a student,
he is short of time, “so that he asks me to cover his duties”.

The Hospital Administration and FS Nursing

Contrary to what the FS nurses are contributing to the health system, the health
system does not have a structure for FS nursing. Purposely or not purposely, the health
system administration denies recognition for the work of the FS nurses. This lack of
recognition for FS nurses can be clearly see from the way the FS nurses are working in the
health sectors and the way the health administration handles FS nurses and cases
concerning FS nurses. Selam, told me, “We do not get any benefit from the hospital,
whereas the staff nurses get cleaning materials like soap and soft paper from the hospital.
In addition the hospital provides lunch for the health workers, but still that is not applicable
for the FS nurses who don’t have any finical income”. Lack of recognition for FS nurses
by the health administration extends not informing them of their rights and the
responsibility in the health system. The FS nurses indicated that up on joining the health
system they did not hear about any benefits or any rights, if something wrong happens they
do not know where to go and complain. Even if they complain, they have no solution since
the health system does not have a policy for FS nursing.

Meron, indicated that most of the time the FS nurses do not have the right to make
a request,

For instance last time a friend of mine asked to change the ward he is assigned for
and the hospital administration told him that they do not have time to change wards
of FS nurse, besides the administration informed him that if he doesn’t want to
work in the ward where he is appointed he can quit his FS nursing work. Knowing
this fact I do not ever dare to ask the hospital administration anything. In addition,
we do not have any job description and we do not know any rights and
responsibilities of what a FS nurse do and that made us to accept whatever we are
told.

Bella a FS nurse also told me,
Most of the time the hospital posts external vacancies to hire nurses ignoring the FS nurses who are working in the hospital freely. As a reaction for this measure, last time some FS nurses gathered and signed petition and submitted to the hospital administration mentioning that priority should be given for FS nurses who are working in the hospital than posting external vacancy but we do not get any response yet. I do not have any hope from this hospital my desire now is to get experience and the recommendation letter so that I can look for a paying job in another health sector.

Tarken a FS nurse mentioned that in one of the hospitals where he was working as a FS nurse, the hospital administration stopped accepting FS nurses. This was because some of the FS nurses who were working in the hospital requested that the hospital give priority to FS nurses, currently working in the hospital when hiring nurses rather than posting an external vacancy.

Most of the FS nurses indicated that apart from exploiting them the hospital do not give attention to the FS nurses, that they do not even know the situation of FS nurses’ lives. Meron, further mentioned that the administration stays far away from the FS nurses, thus they do not understand the FS nurses situation at all. For instance, the matron is bossy and hierarchical. “She doesn’t consider our problem and she is more controlling over FS nurses than paid nurses”. This includes the matron’s attitude towards dressing codes according to Meron.

Most of the FS nurses have uniform that we had at school since we do not have salary we couldn’t afford to buy new uniforms, as a result most of us have only one pair of uniform or have uniforms that are old and worn out, this makes us not to be punctual at [adhere to] dressing codes. So that sometimes we may not wear the panty or the t-shirt, the matron is very strict about our cloth. As a result most of the time when the matron comes most of us hide or go to the toilets. In addition the staff nurses have days offs and take a break, but the FS nurses are obliged to work five working days continuously.

The staff nurses have annual leave, whereas the FS nurses do not and must work five days a week and eight hours a day; they are expected to work without annual leave.

Analysing the health system administration and some staff nurses’ views towards FS nurses shows that there is a big gap in the way the health system handles FS nurses and their contribution to the health system. Working freely without salary, the FS nurses are denied of the benefits that they should get from the health administration. Although the
health centres want the help of the FS nurses, in return the health administration does not want to provide anything for them, as seen by how FS nursing is practiced in the health sectors. The health sector is ignoring the cases of the FS nurses by not recognizing the contribution of FS nurses. The health system denies the rights of the FS nurses by not having formal structure for the way they should work. The extent of the health sector ignorance extends to denying annual leave for FS nurses. The health system, unlike the staff nurses, won’t provide cleaning materials or lunch service for the FS nurses who are providing their service freely. The situation of how the FS nurses are workings shows that the FS nurses are a forgotten group who are left on the side, but on the other hand; their contribution is demanded by the same body that ignores them.
CHAPTER FIVE

In Search of Experience, Professionalism and Employment

"Return to Shinile: Nursing students and U.S. Army Functional Specialty Team distribute medications"
http://www.anny.ni/article/47215/Return_to_Shinile_Nursing_students_and_U_S_Army_Functional_Specialty_Team_distribute_medications/

Most of the FS nurses indicated that before working as FS nurses they looked for a paying job, but since they could not find one they decided to come to Addis Ababa and work as FS nurse. This chapter considers the experiences and motivations of FS nurses in the capital city.

Experience and Motivations

Meron said she was looking for job in the village where her parents are living when she graduated, but she couldn’t get a job because the authorities told her that they don’t have any budget to hire nurses, so she chose to come to Addis and start looking for job there. Her reasoning was that Addis is a place where many vacancies are advertised. Ayelech indicated that since she graduated, she has applying everywhere to get a paying job but she couldn’t find one. Tariku, who is now working in private health institute as a paid nurse, indicated that before getting his present job, he worked as a FS nurse for more than a year. He said that since he is from the countryside, upon graduation he travelled to even rural areas to look for a job and finally he ended up as a FS nurse in a hospital in Addis. Only after serving as a FS nurse for a year, was he able to get his current paid position. “Although I travelled to countryside, the number of applicants was a lot and I couldn’t get a position because people of various years of experiences were competing for the position”.
As mentioned in Chapter Four, since the FS nurses are made to take the COC exam, partly as a way of maintaining their certificate, and must find a way to get nursing experience, working as FS nursing is the only option for the new graduate nurses who can’t find paying jobs.

According to the new law, if a nurse takes the COC exam and is certified, the nurse cannot stay without practicing nursing for more than six months [of the exam]. So, as to keep ourselves [certified] we have to serve as a nurse in whatever condition available. If we do not we will be disqualified and we are supposed to take the COC exam again and pass, which means additional expense and study. For the time being, the best condition available to not lose the certificate is FS nursing. Not only diploma nursing graduates but those of them who trained as BSc [bachelors degree] also get professional certificate, which should be renewed every year and in order to renew the certificate they need to be in the profession. [Nebyu, Private nursing school student]

Most of the FS nurses consider this period of free service as a valuable period of gaining experience and a time for preparation for a salaried job.

Nurse should be very patient, honest, caring, it is a kind of religious work because most of the time it evolves helping people. The patience includes getting valuable experience and work hardly until we got a paying job. [FS nurse focus group participants]

Interestingly, Genet, mentioned that she doesn’t feel that she is a FS nurse, saying, “You know, you are educated doesn’t mean that you are qualified”. Nursing is practice and in order to be a nurse, someone should practice first and get a paying job later. Although I’m not getting money I’m gaining knowledge. Especially when you are in the ward, you don’t feel that you are giving FS. You feel the FS when you leave your home early in the morning. You know every morning you leave your home as if you are going to a paying job and you remember that you are not getting paying job and that has a negative impact on your feelings. But, on the other side, nursing is practice and the more you get knowledge and the more you become confident enough; although, when I was student I thought I would get a paying job. What I can say about the use of FS nurse is that it paves the opportunity to practice for private nursing institute graduates like us.

Most of the FS nurses indicated that since they did not get practical nursing skill while they were at school and also because there is stereotype about private nursing school
graduates (that they are poorly prepared) they mentioned that working as FS nurse can enable them to get experience and be confident enough for doing their job in the future and also to possibly eradicate the stereotype.

Most of the FS nurses indicated that FS nursing enables a nurse to exercise their skills. If a private nursing school graduate stays at home upon graduation he/she gets nothing, but by giving free service the nurse can develop practical nursing experience that she/he could not get at school. Elsa, a student nurse told me, “In addition, as a private nursing institution graduates we are not exposed enough to practices of nursing in the hospitals so that getting the experience is very important”. Ayelech, said that her reasons for working as FS are the problem of getting job and that most of the time if a nurse is a graduate of the private sector she is considered as incompetent and technically incapable. Therefore, working as an FS nurse before having a paid position is good option, since it can help the nurse to get more practical experiences. She said that graduates of private nursing institutes are considered as very weak and less knowledgeable and the same mistake made by a private and government graduate nurse is evaluated differently—the private graduate will be blamed for the mistake.

Ayele has been working as a FS nurse in various government hospitals for the last nine months and he recently got a paying job in a government hospital. He mentioned that working as a FS nurse enabled him to gain a great deal of experience in various wards of the hospital. “As I worked hard and got valuable skill on nursing among all the applicants, I stood first and passed the exam”. Tarken, a FS nurse, indicated that after a long period of hard working, now he got the job that he has been dreaming of. He said

Since I got the job now, next year I’m planning to continue my BSc so that I can be more competent. These days there are lots of nurses in the country, so that in order to be competent in the market one has to get valuable practice through working as an FS nurse. Even if while we were students we were sent to hospitals for practice the kind of job we were made to do was tiring work like making beds and measuring blood pressure but working as FS although we still do the bed making, we have the chance to do all the nursing jobs.

In a focus group of FS nurses, the participants said, “Although while we were at school we used to go out for practice in government hospitals, the responsibility we were given is minor as no one wants to give valuable work for private school nursing students”.

Lack of practical experience by the private nursing graduates and the need for these graduates to be retrained with practical sessions of nursing was also mentioned by high
administrative official of one of the government nursing schools in Addis Ababa. The official indicated that the FS nurses are in the hospital because they know that they are not qualified to join health institutes. He said that these nurses are not well trained. As a result, their only option is to join the health institutes and work for free to get practical experience from qualified health professionals in exchange. He believes that these FS nurses are working for the sake of getting nursing practice that they lacked in school. The official view was also shared by senior nurses who mentioned that since nursing is dealing with human life and since most of the private nursing school graduates are not practically well trained, they may cause danger. As a result to get better prepared before getting paid is mentioned as a solution.

Most of the FS nurses emphasize the use of working as FS as the way the work is done in the hospital and what they are learned at school differs. Elsa, the student nurse mentioned that she saw a FS nurse when she was doing her practice in hospital and she mention that to be FS is not something that enjoyable, although getting experience through practice is crucial. “I have seen FS nurses when I was on practice, it seems that getting experience is valuable, as all of the work in the way they are done in hospitals is different. As I heard graduates do FS nursing as a way of getting experience to get well with the nursing practice and to be competent in the nursing market”.

Even though they are not paid, most of the FS nurses indicated FS nursing is good practice since they take this time as a time to get practical experience. They rationalize the uses of the FS nursing and the way the service is contributing to the health system. The FS nurses are trying to point out their contribution for the health system. By showing personal gain, such as getting experience in practical nursing knowledge and how the experience serves them in securing their future carrier, and also eradicating stereotypes and beliefs about private nursing school students, the FS nurses are showing the contribution they have for the health service. The emphasis on these contributions of FS nurses demonstrates the formation and the rightful claim of professionalism by the FS nurses.

**FS Nurses’ Reasons for Working as FS nurses in Government Hospitals**

The FS nurses claim professionalism by using strategies such as by choosing working in government health institutes. The reasons for choosing the health service includes: work place satisfaction, helping the poor, significant nursing experience in short period of time and practical experience, limited hours and the chance of engaging in specific nursing tasks. Through these strategies the nurses are building nursing skill and
knowledge, which helps them to claim professionalism and also eventually have a paid job. Meron said, “Although this hospital is very far from the area where I live, I wanted to come and work here, as I heard that this is the busiest hospital and as a result I thought I can get more cases and get experienced quickly and escape from FS”. Genet, said, as government health centres are places where many patients came, it can be a place where a nurse gets lots of experience. She mentioned although she could get work in private health institutes with small amount of salary, she preferred to give free service in government health sector.

According to my informants in private health care centres, there is no defined role that a nurse does; rather the administration makes the FS nurses perform at a variety of tasks. Sometimes they ask them to prepare tea, clean the floor, guard the compound and all in all they make them do non-nursing tasks. These FS nurses mentioned that apart from working hard, by working in this system a new graduate cannot develop nursing experience. Not getting professional recognition by the health care centre is also mentioned as one of the reasons for the FS nurses for not choosing to work for the private health care system. Some of the FS nurses indicated that, unlike the government health institutes, the private health institutes do not allow the FS nurses to do the nursing job. Most of the time they do not allow a FS nurse to touch the patients. It is indicated that the most that they may allow the FS nurse to do is to measure blood pressure or to give baths for patients. According to my informants most clients of private health institutes are educated people, people who have lots of experience or are rich and these people, most of the time, do not want to be touched by a senior nurses let alone FS nurses, “The clients are critical about everything; since they pay lots of money their demand is high”. A few FS informants said that sometimes private health care institutes give recommendation letters for those who have never been seen, which can be through a bribe or connection. But in government health care centres no one has the right to do that and having an experience letter from government institutes means one is secured.

Unlike the government health care centres in the private health care institutes there is no time limit on shifts. Sometimes FS nurses are made to stay more than 12 hours. Accordingly, the FS nurses indicated that unless and otherwise they develop nursing skill they won’t get a proper job that pays well. As a result most of the FS nurses indicated that working in the government health centre means to be a capable nurse as quickly as possible and to be well experienced. Thus my informants said that working in government health sectors means to be able to develop good experience and be able to be fit into the
present nursing market. As Bella, noted, “Most private and public health institute adverts ask for nurses who have experience in working in government hospitals and health care institutes. You know even the employers know that working in government health institutes can provide a bundle of experiences”.

Working in government health centres means helping the poor, according to my informants most patients who come to the public hospitals are the ones who are not able to afford the private health centres. As Meron said,

*By helping these patients you get satisfaction, you get praise—mirkat—that you cannot get in getting money. I know that the praise from these poor in the future will provide me a good paying job. You see this person might be my mother or my father or any of my family members and through helping them I develop satisfaction and I say that rather than working in the shoe shop or spending time at home I’m helping people. I feel that I’m helping them because I have the capacity to do that as a nurse”.

The FS nurses describe the public health care customers are those who are less educated, have no money and have no experience and they are there to get the minimum help the health care can provide. Accordingly these people know the problem of the health services; they know that the hospital doesn’t have resources and enough staff. As Bella put it,

*In the health centre, I do whatever possible for that patient although most of the time we have work load. The staff nurses know who has enough experience and are capable so that they ask us to help them, sometimes they ask me “please can you help that patient."

One of student nurse informants mentioned that although she doesn’t want to work as FS, if she couldn’t get a paying job she wouldn’t mind work as a FS nurse. She said that apart from getting money, helping people in the countryside who need her help gives her satisfaction. For the countryside people who are not getting proper health care at all, having the opportunity to be helped by a nurse is important.

Lack of adequate health worker and workload in the ward is also mentioned as one of reasons for the FS nurses for to choose the government health sectors. According to the FS nurses since in the government health centres there are no enough staff workers there is work load and because of the work load the FS nurses mentioned that they get the chance of getting patients to and so that can able them to exercise their nursing knowledge.

Aynalem, a FS nurse, said,
In this government health centre both the doctors and the staff nurses give you a patient as there are lots of patients and they do not have time to help all. The only option is they give the patient to FS nurses of whom they believed they can properly forward their job. In addition in government hospitals the doctors let you learn and even they take time to teach you.

Social recognition of working place is also motioned as a reason for preferring to work for the government health care according to Meron.

*Working as an FS nurse in large hospitals has its own beauty, since the big government hospitals are well known places your family think that you are doing something valuable. Telling people working as FS in big hospitals has more sound than smaller health care centres.*

Another FS nurse mentioned that

*Besides when people who know me come to the hospitals when they see me they feel happy and think that I'm spending my time on something worthwhile. Especially when they see us helping people and doing the nursing job they feel more proud.*

[Genet]

Apart from choosing which health institutes to work for, in a health institute the FS nurses are using various strategies to help them to acquire more nursing knowledge and skill, among these is choosing on which wards to work. In addition through hard working and staying more hours in the ward and by working in various wards within a health sector the FS nurses are acquiring more nursing skill.

Genet considers herself lucky, as she is appointed to work in the emergency room. She mentioned that the emergency room is unlike the other wards where you give only timely medication and follow up, whereas the emergency ward is a place where new graduates can exercise their work and start practicing without restriction. Since generally the health workers are over-burdened and cannot cover all the patients in the emergency room, the FS nurses get the chance to practice without the interference of the staff health workers.

*Working in the emergency ward also doesn’t give you a break since people come with a variety of problems that need an immediate solution, thus, you cannot stand and see them as a human being and you feel that you need to help them and that is the thing that gives you professional relief and at the same time which enables you to develop your nursing capability.*[Genet]
As a result most of the time the FS nurses prefer to work in the government health sectors, especially in the emergency room, as it gives them the chance to exercise more of their nursing skills and to obtain a great deal of experience. According to Selam, an FS nurse, since the majority of the physicians in the emergency ward are students, either residents or interns, and since “we all are there to learn and get experience, the relationship between the nurses and the doctors is smooth”. The doctors are ready to share knowledge and are willing to teach. Most of the physicians in the emergency ward are young and they are easy to communicate with to ask questions and to learn from. Genet says,

As there are so many cases come in the emergency ward that paves the way for the FS nurses to learn as well as to develop experience and develop capability as quickly as possible. Since I’m working in the emergency ward there are lots of cases coming in and I have the chance to get experiences by observing what the staff nurses and the physicians do. In addition, since the ward is a place where there are lots of patients with different cases coming in, I have the chance of treating a patient as a nurse if I know the case already and have enough experience. That also helped me to develop my skill both in groups, as well as individually.

Some of the FS nurses indicated that in order to increase their nursing knowledge they go to any ward they can get on, so they can get additional nursing experience. Ayelech told me “so as to get more experience from other wards I come back during the night shift and work in another ward, this makes me to have more skill other than the skill that I got during the day shift”. Abebe indicated that for the last four months while working in one hospital as a FS nurse on the day shift, he used to work in the night shift in another government hospital. Tarken who is working in the day shift in one government health institute is also working in the weekends in another health institution.

Getting different experiences from various wards is good, it provides you with various capabilities, in addition you get to know physicians and if you are hard working they may recommend you for a paying position.

Some of the FS nurses use working hard as one way of getting more nursing knowledge and experience. These nurses indicated that through working hard in the wards they acquire the nursing knowledge they need as fast as possible. As a way of hard working these FS nurses sometimes may skip their lunch, stay more hours in the ward or try to get involved in most of the nursing tasks in the ward. Aynalem, told me,
As we are graduates of private health institution, we did not have enough training on the practical sessions of nursing; we are eager to know what is going in the ward as a result most of the FS nurses are willing to engage into the nursing work more eagerly than the senior nurses. Besides most of the FS nurses want to get experience as quickly as possible and escape the FS nursing and get paid. Although most senior nurses are dedicated and willing to help patients, since they are in a more stable working position than us, we are more eager to work and learn. As FS nurses this is the way that we get develop our skill as well as get a paying job.

Besides most of the time since we are eager and stay in the ward during lunch time and work, that is not what most the staff nurses do, since the staff nurses already have a paying job, they are not as eager to commit their lunch time nor are they eager to stay extra hours in the ward. They know that whatever they do they do not lose their job and that makes them confident.

All the above strategies show that how the FS nurses survive, investing their professional futures, although they are not getting salary. These FS nurses are in constant activity and effort to develop their nursing skill and knowledge. By using various strategies both in the health system and within a health centre, the FS nurses are contributing to the health system and also for themselves. By the various reasons and validations for their FS nursing they are trying to show that how they are serving the health care system especially what they are contributing to the government health care system, which is severely challenged by a health worker staff shortage. Besides working for free, the nurses are making various choices in the health care service and these include working for government health care institutes and using opportunity for social recognition, valuable experience, access to patients, working for fixed period of time per day and health service recognition; the FS nurses are developing their skills and knowledge. Moreover, even within a health care institute, the nurses are using various ways of developing their knowledge such as choosing which ward to work in, by working hard, by working more hours and working in various wards at varying times. The sum of all the strategies using by the FS nurses shows that by using FS service as a stepping stone and as period for preparation for a paid job the FS nurses are claiming professionalism of which no authority want to give them. Individually, strategies enable FS nurses to develop their nursing skills so that they can seek a paid job.
FS Nurses’ Financial Survival

Although the nurses are contributing to the health system and also getting experience to get a paid job in the future; they need financial support to cover their expenses during their were at school and to survive in the world of free service. As already mentioned in Chapter Four, with a few exceptions, most FS nurses do not receive financial remuneration from the health service where they are working. Rather the nurses have to support themselves so that they can give free service. The FS nurses described their financial resources, and how they have been managing their financial problems.

Meron, a FS nurse, attended her nursing education while doing a part time job in a shoe shop. Since the money from the shoe shop was little it was her parents who were supporting her and paying her tuition fee.

*My father who is a retired civil servant paid my tuition fee hoping that I would have a paying job and support him. And also my brothers were giving me transportation expenses from their small income. Although all of them do not have enough money, which cannot support even their food expenses they were helping me during my education. My sister and my brother give me transportation money.*

Aynalem, said that sometimes in order not to ask her parents for money she gets up early in the morning and walks to the hospital for one and a half hour,

*Whenever I ask money for transport I feel bad and I feel empty and incapable, as they already paid my tuition fee and I sometimes tell myself that these should be the time that I help them in return. I just need to have a little more patients and be hard working so that in the near future I hope I will pay them back. Besides I love the profession and that is something that keeps me in it.*

Genet’s husband supports her financially

*I try to save money, I do all household chores and try to cover all the household chores by myself so that I do not face problems for transportation expenses. In exchange for my husband’s contribution, in the household I’m in charge of all work and I’m the one managing the house, so that I don’t feel that I’m using my husband’s money without contributing anything.*

Wagary said that by selling books and working as a daily labourer, he had paid for his tuition fees and finished his education successfully. For the last nine months he has been working as a FS nurse and continues to sell books for his survival.
Expectations for the Future

Most FS nurses believe that free service will pay them in the future. Genet thinks that she can get good opportunity in the future as she is working hard in government health centre. She has been working as a FS nurse for six weeks and she mentioned that she wants to work as a FS nurse for a total of three months. Since she is practicing her nursing knowledge, she believes that she is capable of being hired elsewhere.

As a FS nurse, I want to be more capable and develop confidence so that I do not miss any chance to learn. Since I work hard even the physicians call me among staff nurses and give me responsibilities this is because I'm working hard.” Now I felt that I'm capable enough to do the nursing job and I know that soon I get paying job.

Meron mentioned that although she is not certain about when to stop her FS nursing, she hopes that in the near future she gets a paid job and stops FS nursing. Aynalem, a BSc graduate, said that she is hopeful that after acquiring experience she can get a paying job and she is even hoping to get a medical director position in one of government health posts in a rural area “You know mostly in rural areas BSc nurses work both as a physician and medical director and having valuable experience before getting these positions is crucial”.

On the other hand, most senior nurses and officials of the ENA and the government nursing school anticipated that FS nursing would have an impact on the choice of future students who want to join the nursing profession. The government nursing school official mentioned that since the profession is losing its status and the professionals are not getting hired; this will have an impact on the future students who have academic competency and want to join the profession. “Intelligent students may not choose this profession, which has lost its status and is taken as a profession everybody can join and graduates and a profession which is looked down by the public and a profession which lost its status”. He indicated that no one wants to join a profession that doesn’t pay in a country where poverty is high and people are attending school they have paid for to help themselves and their family. Leyal, a staff nurse, “There are lots of nurses in the country; for instance once the Ministry of Health wanted to hire 17 nurses but 6000 nurses registered for the position”.

She said that presently nursing in Ethiopia is an over-populated profession too many nurses for the few jobs available due to a shortage of healthcare funding and that has a negative impact on future students who want to join the profession.
The official indicated that the FS nurses and the consequences of their existence can affect students in the future who want to join the profession because the impact of the private nursing institutes and the result of producing unqualified nurses degrades the value of nursing in the country and no qualified student would enrol in nursing.

Working for free degrades a profession if one aspect of professionalism is getting paid for the service a professional performs. The FS nurses are not receiving payment and that may erode the nursing profession’s status. Taking the concern of the official and senior nurses into consideration about the impact of FS nursing, I believe that FS nursing can also threaten both the status and the acceptance of nursing for future students. On the other hand, FS nursing for the FS nurses is a way of developing hope for the future, for these nurses giving free service is taken as the only way to get a paid job in return. For the nurses who do not have other ways of getting a paid job, FS nursing is the only option that is available presently. Although it takes more energy and time, getting a paid job can be attained by the FS nurses as they gain more experience and nursing skills. As an anthropologist, I am inclined to accept the claim of the FS nurses for professionalism leaning on Martin (2006), who studied nursing in Uganda. He suggests that instead of participating in the debate over whether or not nurses are professional, we should follow the nurses who “refer to themselves as professionals, and “the profession” provides an important framework for perceptions of their role in health care and the construction of professional identities” (10).
CHAPTER SIX

Conclusion

The FS nurses have been trained in private nursing institutions. These institutions are not considered to be adequately qualified to provide nursing training because of their lack of practical nursing materials and their failure to adequately send their students to health institutions where they could gain experience of the contextual reality of the Ethiopian health system. As a result, the nurses who are trained in these private institutes are believed to be less qualified than those educated in government nursing schools. In addition, upon graduation, all diploma nurses must take the national nursing COC exam, which is given by the government to be certified. If they pass the exam, they are labelled as qualified nurses and are able to get a paying job. However these certified nurses, as well as the BSc graduate nurses cannot stay without practicing nursing for more than six months. If a nurse fails to work within six months of passing the exam, her/his certification will be disqualified and they will be required to re-take the COC exam, which costs a significant amount of money and study time. Most of my informant FS nurses had passed the COC exam and were working as FS nurses in government health centres, partly to keep their certification valid and also to gain the practical and contextual nursing training they did not get while they were at school.

In the government health centres where my FS nurse informants are giving free service, the FS nurses are supposed to work for eight hours, five days a week. Sometimes the workload in these government health sectors is enormous and the FS nurses must skip lunch and stay longer than their shift in the ward. According to my senior nurse informants, without the presence of the FS nurses in the ward, the level of work, presently done could not be attained. In the health system, the FS nurses do not have benefits like the staff nurses who receive cleaning materials, soap and lunch. Aside from the lack of benefits, there is no formal structure set for the work of FS nurses, so in the health system, the FS nurses do not have a job description, specific assignment, or annual leave; they are considered as assistants. Considering the situation of the FS nurses in the health system, one can understand the reality of the FS nurses’ work. Lack of a formal structure shows how the health system is ignoring the FS nurses’ work and the FS nurses themselves. Although the health system is exploiting the work of the FS nurses, they are ignored by the sector that is in need of their service. Accordingly, no formal discussion of the emergence or the existence of FS nursing takes place. According to the ENA, this lack of formal
documentation means that the association does not discuss issues about FS nurses. In addition, as there is no formal structure for FS nursing, and the qualification criteria for FS nurses are unknown, there are no criteria for FS nurses to fulfil to become qualified nurses and stop FS nursing. This lack of formal documentation about the existence of FS nursing indicates how marginalized the group of FS nurses is. Despite consuming their work, the health system’s lack of interest in raising the issue of FS nursing shows how the FS nurses are ignored by the community within the health system.

The aim of this thesis was to find out about the FS nurses’ motivation, experience, expectations and impact on future students who want to join nursing, as well as its impact on the professionalization of nurses. The FS nurses have various reasons to give free service, although mainly their motive is to keep their certification valid and to get experience in the health system of the Ethiopia. By engaging in the government health service, where mainly the poor are served, the FS nurses believe that they help the poor and at the same time have the opportunity to get experience in clinical practice, have patients on whom to practice nursing, get social recognition for their work and ultimately, a recommendation letter. In addition, within the health system the FS nurses are building their nursing skills using various strategies such as working longer hours, mainly engaging in nursing work and skipping their breaks as they try to get as much experience as they can.

The absence of a formal structure for FS nursing means the FS nurses take the role of assistants, a role that they are given by the senior and staff nurses. In the ward, FS nurses do tiring and risky work—work which the staff and senior nurses do not want to do including: washing medical equipment, giving bed baths to patients, and especially the patient who is HIV positive, to cover infected wounds. Generally, the FS nurses have a good and respectful relationship with the senior and staff nurses from whom they get practical nursing experience from. The relationship the FS nurses have with the staff nurses enables them to acquire their nursing skill as quickly as possible. These staff nurses train the FS nurses in the practical Ethiopian nursing role and subsequently, give them a practical nursing role in the ward. This practical training and practice in the health system helps the FS nurses to get what they call “informal” nursing skills.

According to the information from the ENA and some concerned officials, the FS nursing phenomena has a negative impact on the formation of the future nursing in Ethiopia. Accordingly, they believe that the practice could prevent some students from joining the profession in the future. This is because the nursing profession is degraded by...
FS nursing and becomes a profession that non-competent students join. There is a risk that in the future, no qualified student will choose to join nursing with serious implication for the future of nursing and professional formation. However, the FS nurses are getting experience in the context of the Ethiopian health system, so most of the FS nurses indicated that in the future they have hope that they will get a paying job.

By working freely in the Ethiopian health system, the FS nurses are getting experience. Besides by choosing where to work and which ward to work the FS nurses are building their experience in the health system setting. Not only do FS nurses contribute to the health sector individually, but as a whole they are contributing by addressing a severe health worker shortage. In claiming both individual, as well as institutional gain, the FS nurses are rationalizing their work in the health system. Demanding recognition and validation of their work, the FS nurses are claiming to be professionals although no authority wants to give them this status. Having a negative impact of the FS nursing in mind, as a medical anthropologist, I am inclined to accept the FS nurses’ claim of professionalism. In consideration of the professional formation of an occupation, it is important to recognize the claim of the group (in this case FS nurses) rather than only using universal criteria. Subsequently, this study shows how professionalism in Ethiopia nursing is formed—for a nurse to become a professional, they should pass through the experience of the Ethiopian health care system.

Theoretical Implications of the Study: Theory of Profession and Professionalism

As mentioned in chapter two, professional formation and professionalism has been a point of discussion for a long period of time. Accordingly, some occupations developed various inclusion and exclusion criteria in order to achieve professional status. In nursing too, for a long period of time, there were debates concerning professionalism. The debate on the professionalism of nursing was mainly focused on whether nurses are professionals or not and was dominated by reference to professionals, such as doctors and lawyers, who emphasized autonomy and control. These groups set criteria that undermined the claim of nurses to professional status. On the other hand, recent work on the professional formation of nursing shows the various strategies and efforts nurses are using to claim authority. In Africa, nurses in Uganda and Kenya are engaged in long- and short-term in service trainings, which enable them to have authority over the work they are doing. The focus of this study, FS nurses, are also claiming professionalism by passing the COC exam—what they call “formal” nursing knowledge—and at the same time, acquiring “informal” nursing
knowledge in the context of Ethiopian health care system. Unlike the “formal” knowledge nurses got from school and nursing books, this “informal” knowledge is gotten through observing what the senior nurses do. This study concludes that despite the various universal criteria that have been used to label certain occupation as profession, the process through which an occupation seeks to acquire professional standing, and any resistance from established interests that may emerge, are specific to cultures and socio-political system. Thus, in short, in the Ethiopian context, the FS nurses pass the COC exam of “formal” knowledge, but they need to have experience in an Ethiopian health care system or “informal” knowledge to become professionals.

**Policy Implications**

Although I suggest further studies in FS nursing in Ethiopia, the following points should be taken into consideration by the concerned authorities. First, FS nursing is already performing in the health system of Ethiopia and the FS nurses are contributing to the health system. Establishment of a formal FS nursing system in the health system is vital for the health service and also for the FS nurses, which includes creating an accountability system for the work of FS nurses. Second, as most graduates of private nursing institutes are giving FS nursing, the inclusion of FS nursing in the private nursing schools curriculum also needs to be considered as a condition of accreditation. Finally, since we have seen from this study that FS nursing has emerged partly as a result of some unqualified private nursing institutes, establishing a concerned body that maintains the standard and educational quality of the privately owned nursing institutes is essential.
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