



**The Brookings Institution
Africa Growth Initiative
Foresight Africa Podcast**

**“The resilience of African nurses during the COVID-19 pandemic”
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Host:

ALOYSIUS UCHE ORDU
Director, Africa Growth Initiative
Senior Fellow, Global Economy and Development
The Brookings Institution

Guest:

WINNIFRED GROVES, Ph.D.
Lecturer, Learning and Teaching Enhancement Centre
Kingston University, London

Episode Summary:

Despite the challenges facing Africa’s health systems, the region has been able to weather the COVID-19 pandemic comparatively well, largely due to its youthful population and its dedicated medical staff. Winnifred Groves, a Cameroonian/British registered nurse dedicated to the training and professional development of nurses, shares the experiences, challenges, and successes of Africa’s nurses as they faced this unprecedented crisis as well as explores the future of and opportunities for nurses in the region.

ORDU: From the promise of new technologies to the innovative and youthful population shaping our continent's future, Africa is full of dynamism worth celebrating.

Hi, I'm Aloysius Uche Ordu, director of the Africa Growth Initiative at the Brookings Institution and host of Foresight Africa podcast.

Since 2011, the Africa Growth Initiative has published a high-profile report on the key events and trends likely to shape affairs in Africa in the year ahead. Entitled *Foresight Africa*, the goal of the publication is to bring attention to these burning issues and to support policy actions to address them. With this podcast, we intend to engage the report authors as well as policymakers, captains of industry, Africa's youths, and other key figures.

My guest today is Dr. Winnie Groves from Cameroon. She's a lecturer at Kingston University London, where she teaches organizational behavior in the Department of Strategy, Marketing and Innovation. Dr. Groves is also a registered nurse. In today's podcast, we will talk about the role that nurses are playing in the frontlines of COVID-19 in Cameroon.

Winnie, I'm delighted to welcome you to our show.

GROVES: It's my pleasure. Dr. Ordu.

ORDU: Let's get started, shall we? Perhaps you could share with our listeners your personal story. How did you get to your current position right now?

GROVES: So, let's go back a little bit. As a child growing up in Cameroon, I aspired to being a Catholic nun working in a hospital. Fast forward years later, I did not become a nun, but I traveled to the UK where I trained and practiced as a registered general nurse. Now I worked in the primary care, nursing in the community, in the hospital settings, both in the private and public sectors.

Then I took a career break for family reasons. And when I did decide to return to the world of paid work, I drew on my prior knowledge and experiences as well as cumulative knowledge from the "university of life" and decided I wanted to teach as well as have greater understanding of management. So, what did I do? I pursued a course in human resource management, and I completed a postgraduate diploma in teaching.

So I taught in a further education college. And subsequently, after years of being a professional student, I progressed to teaching in Kingston University. At the time, Kingston University had several challenges. We had problems with high attrition rates. We had problems with the low National Student Survey results. We had challenges with attendance, so we had poor attendance and poor academic progression. Now, Kingston University used deliberate and robust measures to address these challenges. And one of these measures was to appoint a project manager whose task was to coordinate and to redevelop the personal tutor scheme. Now this scheme was aimed at providing academic and pastoral support to students, and it was targeted at improving student experience by promoting excellent supportive learning environment and high standards of service delivery. It led to a reduction in attrition rates, so it was successful. It led to an increase in student academic progression and general student satisfaction. So, we did achieve our aims and more, as evident in awards that we won at the time for Widening Access Initiative Award for Retention and Success.

Within that time, I had not practiced nursing and so I was no longer on the professional nursing register in the UK. I then had to complete a return to practice program and was subsequently reinstated on the professional register. And as you introduce us in your introduction, I am currently a lecturer in organizational behavior at Kingston University. And occasionally I still practice as a nurse to keep up with clinical practice. And then my passion for nursing means that during some of my visits to Cameroon, I have been invited to present at conferences as a visiting lecturer or as a guest lecturer and speaker in the Faculty of Healthcare and also in the business school, given my multi-dimensional or multidisciplinary background. I'm a mentor to some nurses in Cameroon and also to some student nurses in Cameroon, and I'm currently interested in nursing in Cameroon and how that compares to the UK, especially in relation to our experiences of COVID-19.

ORDU: That's quite a journey, indeed quite a journey from nursing to teaching to the Ph.D. and of course, to now as a lecturer at the Kingston University in London. Congratulations on all those achievements, Winnie.

GROVES: Thank you.

ORDU: So sticking to Cameroon for the moment, what is this setup of the healthcare system in Cameroon for the benefit of our listeners?

GROVES: Cameroon operates a district health system. So, if you think of it as a pyramid, at the apex it's the central level; the middle bit is the intermediary level; and the base of the pyramid is the district level. A majority of healthcare is provided at that level of the base.

So, the principal provider of modern healthcare in Cameroon is the public sector. Cameroon does not have a modern welfare system such as what you have in the UK where healthcare is free at the point of delivery. Healthcare in Cameroon is paid out of pocket. And healthcare in Cameroon is provided in a variety of settings, so there are mission hospitals and health centers—these are owned and managed by religious bodies. There are private hospitals owned by individuals and organizations, and these are for-profit organizations. Also, healthcare is provided by medicine stores—licensed and unlicensed drug stores which sell medicines. Now, some are sold by trained personnel, whilst others make do with whoever is available to sell. Healthcare is also provided in pharmacies and government-owned health centers, subdivisional hospitals, district hospitals, provincial hospitals, and referral hospitals. So you can see that Cameroon has a kind of mixed economy of healthcare provision where both the private and the public coexist.

ORDU: That's fascinating, indeed. So what role do nurses play in the healthcare system you just described in Cameroon?

GROVES: Okay, I'll give you a little bit of background. In 2012, in the course of my studies, I conducted a piece of research and this was on diagnosing and prescribing by nurses in Cameroon, which resulted in some significant findings. Nurses in Cameroon form the backbone of the healthcare sector, especially due to scarcity of doctors. Now, they have an expansive role ranging from caring for patients, assessing, identifying patients' needs, designing care plans, implementing the plan, evaluating aid, to actually diagnosing and prescribing for patients.

Now, in some cases, depending on the type of healthcare setting, nurses substitute for doctors. I have an extreme example that I found in the course of my studies. I found that a theater nurse with over 20 years of clinical experience in theater, in theater nursing, who was working in an extreme rural area, performed a cesarean section on a pregnant woman. Now what he told me was—as you can imagine, it was jaw dropping—he said he found himself in a position where he could either allow the pregnant woman and the baby to die, or he could save the life. One of them. And he made the decision to save one, he was going to save one. So he performed the cesarean section. And luckily both mother and child survived. At the time he was telling me this story when I was doing my research, the child was three years old.

So, this is just an extreme example, because it makes you then think, yes, that's one success story. You wonder how many others were unsuccessful. And what a risk he took. So you can imagine there are ethical issues there because, for instance, if I were to do that in the UK, I would be automatically struck off the register for practicing beyond my area of competence.

But these ethical questions, you then ask, why would a nurse be put in that position? Was he right in doing that? Who are we to judge? He did it because of they didn't have doctors, he was in a rural area where they don't have healthcare facilities to cater for the needs of such patients. So, that's one example.

Nurses, of course, also do other the things. They do advance roles such as cannulating, giving I.V. intravenous antibiotics and drugs, and they do history taking. They coordinate care in that they pull together the different specialist treatments together. And they advocate for patients, so on behalf of patients, defending patient choice. They are involved in creating a safe environment for patients, so in terms of infection prevention and control. They are in leadership positions because they are in charge of patients and their care. And also, of course, they're role models, they role model behavior in order to inspire and give confidence to future generations of nurses and also younger nurses and student nurses. And they keep relatives informed of whatever decisions are made about patients. So, they do have a very diverse role.

ORDU: Right. But I think the specific instance you cited in rural Cameroon, it just, it just, in addition to, of course, the ethical issues you raised, that it also goes to show how in terms of qualifications and experience, right, of nurses from the developing world, from Africa for example, doing things which their peers could never dream to do in the advanced countries of the North.

GROVES: Absolutely. Absolutely. And they do it with such confidence, I hasten to add.

ORDU: So, it gives us a good segue actually at the pivot to the biggest elephant in the global room right now—the COVID-19 pandemic. In your view, how prepared were nurses in Cameroon for COVID-19 would you say?

GROVES: I would say they were and they were not. They were in the sense that because of the very poor infrastructure, the lack of resources, they are incredibly creative and adaptable in how they practice. But, they were not prepared, on the other hand they were not prepared for COVID-19 pandemic. No, nurses were not. So, it took everybody by surprise, okay, because of the very nature of the lack of training for it. As I said, they are flexible when it comes to all the things, all the challenges of not having electricity, for instance, not having the right medical supplies, something as basic as cotton wool or gauze or tape and all the

essentials, gloves and syringes. These they sometimes run out of, and aprons they will use and reuse. But, of course they are trained, as I say, in infection prevention and control measures, but they were unprepared for COVID-19. That's the simple answer.

ORDU: I guess that's why it's a pandemic, it's global and it took all of us by surprise, right?

GROVES: Absolutely.

ORDU: So what do we know now about COVID-19 cases, statistics in Cameroon, vaccination rates, et cetera, to the extent that you are a closely following on these sort of developments in your home country?

GROVES: Now then, the W.H.O. situation report of June 9th in 2020 listed Cameroon as one of the most affected countries in the W.H.O. African regions. So it showed a cumulative total of 140,498 reported cases and 3,352 deaths related to COVID-19 across the 47 African countries and territories in African region. Out of this number, Cameroon had 8,060 cases. And it's estimated that most cases have arisen from community transmission. Now these figures, the 8,000, was on the 9th of June 2020. Then a few months later, on the 16th of September, still 2020, the figure moved from 8,000 and increased to 20,371 confirmed cases of COVID-19 in Cameroon within a few months. So, Cameroon is considered a level three, high risk country for COVID-19 by the U.S. Centers for Disease Control and Prevention and also the Ministry of Public Health in Cameroon. Then on March 26, 2021, that figure of 20,000 doubled. The cases in Cameroon were over 40,000 and over 600 deaths. And so Cameroon has been cited as among the top most COVID-19 countries sub-Saharan African countries with the high rate of COVID-19. So that's where we stand at the moment.

ORDU: High numbers and one wonders how presumably the current numbers would probably show infection rates still on the increase or do you get the sense that the increase still there?

GROVES: Oh, it is on the increase. Yes, it is definitely on the increase because recently, of course, I keep in touch with my colleagues back in Cameroon and the cases have gone up and they continue to go up as we will discuss, when we get when we talk about impact.

ORDU: And what of, um, do you got a sense that mask wearing, et cetera— I just came back from West Africa myself in the middle of March—Dakar, Lomé, Accra, et cetera—and I found myself doing tests before leaving the country and tests on arrival at the other country. How is the situation in Cameroon?

GROVES: Well, the wearing of masks—interesting you say that—the wearing of masks is a challenge. And that's what one of the things that nurses found, because members of the public, as you would imagine, they are non-compliant. They're non-compliant, and that's in part because some don't believe, some still don't believe in COVID, and so that poses a challenge to healthcare providers. And while some take it seriously and they follow all the preventative measures of wearing masks and hand-washing and sanitizing hands, people are not as compliant as they should be. And the testing is going on, no doubt, but it could be better, put it that way. Because when I've spoken to nurses there, the challenge is that they are trying to persuade people to do this, to do the tests, the LFT. You still have to do that, though, in Cameroon before you travel, so put it that way. It is mandatory. You have to do it before you leave the country. And also when you visit, when you come in into the country.

But it's just that the uptake, as we say, locally or among people there can sometimes be a challenge.

ORDU: Right. So is what we're hearing from you that hesitation on the part of some members of the public or is it just the lack of access, availability of these masks and therapeutics? Which would you say weighs higher?

GROVES: I would say it's both, but it's also the case that the higher one is there are masks, because you have some NGOs there who are doing what they can to provide masks to people. And of course, they make local masks. And so there's no shortage of masks. I would say. But that said, I can't say for sure in every area. I can only speak for some areas that I know. I know people who are there. It's the case that you can't have more masks—it's better to have more than less—but I also think that there's a cultural issue there coupled with the heat. When it's hot and it's uncomfortable, people tend not to want to wear the masks, especially in gatherings, where our way of life is a very sociable way of life is we have occasions. And so people would naturally, some you will see wearing masks, others will not.

So, to answer your question, I would say it varies. There is variability. There are masks. Initially, there were not because speaking with nurses, they had to buy their masks before they were supplied afterwards. But there are sufficient masks, I would say. The issue is compliance from members of the public and even when they do wear them, you've seen people and what my colleagues and friends who are there say, they wear the masks above their mouths, and you know, and then they leave, they leave their nose, so they don't cover their nose, they just cover their mouth. So, you're forever going, No, it needs to cover your mouth and your nose. So, there's a lot of health education to be done there.

ORDU: And how is the situation with the vaccinations?

GROVES: Oh, vaccinations? Yes, they have a study. I would quote a dean of studies in the Bamenda University, Professor Mary Bi Suh Atanga, who conducted a piece of research with a fellow researcher out there. They have been relentless in this in pursuing the vaccination program. And it's a success. They did a piece of research which showed that it works. It reduced significantly the number of deaths from five per week to one at one point. I mean, this study was done in February.

And yes, vaccinations work. They have them. The uptake is high. There is also hesitancy, which they are working at advising on encouraging people and getting the local chiefs and people who know the area, local community workers, to encourage people to take the vaccines. And she said something—this is Professor Atanga—she said something that when they first had AstraZeneca, which was first sent to them, which you have to take two doses, people were reluctant, they said, no, they don't want to take two doses. And then they had Johnson, and so they prefer that, they prefer the one dose. So, yes, so they have got vaccines, but as we say, there's always a need for more.

ORDU: It's interesting you touch upon the important role that community leaders and chiefs play in these conversations. We saw very clearly next door in Liberia, Sierra Leone, and Guinea back in 2014, 2016 during the Ebola crisis, when the role of community leaders and community chiefs and all of that community work was very, very, very profound. And I think the same applies to many, many of our countries across the continent.

GROVES: Absolutely.

ORDU: So, let's switch now to sharing with our listeners some of the challenges faced by nurses themselves, in particular, on the frontline during the very peak of the pandemic, on what the current problems are that nurses are still experiencing.

GROVES: Yes, they faced several challenges at the very start. Let me start with water. UNICEF stated that 34 per cent of health facilities in the northwest and southwest regions of Cameroon are nonfunctional. So 34 percent. And they're nonfunctional or partly functional with the absence of healthcare personnel and destroyed infrastructure, lack of medical supplies. So, at the start, nurses faced huge problems with procurement and supply of PPEs, personal protective equipment such as masks and gloves and face shields and gowns, caps, and shoes, and all the basic infrastructure, basic things like electricity. We don't even want to talk about the roads to be able to access healthcare in town if you're living in a rural area. And as I mentioned earlier, majority of the healthcare is provided at the district level at the base of that pyramid. So, and a lack of oxygen. So, there was lack of oxygen supply.

Then of course, there was also an initial lack of training. So, nurses just had to do what they had to do, and they learned to improvise. A lot of anxiety, a lot of uncertainty, and the fear of contracting COVID-19. It led to illness among nurses, depression in some cases, extreme cases, and exhaustion due to long working hours. Some nurses were working 12, 14 hours, some worked without breaks, at the very height of COVID-19 pandemic.

And as you can imagine, because they're exhausted, they're ill, it then, it was a vicious cycle because then they fall ill, they're already short of nurses. And that just became worse.

And then there were conspiracy theories. People were listening to just anything. I can't even begin to narrate what the kind of stories that they were talking about, and saying they don't believe in it. And these were not just patients. I was made to understand that even some student nurses, I spoke to a few student nurses who said, you know, we didn't believe it at first. We just thought it was a Western ploy to do something, they just did not believe in it. So there was vulnerability to misinformation about COVID and the disbelief of vaccines later on.

And, of course, a lack of trust in government figures. There was talk about government is inflating figures, they don't believe that the numbers are quite high, starting from 8,000 to 20,000 to 40,000. There was also a lack of and poor adherence to standard operating procedures, what they had to do. So that caused a huge challenge. Low staff morale associated with, of course, this persistent discourse or narrative about unscrupulous nurses, which is ongoing. And so with all of that, they were really stressed, there were overworked. They were overworked and short staffed.

ORDU: We may never really, the point you touched upon about mental health. Mental health. We may never really know until many, many, many years later, the extent to which COVID unleashed the phenomenon of mental health, not just on nurses, but across the board, population in many countries in the world.

So, we have heard a little bit more of these challenges, which you articulated very brilliantly. I was just wondering, could you tell us, have you observed in any way how the role of nurses have changed since fighting the pandemic?

GROVES: It has changed, it's changed significantly. So, a global pandemic has this needs for robust and resilient nursing staff engagement, of course, and awareness of knowledge exchange. So this need for clinical management and public safety more than it has been before. So the nurses' roles, they have a critical role rather and responsibility during this COVID-19 pandemic. They will continue to be at the forefront of providing patient care and they're actively involved in evaluating and monitoring events and healthcare, especially in the community.

So nurses are ensuring that patient care is personalized. It's holistic, as it has always been, but more so now. And it has to be high quality care irrespective of the infectious status or condition. And nurses should also engage in planning for anticipated COVID-19 related outbreaks. That's something that will have to be done. It is being done and more needs to be done.

And it's also imperative, of course, that nurses have access to effective supply of sanitation materials and personal protective equipment. And of course be diligent about screening, providing screening information because as we know, proper screening and triage protocols and isolation protocols, they do work, especially when they're evidence based. So it's crucial that nurses are supported and to protect themselves with specific infection prevention procedures.

And, yeah, so their roles are quite expansive and will continue to be so. And it's highlighted the need for lifelong learning for nurses and the need to continue practicing reflective practice.

ORDU: In fact, along those lines, are there new opportunities resulting from the pandemic for nurses?

GROVES: There are. I would start with technology. Technology has facilitated patient care in healthcare settings, for instance, the use of Zoom for meetings and teaching and learning. So information can easily be accessed and disseminated globally, which is what the nurses have found. They found this really useful during this time because as you can imagine, as I said earlier, there were opportunities, they knew some stuff, but there was always room to learn because it took everyone by surprise. So, the use of technology is advanced now, and they're using it.

And then knowledge, of course. Nurses have become more skilled at managing COVID patients. So they know what to do, they know what to do when a patient's condition deteriorates. For instance, if a patient is de-saturating, then they will, of course, transfer them to a more acute setting where they will have appropriate care.

And then there are better relationships as well among nurses. So the teamwork now and the reliance on each other for support, not just professional support, but personal support has been strengthened. So, nurses are looking after each other more. They're working more with other members of the multidisciplinary teams, doctors and all the clinicians, lab technicians. So it's all hands on deck. So those relationships have been strengthened. And particularly with other nurses in other African countries, such as in Nigeria next door, and Ghana, Botswana, South Africa, because they're now working closely together and finding support from each other that way.

ORDU: As you say, the pandemic has elevated the use of technology to new levels, and of course, these relationships across countries augur well for the future of the continent. So, thinking of Africa still more broadly, how do we create an enabling environment for nurses based on what you've just been sharing with us today?

GROVES: Now we can do that, and we've talked about the infrastructure and we can go on talking about it. But one of the things that the nurses in Cameroon have found to be very useful providing them with an enabling environment to fight against COVID-19 has been joint working with, there is the West African College of Nursing, which has now changed its name to the West African Postgraduate College of Nurses and Midwives. So, together with John Hopkins and Eco-Santé and W.H.O., they played a crucial role in providing training for nurses and other healthcare personnel in Cameroon. And as I mentioned earlier, Professor Atanga, the vice dean of research on cooperation and head of department, she is also the chair for this organization, West African Postgraduate College of Nurses and Midwives. They have worked tirelessly at creating branches within Cameroon, where they found that sharing information, disseminating information is a lot, lot easier. Okay. So they're working with countries, with other African countries in upskilling and providing knowledge on how to fight COVID-19.

To touch on the mental health issue that you, you alluded to earlier. They have a focus now on community health, particularly mental health. Okay. And this is because COVID has resulted in an increase in a significant number of people suffering from mental health problems. And you were right in saying that we haven't seen the impact of it. We will not see it in years to come. So, people are losing family members one, two, three, more than that at a time. They're having the illnesses themselves and the long term effects of that they're struggling to cope with. And so, losing friends. This initiative aims to train nurses across Africa, as she told me, on how to manage patients with mental health problems. So, primary healthcare nurses have been targeted and for capacity building. So this is in place already.

But of course, with all these initiatives, funding is a problem. So they will be needing things like laptops. They will be needing things like smartphones and good infrastructure and basic electricity for it to work. So, they also need tools such as sphygmomanometers, or blood pressure monitoring machines, blood sugar monitoring machines. They need aprons. They need all the basic equipment that nurses need.

And the other thing is collaborative working, which is essential. They're trying to work their way to joining West Africa Health Organization, WAHO. I think they're not a member. I could be wrong, but I think they are trying because they need to work together, come together to fight health problems. When we did speak and she said, that's something they are pushing for, and it's the hope that this will be facilitated so that everybody can work together and fight this disease, this terrible, terrible, traumatic, deadly disease.

And then, of course, Cameroon nurses, they received funding, I was told, from Nursing Now. It's an organization supporting practicing research, nursing research. They are extremely—these are nurses in Cameroon—they are extremely grateful for this, the funding that they've had so far. But as everything else, they will be needing more because research needs to be ongoing and not just a case of do it now and stop. And I think one of the things that the government needs to capitalize on is this growing need, this hunger, this quest for knowledge that nurses particularly now want to build on it. It's an opportunity to really build on.

ORDU: It's interesting you mentioned the government, because as we finish this conversation, I wondered what your advice would be to nurses, to the government, to the private sector, and to the other stakeholders in Cameroon and other African countries.

GROVES: So, let's start with the nurses, then. For nurses, they have shown remarkable resilience and truly demonstrated the six core values of nursing, which are to care, compassion, to be able to communicate, the courage, commitment, and competence. So nurses have shown this. They've shown to be courageous, they've shown to be selfless. They've shown to be versatile and creative and be problem solvers during this COVID-19 pandemic. And they should continue to do that and must be applauded for that.

And I think the other thing is actually sometimes they do it almost on autopilot without necessarily believing in it. So there's a need to believe and internalize those values because they obviously show in what they do.

And the other thing is about upskilling. Upskilling is important—reskilling and upskilling, it's a priority for nurses, nursing leaders, training providers, and the state. So, investing in nurse training is important. It ensures that nurses are able to provide safe, effective, prompt care, which is of high quality. And of course, the onus is on the nurses to want to learn and empower themselves. It requires deliberate attempts and commitment. It has been the case that in the past, some nurses would when they've been asked if there has been an opportunity for them to go for training, some of them would ask to be paid. These are reports of nurses wanting to be paid to go—some nurses rather—to be paid to go to attend a training program, which of course, you think, no, no, no, it's counterproductive because you're training to develop yourself personally as well as professionally. A majority of them do, but you'll get the odd ones who would ask whether am I getting paid to learn or to train for a particular thing?

And of course, as we know, it takes courage to admit to self a lack of knowledge and to admit mistakes. So it's a case of continuing to learn. There should be emphasis on continuing professional development, and the government should come in there to provide this training. It should come in to standardize a training, monitor the quality of whatever training is going on, and promote nursing research. So, there is room for research and development, R&D. There is room for that. So, that's for nurses.

And of course, it's also the responsibility of nursing managers and leaders and policymakers to work together and get nurses to sit at that table to make decisions. Because after all, they are the ones in the frontline, they're the ones providing the care, and they are in a better position to make policies, design policies that will work for them.

There's need for training on clear instructions on how to use PPE and also more emphasis on modes of transmission so that we can prevent this. Need for proper triaging. Need for mass encouragement for people to be vaccinated, because, as I said Alondi [*ph*] and Atanga in 2021 found that administration of vaccines have reduced COVID-19 related deaths significantly. In Bamenda these studies took place.

Leadership is another one. Okay. So, COVID-19 has taught us that collaborative leadership and shared leadership, collective leadership, is important. Sharing power is better than having the single individual making all the decisions. We have gone past the traditional method,

right, of knowing that it's this heroic figure who knows it all. But no. COVID-19 has taught us that we need to practice shared leadership. And because of course, if people are involved in this, if they take the lead, there will be more responsible and more accountable for actions for when things go wrong or when they go right.

And then the government, of course, provide enabling environment, good working conditions, basic infrastructure, equipment, isolation facilities, which was a problem initially when they didn't know much about COVID. People were nursed with other non-COVID patients, which became, you can imagine the cross contamination, or cross infection that took place. And they need decontaminating equipment.

Telecare, we mentioned, this is particularly useful in the hard to reach areas. Technology, as we say, has facilitated things.

Good promotion of the hands, face, space washing hands, hygiene protocols need to be reinforced.

CPD, continuing professional development, we said.

The role of private sector very important. They are involved in training nurses. And so the quality of training needs to be monitored as well. I read somewhere that I think in Kenya, the private sector trains up to 30 percent of the nurses there. I don't have any figures for Cameroon, but given the number of private institution, nursing institutions that have cropped up in the past years, I would think that's also the case. But it's important that the quality of training is, particularly in public health, that should be emphasized, given so that that way people are equipped. These nurses will be equipped for future pandemics, god forbid, but we never know what other diseases will come. So monitoring for quality is important.

The role of NGOs is equally important. You know, they're out there in Cameroon providing sanitizers, free masks, and championing the cause for vaccination and preventative measures.

The general public. Oh, this is important because there's this narrative of nurses being doctors' handmaiden. It needs to change, it needs to be debunked because this kind of cognitive distortion where only the negatives of nurses are seen is very demoralizing for nurses. It overshadows the fantastic, phenomenal work that nurses do. And of course, coupled with poor pay, it just leaves nurses, some of them, will then be engaged or involved in unprofessional attitudes and behaviors. It's not an excuse for that, but it can result in that.

So will require a change of mindset, a change of culture for people to know acknowledge that nurses now are knowledgeable doers. It's a completely different profession on its own. You're not a doctor's handmaiden. We know that these are deeply rooted ideas of the past. But that narrative needs to change, and it's important that we do that.

And nurses in the diaspora, please, it's important that you try and link up with nurses in Cameroon and in all the those in other African countries, share knowledge. It's absolutely key, and it's been shown that the mentor and the mentee, the benefit right, the benefit from the process.

ORDU: You're evidently committed to practicing and teaching nurses and for the benefit of our listeners as we round up, what drives you the most in this most noble of professions?

GROVES: Oh, what a question. What is there not to like about nursing, eh? Okay, again, with nursing known as a dirty job done by these dowdy people who are academically challenged, sometimes when I've introduced myself in places and some colleagues will be like, No, don't say you're a nurse, say you are a healthcare practitioner. And the question is, no, no, no, no, I can't. I'm a nurse. I'm first and foremost a nurse.

So the values, the core values of nursing, are what drives me because I use those same values in my in my life. They act as a guiding principle for me. I'm particularly happy, I guess is a selfish reason because it's more intrinsic. So it's about job satisfaction for me. It's about helping others. I'm a people person and I enjoy seeing or knowing that I've done my little bit to contribute in easing someone's pain or treating a patient to get better or facilitating them to die a less painful death or a peaceful death, because these things happen, the eventuality. So it's more a case of I'm happy to help someone to recover.

And no two days are the same in nursing. There's a variety. It's just beautiful. And it's because of our uniqueness as individuals. So, it's an interesting job. And I also believe in lifelong learning because I'm curious and you have to be in nursing in order to provide safe, efficient, effective care. Okay. It's very demanding, it's physically, emotionally, psychologically demanding, but is also equally rewarding in many, many ways.

ORDU: I've been speaking to Dr. Winnie Groves, lecturer at Kingston University in London. Winnie, thank you very much for coming to this show. We greatly appreciate the time with you today. Thank you.

GROVES: Thank you, Dr. Ordu. It's my pleasure.

ORDU: I'm Aloysius Uche Ordu, this has been Foresight Africa. To learn more about what you heard today, find this episode online at Brookings dot edu slash Foresight Africa podcast. Each episode will be listed on its own web page, and there will be links to the content discussed in the episode.

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Thank you very much.