

OBSTACLES TO THE FUNCTIONING OF THE COMPETENCY-BASED APPROACH (CBA) AT THE NATIONAL SCHOOL OF SOCIAL HEALTH WORKERS (ENASS) IN N'DJAMENA AND THE QUALITY OF TRAINING FOR NURSES AND MIDWIVES

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Summary

The general objective is to know the major obstacles that prevent the functioning of the APC at the National School of Social Health Workers (ENASS), in order to have competent nurses and midwives. Unfortunately, for more than fifteen years since the implementation of the APC at ENASS in Ndjamenas, its functioning has encountered obstacles that need to be identified in order to make appropriate proposals for the operational training of nurses and midwives.

The hypothesis of this study is whether the poor functioning of the APC at ENASS is due to unfavorable human, material and financial resources.

The following results were obtained from the information collected from 73 people through a questionnaire. Approximately 80% of teachers, the majority of whom are temporary, are not trained in the APC model. 70% of the classes are overcrowded: 75% of the classes lack adequate pedagogical and didactic equipment. Finally, 92% of teachers are not motivated because of a lack of financial incentive. The Chi-square test clearly shows that, at the $\alpha = 5\%$ threshold, there is a very significant link between the poor functioning of the APC at ENASS in Ndjamenas and the obstacles identified, thus confirming the hypothesis.

Key words: Barriers, approach, competence, functioning

Résumé

L'objectif général est de connaître les entraves majeures qui empêchent le fonctionnement de l'APC à l'Ecole Nationale des Agents Sanitaires sociaux (ENASS), en vue d'avoir des infirmiers et sages-femmes compétents.

Malheureusement, depuis plus d'une quinzaine d'années que la mise en œuvre de l'APC a eue lieu à l'ENASS de Ndjamenas, son fonctionnement rencontre des obstacles qu'il convient d'identifier afin de faire des propositions idoines dans la formation opérationnelle des infirmiers et sages-femmes.

L'hypothèse de cette étude est de savoir si le mauvais fonctionnement de l'APC à l'ENASS est tributaire des ressources humaines, matérielles et financières défavorables.

Grâce aux informations recueillies auprès de 73 de personnes, à l'aide d'un questionnaire, nous ont permis d'obtenir les résultats ci-après. Environ 80% des enseignants dont la majorité est constituée de vacataires, ne sont pas formés au modèle APC. 70% des classes ont des effectifs pléthoriques : 75% des classes manquent d'équipements pédagogiques et didactiques adéquats. Enfin, 92% des enseignants ne sont point motivés faute d'intéressement financier. Le test de Khi2 montre clairement qu'au seuil $\alpha = 5\%$, il y a donc un lien très significatif entre le mauvais fonctionnement de l'APC à l'ENASS de Ndjamenas et les entraves identifiées, confirmant ainsi l'hypothèse émise.

Mots clés : Entraves, approche, compétence, fonctionnement

INTRODUCTION:

In order to improve the quality of their education and training systems for the purpose of developing practical skills among learners, many countries in Africa and elsewhere have embarked on major educational reform movements to meet the various challenges of development that act as a catalyst. Thus, the health sector, considered as one of the priority sectors, is going to be the object of important curricular reforms. In 2009, the West African Health Organization (WAHO), probably inspired by the Bologna conference (1999), undertook to harmonize the training programs for nurses and midwives in its member countries in the French-speaking world, using the "competency-based approach" (CBA) model. The development of these new training curricula shows a strong desire to link the necessary knowledge to the expected competencies. The APC, which mainly emanates from the constructivist pedagogical currents of Jean Piaget (1955) and the socioconstructivist currents of Vygotsky (1926), places the learner at the center of training and everything contributes to making him/her operational for a better social integration. Thus, the development of new curricula has seen the emergence of new conceptions of teaching/training and at the same time disrupt certain practices that have been consecrated for decades (Nnang, 2013, p.17).

The West African Health Organization, by proposing this harmonization of curricula in the competency-based approach format, wishes to provide the countries of the ECOWAS region with competent health workers

It is in this sense that Chad, which is confronted with reproductive health problems, has also adopted the skills-based approach to health. Indeed, according to the Health Development Plan (PDS 2016-2030), one of the specific objectives is "to reduce infant and child mortality by two-thirds and maternal mortality by three-quarters. This ambitious program can only be achieved if the Chadian Ministry of Health provides competent staff to the health facilities. This curriculum overhaul, which will now give health workers more skills to meet the many health challenges facing Chad, is a real source of hope. To do this, ENASS and the other schools and institutes that train health workers must now place particular emphasis on the new pedagogical approach based on the competencies retained in the new training curricula. What is meant by competencies and the competency-based approach? For the sake of mutual understanding, various authors have given multiple definitions of these concepts, some of which are presented below. For De Ketele(2006), we can only speak of competence when there is a mobilization of relevant resources in the face of a problem situation to be solved or a complex task to be performed. Lateurtre-Zinoun(2013), on the other hand, emphasizes its field of practice. Competence is what each individual builds for himself. It is exercised on 5 levels: knowledge, know-how, interpersonal skills, action skills and learning skills. Thus, competence is the ability to mobilize and combine all this knowledge in a relevant way with regard to the aims pursued, and taking into account the characteristics of the situation.

Le Boterf (1999, p.38), states that a competent person is one who knows how to act with relevance in a particular context, by choosing and mobilizing a double set of resources: personal resources (knowledge, know-how, qualities, culture, emotional resources, etc.) and network resources (data banks, documentary networks, networks of expertise, etc.) Knowing how to act with relevance implies being able to carry out a set of activities according to certain desirable criteria. Hunot-Clairefond, (1996), quoting Gilbert and Parlier, agrees. Competencies are a set

of knowledge, action abilities and behaviors structured according to a goal and in a given type of situation. Competence is therefore closely linked to an activity, it has an operative character and cannot be separated from its conditions of implementation. This character brings it closer to the ability to analyze and solve problems in a particular environment. Perrenoud (2000; 2013) insists on the fact that a **skill** is a capacity for effective action in the face of a family of situations, which one manages to master because one has both the necessary knowledge and the ability to mobilize it wisely, in a timely manner, to identify and solve real problems. They are "high-level skills, which require the integration of multiple cognitive resources in the handling of complex situations.

All these definitions show that a skill cannot be built without suggesting the existence of some conditions in the learner:

- Scientific knowledge;
- Concrete and experiential knowledge;
- Efforts to appropriate knowledge;
- Knowledge mobilization efforts.

Therefore, a competence is the ability to reintegrate the knowledge (contents and abilities) related to it in order to act, produce or solve problems that arise in practice.

Indeed, the learner may have knowledge relevant to a skill without knowing how to mobilize it in a particular situation. It is only when knowledge is actualized in a given context that one can judge the transition to competence (there is only competence in act, Perrenoud P. (2000, p.23). As one can easily guess, the competence is attached to the profession according to Le Boterf G., (1997): the competence is "a professional qualification made up of the whole of the knowledge, know-how, to know to be, characterizing an individual in the exercise of his functions". Thus, Montesinos A. (1997) describes the characteristics of the professional competence of the nurse. They are acquired and developed in four axes which are: trainings, aptitudes, experiences and attitudes. He affirms that the professional competence of the nurse is characterized by interactions between his aptitudes, experiences, training and attitudes, to enable him to observe and understand his work situation, then to judge, to decide, and finally to act in accordance with the regulations to provide the patient with the care he needs... This competence is never acquired. It is built, deepened and developed.

Also, the competence of the nurse differs according to his seniority but also his background. Benner P., (1995) cited by (abdou, 2014) describes levels of competence for nurses. We find this model known as the "Dreyfus scale". It is established that in the acquisition and development of a competency, a student passes through five successive stages: Novice, Beginner, Proficient, Performing; and IExpert.

For the most part, we deal with the first three levels of this scale:

- **"The novice:** This is a nurse who has just graduated and is taking his or her first job. He or she has little or no experience in real-life situations; he or she depends on the rules learned during training to accomplish the tasks.
- **The "beginner":** He faces real situations, tries to notice the significant factors but needs help to organize the care and to face the unexpected with efficiency.

- **"Competent"**: He/she has been working in a department for at least three years, has a good command of the situation, knows how to organize himself/herself and is able to deal with the unexpected efficiently.
- **"Performing"**: this is a nurse who gives satisfaction in terms of performance, results;
- **"Expert"**: This is a nurse with a wealth of knowledge and experience in the profession and in training.

It seems then, as mentioned above, that the professional competence of the nurse depends on the interactions between aptitudes, experiences, attitudes and training. It is a hierarchical process of acquisition, then development of these competences through successive levels of training and improvement in an approach known as "competency-based approach". APC

Competency Based Approach (CBA)

The competency-based approach: is a pedagogical trend focused on the integration of knowledge in order to solve problems in everyday or professional life. It is in this sense that **GHAZEL** (2012) states that: "In the Teaching/Learning process, the approach allows the student to acquire sustainable skills, likely to help him/her in his/her educational path and in daily life. It emphasizes everything that is fundamental in order to guarantee a better transmission of knowledge.

The competency-based approach teaches students to be autonomous in their search for knowledge and in the practice of their profession. The driving force is the fact that the competency-based approach democratizes the school. Thus, many students are expected to leave school with not only diplomas but also direct and usable skills. This is an opportunity for companies but also for the working world in particular. Today, a society, a company, a country that is not competitive is destined to disappear, hence the need for today's curricula to put quality graduates on the market, capable of facing the current realities of society.

This makes **KPAZAI** say that the introduction of CBA in curricula is a necessity in view of the evolution of the labor market. For him, the increased search for adaptation of training curricula aims to equip future professionals, to better prepare them for the real world of work, and to reduce the gap between the "thought profession" and the "real profession". Consequently, botching the effective implementation and proper functioning of the CBA in health schools means jeopardizing the quality of the training of competent health workers (nurses and midwives).

Unfortunately, after more than a decade, the implementation of this pedagogical model (the APC), which is supposed to develop skills in health workers at ENASS in Ndjamen (Chad), is struggling to be effective. It is encountering multiple and diverse difficulties. These new competency-based curricula necessarily call for new requirements, including the availability of human, material and financial resources, in quantity and quality, as well as the prior training of trainers. Indeed, the CBA, this model of integration of knowledge with a view to solving concrete life problems, replaces the pedagogy by objectives (PBO) which is accused of fragmenting knowledge and which very often carries out learning that does not always make sense for the learners.

The one and only reason for choosing this topic is to develop the skills of health workers in Chad in order to deal effectively with the health problems of the population. This study is therefore motivated by its social relevance.

The general objective is to know the obstacles to the effective functioning of the CBA at ENASS in order to achieve the expected results. Specifically, the aim is to identify these factors, describe them and explain their impact on the practical implementation at ENASS.

The hypothesis of this research is to verify whether the poor functioning of the CBA at ENASS in Ndjamenas is linked to unfavorable human, material and financial resources.

I. RESEARCH METHODOLOGY

I.1 Field of study

We chose the Ecole Nationale des Agents Sanitaires et Sociaux (ENASS), which was created by the law of January 10, 1994, to carry out this study and which is the only public institution of a socio-health and educational nature in the capital. It is in charge of the initial and continuous training of health, social action and family personnel. It currently trains State-qualified nurses (IDE), State-qualified midwives (SFDE), Technical Health Agents (THA), Technical Health Agents (ATS/acc), State-qualified Laboratory Technicians (SFLT), State-qualified sanitary and sanitation technicians (SQSST), nurses specialized in ophthalmology (NSO), State-qualified social workers (SQSW), and kindergarteners (KG). It is placed under the supervision of the Ministry of Public Health. It is located within the Central Hospital, the current National Reference General Hospital in Ndjamenas (RGHN), in the Klémat district in the 4th district of the city.

I.2 Study participants

In fact, **33** permanent teachers out of 40, **11** members of the administration out of 14 and **29** part-time teachers out of 60 took part in this study, i.e. **73** participants out of a total of 114 members of ENASS. This number is made up of 15 women and 48 men. Our sample is of the empirical type with reasoned choice, because the subjects available responded favorably to our requests

Table 1: Summary of respondents

Heading	Men	Women	Total number of employees	Percentage
Permanent teachers	27	6	33	
Temporary teachers	24	5	29	
Members of the administration	7	4	11	
Subtotal	58	15	73	

Source: Surveys, 2020

I.3 Data collection and processing

. The instrument that allowed us to collect the data was the questionnaire that was submitted to the respondents. Its purpose was to identify the major obstacles to the proper functioning of the APC in order to develop professional skills among nurses and midwives at ENASS in Ndjamen. The data collected was processed using SPSS statistical software, and the analysis of the data revealed the following results

II. RESEARCH RESULTS

According to the results of the study, the major obstacles to the implementation of PCA are of three types: human, material and financial resources.

II.1 Human resources

The humans here are teachers (permanent and part-time), students and administrators. The results of the survey show that the vast majority of teachers (permanent and part-time), i.e. 82.7%, have not benefited from a solid training on CBA. Yet they are the essential actors who can contribute significantly to the success of the project, because it is, above all, a pedagogical project. The training of trainers is therefore a prerequisite. As for the student trainees, their plethora is a hindrance to the proper functioning of the CBA. The teachers interviewed (72.73%) stated that there was a plethora of trainees in the practical room and more than half (57.69%) of the respondents added that the training course did not meet CBA standards. For the administration, the insufficiency of state subsidies to rent for the implementation of the APC constitutes a major obstacle to the proper functioning of this project.

II.2 Material resources

The inadequacy of infrastructure in terms of classrooms, laboratories and practical training rooms is the first obstacle to the proper functioning of the CBA at ENASS in Ndjamen. Secondly, the classrooms and laboratories are not equipped with adequate working materials, to meet the expectations of the population.

72.73% of the respondents (teaching and administrative staff) emphasize the inadequacy of classrooms and practical training rooms. 89.47% of the practical training rooms are not equipped with adequate pedagogical and didactic materials, in terms of simulation materials, computers, specialized software, etc.

II.2.3- Financial resources

According to the results of the study, the vast majority of respondents, particularly members of the administration (81.82%) and teachers (85.42%), said that state funding was very inadequate for the effective implementation of the CBA. The administration team adds that almost 100% of trainers or supervisors at the hospital or health center level do not receive an incentive bonus. This demotivates health workers and hinders CBA implementation activities in the field.

In total, approximately 82% of teachers, the majority of whom are temporary teachers who need to be better motivated, are not trained in the CBA model. 70% of the classes are overcrowded: 75% of the classes lack adequate pedagogical and didactic equipment. Finally, 92% of teachers are not motivated because of a lack of financial incentive. The Chi-square test clearly shows that at the threshold of $\alpha = 5\%$, there is a very significant link between the poor functioning of the CBA at ENASS in Ndjamen and the obstacles identified, thus confirming the hypothesis, **P value (0.02) < 0.05**

III. DISCUSSION

The hypothesis of the study is to know if the poor functioning of the CBA at ENASS in Ndjamen is linked to unfavorable human, material and financial resources.

The results of the study confirm that there is a link. Indeed, the Chi-square test clearly shows that at the $\alpha = 5\%$ threshold, there is a very significant link between the poor functioning of the APC at ENASS in Ndjamen and the obstacles identified, thus confirming the hypothesis, **P value (0.02) < 0.05**

Regarding teacher training in the CBA model, more than 82% did not receive any training. Our results are considerably in line with those of the UNESCO report, (2014) cited by Thibaut, & Abdeljalil (2018) and Arbia et al. ,(2018) which respectively stipulate that more than 50% of Senegalese primary school teachers are not trained in the CBA model and that more than 57% of teachers are not trained in CBA either.

They are also comparable to those of **Ouattara.k, N'dede, & aya, (2009) on the implementation of** competency-based training in Côte d'Ivoire, which reveal that teachers were trained for only two days. These were more information sessions than training sessions. **Elhadj M., (2011)** concludes that CBA can only be implemented validly and sustainably by teachers and supervisors who are very well trained.

In addition, the large number of trainees in the classrooms does not allow the CBA at ENASS Ndjamen to function effectively. 72.73% of the respondents attested to this. They added that the course does not meet CBA standards because of the large number of trainees. According to one CPS, "the school population is growing and the state's resources are dwindling, whereas less than 30 students per teacher are needed to properly implement CPE. **Yonli Oumar (2010)** states that 92.30% of class coordinators believe that the number of learners is high while the supervisory staff, who have not received training in this area, are understaffed

As for material resources, in terms of infrastructure, 72.73% of the respondents believe that they are in very short supply and poorly equipped with state-of-the-art teaching and learning materials. This is confirmed by the results of the study conducted by **Arbia et al (2018)** on the application of APC. Indeed, out of 300 secondary school teachers from several schools in the Regional Academy of Education and Training of Fez-Boulemane in Morocco, more than half stated that the lack of infrastructure was an obstacle to the implementation of CBA. **YONLI Omar Emmanuel (2010)** said the same thing when he noted that: "the School of Public Health and Social Action in Niamey has only two practice rooms.

Finally, the results (81.82% of the administration team and 85.42% of the teachers) indicate that state funding for the effective functioning of the CBA is very low. The

administration team adds that almost 100% of trainers or supervisors at the hospital or health center level do not receive any incentive pay. This leads to a real lack of motivation among almost all health actors.

MOUSSA (2014), confirms in his study that among all the officials interviewed (central directors, directors of the ENI and those in charge of training courses), it is unanimous that the State subsidies granted to public and administrative establishments (EPA) are very inadequate. As a result, they are unable to meet all their expenses, particularly the implementation of training activities, the organization of courses and the travel expenses of supervisors. Kabwe M. et al(2020) show that field supervisors do not play their role properly due to a lack of motivation linked to the workload, poor working conditions (dilapidated treatment equipment, lack of state-of-the-art equipment) and the lack of financial incentives.

CONCLUSION

At the end of this study on the obstacles to the proper functioning of APC at ENASS in Ndjama, three categories of obstacles emerged: the first category concerns human resources, mainly teachers and supervisors, the vast majority of whom are not trained in the APC model, and trainee nurses and midwives, whose overcrowding in the PT/DT rooms is not conducive to the effective functioning of CBA. The second category relates to the insufficient number of pedagogical and didactic infrastructures and equipment for the effective implementation of CBA. Indeed, the subsidies allocated to health institutions are so low that they do not allow for the financing of CBA activities at ENASS, nor do they allow for the granting of incentives to key actors in the training and supervision of trainees in the field (hospitals, health centers, etc.). This creates a real feeling of demotivation among them.

In total, approximately 82% of teachers, the majority of whom are temporary, are not trained in the CBA model. 70% of the classes are overcrowded: 75% of the classes lack adequate pedagogical and didactic equipment. Finally, 92% of teachers are not motivated due to lack of financial incentives.

The hypothesis of the study is to know if the poor functioning of the CBA at ENASS in Ndjama is linked to unfavorable human, material and financial resources.

The results of the study confirm that there is a link. Indeed, the Chi-square test clearly shows that at the $\alpha = 5\%$ threshold, there is a very significant link between the poor functioning of the CBA at ENASS in Ndjama and the obstacles identified, thus confirming the initial hypothesis, **P value (0.02) < 0.05**.

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