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Author(s): | Brighton Karimakwenda |

Title: Current state of the Zimbabwean healthcare sector: small improvements that could help improve patient centred care and service delivery

Introduction

Following my visit to Zimbabwe (9 July – 18 August 2018), I sought to get to the root of appalling state that the healthcare sector has found itself muddled in. It is not a secret that this once leading developing country has got the majority of its glory days behind it and the crippled [economic condition](#) more likely to yield fewer positive outcomes despite resuscitative intervention. In this blog, I explore the ways in which the healthcare stakeholders and professionals can contribute to the betterment of service delivery. Passionate practices resulting from adaptation in continuing professional development; multidisciplinary collaboration for better healthcare provision; setting up dedicated medical sector databases that enhance evidence-based practices, increasing professionals' governing bodies regulatory effectiveness in the provision of practicing standards that keep the patient at the centre are among the considerations to be pursued.

Continuing Professional Development

[Continuing professional development](#) ensures that professionals' skills and knowledge is up to date which positively impacts patient safety and delivery of effective practice. At present, professional development (PD) traceability goes back to learning institutions and ends on graduation and any lack in certain experiences can contribute significantly to de-skilling. Healthcare professionals should be able to keep a record of development which supports their competence in practice. On the other hand, employers should be active in encouraging their staff to undertake PD by providing study days and resources necessary to facilitate this. Forming a base framework of mandatory training modules encompassing different professional practice aspects involved in patient care, can lay a foundation of encouraging healthcare professionals to further their knowledge and skills in practice.

Working in collaboration

[Collaborative practice](#) provides an integrated approach involving multidisciplinary personnel and agencies to provide care for the patient. Adopting an [interprofessional education](#) approach can promote the patient's health and well-being and lead to improved care. This encourages professionals to learn from each other about their roles and this improves collaboration thereby facilitating patient centred care with regards to service delivery. However, there were opposing connotations to the multidisciplinary collaboration concept because on one hand, there was a feeling that collaboration undermines the doctors' authority in the long run whereas on the other one, perceived as good as long as professionals stuck to their scope of practice.

Role of medical databases

The absence of dedicated medical databases containing research and evidence-based articles in the country inhibits the exploration beyond boundaries of innovative medical discovery. Without this establishment, [the importance of the role of such databases](#) in improving standards of care, aiding research and enhancing education will always remain a case of missed opportunities. There was an expressed concern over having a lot of information being accessed and used by the illegal dispensaries in diagnosing and treating diseases which is one of the major problems facing the country at the moment. However, database access could be tailored to have limited access for information with treatment contents. Open access issues can be addressed with log in requests in cases of articles containing such information which can be misused.

Work of professional governing bodies

The role of the medical council is to issue practice licenses upon medical training completion. [The role of governing bodies](#) is to protect patients by ensuring that [professionals practice](#) is up to set [standards and issue guidance](#) to inform practice. Concerns regarding practice have to be considered and disciplinary action taken when deemed necessary; such is part of the duties undertaken by these governing bodies. According to the article contributors, this is not being done because there seems to be a lack of responsible regulators for the varying medical and allied professions that can set professional standards and codes of practice. Representative membership organisations need to share information pertaining to their respective professions and not leave it to the Ministry of Health alone.

Concept of Patient Centred Care

It is not uncommon that in Zimbabwe, nurses and clinics are closely associated with inflicting pain particularly with injections. This association is embedded in the mind from as young as one's memory can playback, when you would come from nurses' contact tearful because empathy is yet to be experienced in medical practices. Cases of harassment to patients by nursing staff are widely known and sadly accepted as the norm and it is not surprising that patients suffering from sexually transmitted infections opt to visit illegal dispensaries for their pharmacological requirements. Unless a patient has been proven to lack capacity, the patient should be at the [epicentre of all treatment pathways and care plans](#) with their choices upheld. Healthcare professionals should respect and follow the patient's decisions, providing them with enough information regarding their care to make informed preferences. It will take long for the public to restore confidence in the healthcare system of the country, but the best ambassadors of the system are the few that access it. Once the word spreads of how patients have control over their care in medical institutions, with professionals being friendly and offering and respecting choices of the patients, then we may have found ourselves the winning formula.

Conclusion

Better service delivery and improved patient safety is a pipe dream in the current state of the healthcare sector in Zimbabwe. Politically, there is always blame to apportion but as healthcare professionals, ways of enhancing service delivery can be sought. Needless incidences have occurred, and scrutiny has not been undertaken by the relevant bodies in order to prevent such occurrences in the future. More can be done to improve healthcare in Zimbabwe on an individual level before we lobby the government ministers for monetary injections into the sector.

*Contributions from Shamiso Hugh Parirenyatwa (3rd year Medical student) and Tapiwa Mungofa (5th year Medical student) **

**From the time of writing this article, it should be noted that the author and the contributors have since progressed and their careers may have changed or progressed over the years.*

