Collaborative Capacity Building for Nurses in Haiti

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Project Overview

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Fellowship Rationale

Since 1987, Zanmi Lasante (ZL) has been committed to developing infrastructures for health promotion and health in Haiti's Central Plateau and Lower Artibonite regions. Initially a key health care provider in the region, ZL's focus has shifted to include the training and empowerment of community and professional health care workers in collaborative partnership with the Haitian government's Ministre de la Sante Publique et de la Population. These trainings consist of capacity building for research and quality assurance within the organization, a critical component of the sustainability and effectiveness of this organization. The objectives of this fellowship were to: (1) increase organizational capacity for nursing research and quality assurance by accompanying nurse clinicians and leaders through a quality assurance exercise evaluating barriers and facilitators to the establishment of a nurse educator role in two hospital sites, and (2) to learn and engage in skill sharing with nurses and nursing students in a secondary hospital setting through twenty hours of clinical work per week.

The ongoing education of bedside nurses has been shown to decrease patient morbidity and mortality in all hospital settings. Though some efforts have been made to increase the quality of nursing education and entry to practice, improving the care delivered by more senior nurses and nursing assistants is a daunting challenge. ZL has been implementing a novel continuing education initiative based on the creation of a 'nurse educator position' since 2012. My role in Haiti, in addition to nursing alongside Haitian health care workers, was to work with a ZL nurse leader to collect data and write a descriptive report on a novel nurse educator program among two ZL/ Haitian government sites. After collecting interviews, participant observations and documents (yearly activity reports, job descriptions, official communications, etc.), we reviewed all of these and produced a report outlining the barriers and facilitators for these nurses, and made recommendations on how to further support their ongoing education. An academic article describing the program and our results will be submitted to a journal for publication, thus contributing to the sparse literature on nursing continuing education in low resource settings.

Objectives

1) To describe a novel continuing education initiative for nurses and nursing assistants used by two Haitian hospital sites: the nurse educator position.
2) To engage in clinical skill-sharing with Haitian nurses and nursing students through twenty hours of clinical work per week in a secondary care facility.
3) To develop ZL's nursing research network by partnering a graduate student (myself) with a Haitian supervisor to develop, launch and publish the study together. Both my Haitian supervisor and I are being coached by McGill nursing experts and researchers, making this a learning and capacity-building exercise for both organizations.

4) To provide ZL with an internal review of the nurse educator position as part of a nursing quality improvement initiative. Specifically, my Haitian supervisor and I outlined the successes, barriers and recommendations for this position, gleaned through a series of document reviews, interviews and participant observations.

Background

This project was developed in collaboration with the Hinche site in order to contribute to a growing movement within ZL and within Haiti to develop nursing skills and leadership. Bedside nursing is the crux of health care, and the skill level and critical thinking of nurses often means the difference between life and death for patients. In Haiti, much of the nursing care at all levels of the health care system is delivered by nursing assistants with disparate training and no standardized licensure process. Further, standardized training and licensure of nurses are recent developments in Haiti (one year and four years, respectively), meaning that many practicing registered nurses do not have the formal training required to provide appropriate care to patients in Haiti's hospital system.

My fellowship had both service and an academic components. For the service component, I worked alongside Haitian nursing students and midwives at a secondary care facility in rural Haiti. With supervision from a Haitian nurse expert, I worked in a variety of clinical areas including emergency medicine, antenatal care, pediatrics and internal medicine. I also participated in education sessions for nurses, nursing students and residents at the nearby National Training Centre.

Additionally, my Haitian supervisor and I reviewed a ZL continuing education initiative, hiring nurse educators to train and accompany practicing nurses, launched by ZL in the Central Plateau and Lower Artibonite area. The first educators were hired in 2012, with subsequent hires in 2013 and 2014. These nurses work at the hospital sites assessing needs, developing and/or coordinating training sessions, and providing mentorship in the clinical settings for the nurses, without holding other clinical positions.

Nurse educators are common in Canada and the United States, but formal positions responsible for nursing continuing education in low resource settings are nearly absent. Further, there is a dearth of literature addressing nursing continuing education in low resource settings. Thus, our goal was to describe what this position is and how it was implemented in a low resource setting. Our goals, as requested by ZL, were to provide an internal review determining the successes and the barriers experienced by these professionals and to work with them to develop recommendations to better support the initiative.

Recognizing that nurses and midwifes make up the majority of health care workers (35 million globally in 2014), and are integral to the health delivery system, the World Health Assembly resolved that more needs to be done to place nurses and midwives in decision-making roles(1). The dearth of nurses and midwives in leadership, management and policy making positions is largely attributed to the poor social opinion of nurses and midwives, and the level of education

mandated for their entry to practice. Establishing the nurse educator position was a way to not only improve quality of care, but to increase the number of nurse leaders in the hospital settings.

Activities

- Spent approximately 20 hours per week performing nursing duties at the hospital as part of my clinical rotation.
- Collected data including structured interviews, document review, and participant observation sessions over two sites within the ZL hospital network (Hinche and St Marc).
- Facilitated and participated in meetings between McGill and ZL to develop and report on the project.
- Facilitated and participated in meetings between McGill and ZL to obtain feedback on the partnership and how this partnership can be improved.
- Gave presentations to various ZL nurse leaders on the McGill-ZL partnership and opportunities to work on research questions they have developed which are relevant to their sites.
- Participated in - and assisted with the implementation of – a variety of training sessions with the nurses, nursing assistants, and in interprofessional seminars. These included assisting in andragogy trainings for nurse leaders, prevention of mother to child HIV transmission to midwifery students, workshops on community awareness of multiple drug resistant tuberculosis for community health workers, and research methodology for medical interns.
- Participated in quality improvement meetings at Hinche site.

Cholera Treatment Centre at HSTH

Challenges and Successes

Expected vs. Actual Outcomes

All in all, my Haitian supervisor and I finished what we had set out to do, which was to assess the nurse educator program, and for me to spend 180 hours helping out in the hospital. Because this was only the second time working with this organization and the first time working in Hinche, there were a number of questions that were unanswered by the time I got there, mainly around when I would be going to different sites to collect data, meet with people, etc. However, we did run into some snags.

First, one of the nurse educators I was interviewing quit, and the hospital's director of nursing went on maternity leave early. Though I got an interview with the nurse educator, I did not get one with the director of nursing. Second, the hospital has only two transport vehicles, which are often in use, so coordinating transportation was difficult. This reduced the amount of time I was able to spend observing the nurse educators within my site. Finally, because record-keeping systems were not ideal, we did not have access to all of the documents we wanted to include in order to do a thorough review. Despite this, the project came out according to plan.

Hôpital St-Therèse à Hinche

Questions Raised

As with most projects in new places, you never quite know what you will be dealing with until you arrive. In my situation, I had prepared myself for a difficult clinical environment and some logistical challenges, such as lack of constant access to the Internet, intermittent power, etc. I had liaised with many people and thought I knew what I was getting myself into.

Upon arrival I was warmly greeted, my clinical rotation was generally well organized and because my roles as student clinician and researcher were outlined prior to arriving in Haiti, I had a good handle on what I was supposed to be doing in the site. That said, the adjustment was difficult at first. As a student clinician from another country it takes a while to adapt to the differences encountered in the clinical settings. Despite the books and seminars on nursing abroad, I am unsure if anyone can truly prepare for the realities of practice in low resource settings when you come from an affluent health care system. Access to resources that we take for granted – such as antibiotics, nursing tape, electricity and clean water – was very sporadic, and I relied heavily on my Haitian colleagues to guide my practice. They were very gracious

with their time in showing me how to work with what they had, and I learned to be mindful of minimizing waste while maintaining patient safety. My learning curve was steep, and it took time and resources for me to get to a point where I was contributing to the clinical setting. Thus, a big lesson for me was how much of a site's resources are needed to orient someone from abroad.

My project with my Haitian supervisor also met with some challenges. With so much on everyone's plates, answering questions for an external review can be low on the priority list. Because I was working on a deadline and because the organization and McGill had requested this project, I needed to figure out some way to balance the project with the day to day work. After discussion with my supervisors, they suggested that I spend some time taking on a few tasks at the site. So, I became the go-to tech person for conferences, would write up PowerPoints or lecture material, and generally try to lend a hand whenever possible. This not only left a bit more time for people to focus on the project, but also made me feel like I was more a part of the organization and less of an observer.

In short, one of the big questions you need to ask yourself while being in the field is: *Is my project benefiting people/the organization more than it is harming it? What resources am I accessing here, and what can I do to help balance this?* Obviously we need to think of this before for ethics approval, but it isn't until you get to the site that you really can get a sense of what's going on. You need to constantly reflect and be mindful of those around you.

Training/Mentoring

Prior to arriving I had received a document with details about the town, the hospital, my accommodations, and some important phone numbers I could contact if there were any questions or issues. I was accompanied to most clinical sites by my Haitian supervisor, or had been briefed on the location and my point person beforehand. Most weeks I worked closely with my supervisor and was able to ask questions without issue.

Hôpital St-Therèse à Hinche

During the placement we were required to report to our supervisors by email once per week, and we had clinical conference twice per week over skype, where my supervisor would discuss clinical-related issues and we could debrief about our experiences. Despite internet and power challenges, these were almost always completed on schedule.

What did you learn?

There are so many things that I learned during this experience, some which are more clinically applicable and others which are much more personal in nature. As I mentioned above, one of the main lessons or values that I have gained from this experience is how important it is to be mindful, flexible and reflective in situations. For this project, mindfulness meant being aware of what is going on in the sense of timelines (I was there during the end of year reports so my project was at a standstill for over a month), personal relationships (many people live at the hospital part of the week and have their families several hours away, so not everyone was present at the same time), and cultural differences. Humility means understanding that your academic nursing knowledge will not prepare you for everything, and that being an effective clinician requires true collaboration with everyone in the field. I found the best ways to address these issues was to be flexible and accept that you don't have control over everything, but yet not to be shy about asking for what you need. I have to say that people were so helpful when they could be, and were very open to listening when I had a question or concern.

Community Implications and Further Work

In the short term I was an extra pair of hands in the clinical setting, providing nursing and medical care to patients in the hospital. I also assisted in trainings for nursing and medical professionals at the National Training Centre in Hinche, and did a quality assurance project with ZL looking at their nurse educator position.

The long term impact I can say for certain is that I contributed to the development of the ZL/ McGill Ingram School if Nursing partnership. Our goal was to partner a graduate student with a nurse leader in Haiti who, together, would investigate a research question chosen by the site. In doing so, not only would ZL have their question answered, but the ZL nurse leader would benefit from the mentorship of expert researchers from McGill. Similarly, I benefited from the clinical and research experience gleaned from spending time in the site, and the knowledge that the nurse leader possessed regarding nursing practice in Haiti. Since this was a new placement and a relatively new partnership, much of my time was spent "ironing out the kinks" with my Haitian supervisor and refining the terms of the partnership based on feedback received from the ground and my own experiences. We ended up deciding that the McGill/ZL partnership needed to be presented to all of the nurse leaders in ZL, so together we presented our project and the details of the partnership to those who might be interested in being future supervisors. The response was very positive, and a number of the nurse leaders

View driving from Port-au-Prince to Hinche

approached us with potential research questions. This process will continue with the next student to be sent down in September, and with the ongoing collaboration between myself and my supervisor.

Being a bedside nurse in any country means making decisions at the bedside that can mean life or death for a patient. Multiple studies have shown that patient mortality and morbidity has an inverse relationship with the level of education of nursing staff, yet in Haiti the level of education for nurses and nursing assistants varies greatly. Efforts have been made to reform the curriculum and licensure requirements for nurses, but this does little to address the many nurses who have been grandfathered into the system, nor does it address the unstandardized nursing assistants.

Continuing education in the workplace is an effective way of closing the gap between clinicians. This project looked at a novel initiative, the nurse educator position, over several sites. The community at ZL was interested in determining what barriers and facilitators these NE's had faced, and what might be needed to better support their work. Thus, at a community level we were providing a quality assurance/improvement service.

Outside of the ZL community, we hope to make an impact within the academic community as well, potentially influencing practice in other low-resource settings. There is a dearth of literature addressing continuing education for nurses in low income countries, despite the World Health Organization's call for the improvement of global nursing and midwifery services, and the development of health policy that places nurses and midwives in leadership and decision-making positions. A descriptive review of this project adds to the discourse on continuing education in the global south, while providing a model of an intervention that could be picked up by other governments, organizations and policy makers.

A nurse expert giving a lecture at the Training the Trainers seminar, CNF, Hinche

Next Steps

Several things were done before I left which could translate to policy action. First, as mentioned above, we presented the findings of our assessment to the nursing leadership of ZL. In addition, we supplied a broad sheet summarizing barriers, facilitators and a list of recommendations based on a literature review to the organization. This will be used to not only support existing nurse educators, but also will help the organization plan for challenges that may be faced by the educators who have been recently hired.

Barriers identified included:

- Broken equipment; lack of accesses to up to date medical information, journals, etc.)
- Lack of security (Nurse Educators cannot hold trainings for evening and night shift staff because there is no transport to and from the hospital),
- Lack of institutional support to regulate absenteeism
- Lack of institutional support to encourage best practices and adhesion to new trainings
- Lack of materials to integrate new protocols (materials available in hospital do not always match with best practices)
- The number of patients limits the nurses' ability to practice their new competencies (will revert to old techniques when stress is increased)
- Nurse Educators feel they do not always have the training to address the specific needs of their training mandate (often cover many specialties and do not have the expertise to address more nuanced learning needs)
- Nurse Educators feel they would like to have more training in andragogy
- Nurse Educators feel isolated from other sites and from the national training centre that they are reporting to
- Nurse Educators have difficulty separating their roles from that of nurse managers when they are doing clinical observation and teaching

Facilitators included:

- Previous experience in management and administrative positions
- Good relationship with hospital administration
- Working in pairs (some sites have paired Nurse Educators)
- Collaboration with other health care professionals.

Program Evaluation

How did this fellowship further your academic or career goals?

This fellowship helped hone my skills in partnership building, resource management and forced me to be flexible and work closely with others to get the job done. As a clinician, these are skills that will help me in my day to day interactions with patients and colleagues. This fellowship has also inspired me to continue working with organizations that have a global health mandate.

What did you value most about the fellowship?

The ability to work with nurses, physicians and researchers in another milieu, share ideas and problem solve around a common project. Working on a project outside of my comfort zone really pushed me to reach out to others for help and – at times – to think outside the box in order to get everything done. This experience, and the friends that I made in the field, I really valued the most.

Any advice for future fellows?

Fellows in the field should be flexible, humble, and always aware that every challenge is an opportunity to learn about your topic, your location, and yourself. Reach out to others for guidance, and try to connect with people wherever you go, but don't be discouraged if it takes some time for people to let you in.

How useful was it to interact with other fellows?

I enjoyed meeting other fellows during the orientations and learning what everyone was doing and where. It was very helpful to receive updates on their experiences, as I could certainly relate to some of what people were going through.

Any suggestions for how to improve the program?

I know this is difficult because of the different times that people go in the field, but it might be interesting to host a skype conference between participants. Another thing could be to 'buddy' participants who are going at similar times so that fellows can have a person to debrief with informally. I think the more community building we can do among fellows, the better.

References

1. World Health Organization (2010). Strategic directions for strengthening nursing and midwifery services 2011-2015.