

# Exploring Nursing Practices of Wound Care in the Surgical Units of a Tertiary Hospital in Port-au-Prince, Haiti



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## Project Overview

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 Organization: Nursing Education Collaborative for Haiti –  
 Coopérative des Infirmières en Éducation pour Haïti (NECH-  
 CIEH)  
 Location: Port-au-Prince, Haiti  
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 Fellowship Duration: September 6, 2016 to December 13,  
 2016



### About the McBurney Fellowship Program

Through McGill's Institute for Health and Social Policy, the McBurney Fellowship Program supports students in international service programs related to health and social policy in Latin America. McBurney Fellows serve abroad in organizations working to meet the basic needs of local populations. One key aspect of this fellowship is its mandate to make a significant contribution to improving the health and social conditions of poor and marginalized populations through the delivery of concrete and measurable interventions. Students and their mentors identify issues, make connections with local organizations, and develop a strategy for the fellowship. The views expressed in this document are the opinions of the fellow, and do not necessarily reflect the opinions of the IHSP.

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# *Exploring Nursing Practices of Wound Care in the Surgical Units of a Tertiary Hospital in Port-au-Prince, Haiti*

## **Fellowship Overview**

This project was a collaboration between the non-profit organization Nursing Education Collaboration in Haiti – Coopérative des Infirmières en Éducation pour Haiti (NECH-CIEH) and McGill’s Ingram School of Nursing. The partnership was established after Dr. Tim Brewer, the former director of the McGill Global Health Programs, introduced members of the Ingram School of Nursing to Haitian nurse-leaders seeking to advance the nursing profession. This fellowship was the fourth student-led project in Haiti through the Global Health Studies concentration of the Master’s of Science in Nursing program, which has now established strong ties within the Haitian nursing community through mutually beneficial partnerships with NECH-CIEH, Haitian health organization, GHESKIO, and the sister organization of Partners in Health, Zanmi Lasante.

Inspired by Florence Nightingale and her contribution to modern nursing, NECH-CIEH’s mission is to develop and advance the nursing profession in Haiti through continuing education in order to improve the health and wellbeing of the Haitian population it serves. Self-determination of Haitian individuals and involvement of local organizations is central to the organization, which is a collaboration of Haitian, American, and Canadian citizens. Currently, NECH-CIEH is involved in a hand hygiene study and a wall-mounted hand sanitizer intervention project in collaboration with the Direction des Soins Infirmiers (DSI) of the Ministère de la Santé Publique et de la Population (MSPP). Both projects were carried out in all ten departments of Haiti. They anticipate the projects’ findings will enable the government to implement measures to improve hand hygiene practices with the ultimate goal of providing safe health care services. The findings will also guide nursing institutions in their teaching curriculum. This project was developed as a continuation of their previous work.

## **Objectives**

The main objective was to explore nursing practices of wound care in the orthopedics, general surgery, and maternity wards of Hôpital Universitaire de la Paix in Port-au-Prince. The project was designed to provide a quantitative descriptive analysis of the care provided by nurses and to highlight barriers and facilitators to providing ideal care through a qualitative assessment. The findings were then used to provide recommendations to the DSI. Another objective was to promote and strengthen nursing research through the partnership between a graduate student (myself) and a local nurse working for NECH-CIEH. This partnership was supported in the field by both a Haitian supervisor trained at the Master’s level at Université de Montréal and two McGill

nursing researchers; all experts in research methods and therefore making it a positive learning and capacity-building experience.

## Background/Context

Healthcare-acquired infections (HAIs) represent a major global health burden, especially in low- and middle-income countries, where up to a quarter of patients may acquire at least one infection while hospitalized. Healthcare facilities worldwide recognize the importance of infection control and quality improvement and in 2004, the World Alliance for Patient Safety established its first Global Patient Safety Challenge entitled “Clean care is safer care” in order to



raise awareness and make HAIs a priority issue to address [1]. Surgical site infections (SSIs) are the leading cause of HAIs in low-resource settings with rates up to nine times higher compared to high income countries [2]. SSIs have profound impacts on the patient, family, and healthcare system, including both direct and indirect costs, such as prolonged hospitalization, increased financial costs, and decreased patient and family health care satisfaction.

Nurses are generally responsible for wound care. Quality nursing care is crucial in ensuring healing and reducing the risk of wound infection. However, understaffing and low levels of qualified staff are key factors threatening infection control [3]. Haiti is particularly vulnerable since it has the fewest number of nurses per capita in the Americas [4]. It is estimated that there are 1400 qualified nurses and 1500 auxiliary nurses distributed between the public and private sector [4]. This includes a ratio of 1.8 nurses per 10,000 inhabitants according to one study [4]. It is estimated that half of all new nursing graduates leave the country within 5 years of graduating due to push factors such as poor working conditions, relatively poor pay, and limited employment opportunities [4]. As a result of nursing shortages, many nursing positions are filled by lesser-trained nurse auxiliaries who provide the majority of direct-care [5].

## Activities

There was both a service and academic component to my fellowship. First, I worked alongside local nurses and physicians in the orthopedics and general surgical wards at Hôpital Universitaire de la Paix (HUP), which is a public teaching hospital operated by the MSPP. As a nursing student, my role in the wards was similar to past clinical placements done in Montreal whereby I worked collaboratively with a Haitian supervising nurse to handle patient and family care at the bedside. Within the two wards, we provided both inpatient and outpatient services

such as physical care from head-to-toe evaluations to wound care, and psychosocial care from medication adherence counseling to discharge planning. This clinical experience was completed mainly in the first half of the fellowship with the aim of establishing trust with local staff members and key stakeholders, and to gain a better understanding of the local context for the second component of the project.

The second component of the project entailed conducting a research project exploring nursing practices around wound care in the orthopedics, maternity, and general surgical units of HUP. This involved collecting data through semi-structured interviews with nurses and physicians, reviewing medical charts, administering socio-demographic questionnaires, and participant



observation. This activity required continuous communication and coordination with the Director of Nursing and the Executive Director of HUP to ensure a smooth implementation of the data collection without interruptions to

the service. I presented the project and preliminary findings to Haitian nursing leaders at NECH-CIEH's 4<sup>th</sup> annual workshop entitled "Travailler Ensemble pour l'Avenir de l'Enseignement des Sciences Infirmières en Haïti", in Pétionville, Haiti. I participated in meetings with my supervisors and nursing colleague to create a final report with recommendation for the DSI. Currently, I am continuing to analyse the data to create a manuscript for publishing.

### Challenges and Successes

Despite the many teleconferences and months of planning before implementing this project, nothing is truly definite until you are actually on the ground. This is especially true when working in a low resource setting where there can be many challenges affecting both foreigners as well as the local population. For example, the hospital relies on user charges to provide medical care, which means that patients are responsible for providing medications as well as the necessary materials for most medical interventions. I found this challenging when working with families with economic barriers. In the research findings it became evident that lack of resources was an important barrier for nurses in general.

One of the biggest challenges I faced was the unexpected medical strike within the public sector during the summer months. As a result, many services were closed including the surgical units at HUP. The strike ended in early September when I arrived, but the reopening of services was slow and patient volume was relatively low throughout that month. Then in early October, Hurricane Matthew, the most powerful Caribbean storm in a decade, ravaged the southern Tiburon peninsula with effects felt throughout the entire country. The project was put on hold while we braced for the storm. There was also an emergency plan at HUP which I was prepared to assist in. Despite these challenges, the project was adjusted accordingly and I was able to complete 120 hours of clinical work and collect enough data to provide useful findings and recommendations for the DSI.



At the heart of this project was collaboration and I believe that this was one of the main successes of this fellowship. The project was a partnership between two organisations with an established objective. The creation, planning, and execution of the project however required the assistance from many people from drivers to administrative personnel to ethics committees. More specifically, I worked closely with a Haitian nurse who shared the same belief in advancing nursing practice and a keen interest in research. We were able to share ideas, troubleshoot knowledge gaps, and ultimately learn from each other.

### Questions Raised

When I arrived at HUP, there was a newly appointed Executive Director who was not aware of my project. Although I had obtained approval from the Haitian ethics committee and the Ministry of Health, I found myself explaining to the administration at HUP how this would benefit their patients. I found the question “why am I here?” recurring throughout my experience, whether it was meeting a nursing colleague for the first time and explaining my project or working alone analysing data. Despite having discussed in advance with



local partners and prepared a research protocol explaining the need for this work, the idea of foreign aid and the power dynamics between high-income countries and low and middle income countries lingered. It is especially salient in Haiti which has the most non-governmental organizations per capita in the world. I realized the importance of establishing partnerships and strengthening them through the development of projects with mutual benefits. It is not an easy nor obvious task, but I believe being mindful of power dynamics and local cultures can provide positive outcomes.

### Training and Mentoring

Prior to arriving in Haiti, my faculty mentor organised a pre-departure workshop and invited previous students who completed projects abroad to facilitate and share their experiences. We shared our expectations, discussed issues of culture shock and privilege, and explored ethical issues that could arise while abroad. While the workshop helped in preparing for the trip, I was surprised by how much I relied on the peer advice and topics while on site. In addition, I reported to my supervisors every week about the project's progression and it proved to be a valuable platform to share different challenges and success of each week. My faculty mentor also hosted a biweekly Skype conference where I was able to discuss issues concerning my project as well as my experience outside the clinical environment.

While on site, I worked closely with my Haitian supervisor communicating often through phone, email, and in person. I found that she made herself available to answer my questions concerning the project. She guided me through certain challenges I was experiencing, for example, establishing a consistent internet source. Most importantly, she placed a strong emphasis on my safety considering there was the tropical storm Matthew and the election while I was there. Altogether, I felt well supported and we achieved our objectives by the end of the fellowship.

### What did you learn?

I am still processing the experience in general and learning new insights even while back home. I considered myself someone who always approached situations in a structured manner, but this fellowship taught me the importance of flexibility as a way of overcoming challenges and stepping out of your comfort zone. It also gave me valuable experience in logistics and different communication styles appropriate to the local culture. Given both external sociopolitical factors, for example, and internal factors, the project was dynamic and required the elements above in order to advance forward. I found that flexibility enabled new possibilities of thinking in the project and logistics and communication enabled swift implementations on site. I also learned that being honest with my supervisors about difficulties almost always resulted in a rich learning experience.

### Community Implications and Further Work

In the short term, I believe the project highlighted the importance of greater role clarity for nurses at HUP. In observing and documenting their actions, the project was able to shed light on the positive impacts nurses are having on their patients, families, and the community at

large. It also provided a better understanding of nurses' barriers and facilitators in providing care, which can be used for future knowledge translation projects. On the other hand, I felt that I was benefitting more from the clinical component of my fellowship than I was contributing to my colleagues in the different wards. While I learned from interacting with



my patients and colleagues and honed my nursing skills, I cannot take credit for advancing the delivery of health for poor and marginalized groups when being there for a short period. It is the daily work of the local staff that ultimately impacts on the populations' health.

In the long term, I hope that the results of the project will be used to strengthen health care delivery through nursing care within the project's site and possibly on a larger

scale. If anything, through working closely with my colleagues and interacting with many healthcare professionals, this project demonstrated the capacity of research and, in particular, nursing research.

This project was the first partnership between the Ingram School of Nursing's Global Health Studies program and NECH-CIEH. During the NECH-CIEH workshop we were able to brainstorm and choose a potential topic for the next student who will be working in Haiti. The topic stemmed from local nursing leaders and what they perceived as an important need. This reflects the sustainability of the partnership and the potential for further work in the Haitian nursing community.

#### **How might your fellowship make a difference for the people you worked with?**

NECH-CIEH has been working closely with Haitian nurse leaders to promote continuing education for Haitian nurses and to implement nurse-led quality improvement projects in order to advance healthcare delivery and professional development. This fellowship embodied the values and objectives of NECH-CIEH. Presenting the project and, in particular, the steps involved in designing and obtaining approval at the 4<sup>th</sup> annual NECH-CIEH workshop, was beneficial for local stakeholders. I was also happy to see Haitian nursing students in attendance and they seemed most interested in the possibilities of research and implementing projects of their own.

The preliminary findings, which were presented to nursing leaders at a conference and in a detailed report, highlighted several important barriers and facilitators. This enabled us to highlight several recommendations that can help guide the development of future knowledge translation projects and development of guidelines to improve wound care,

6<sup>th</sup> September – 13<sup>th</sup> December, 2016

specifically. We also aim to disseminate the results at conferences. The findings will be summarized in a manuscript with the final objective of publishing to further the body of scientific literature.

## Program Evaluation

This fellowship gave me the opportunity to work as a nursing student in a global health context. While the term global health can be quite broad and my understanding of it continues to mature daily, I was exposed and challenged by many important elements related to it such as ethical considerations when working in low resource settings, and cultural competence. It is said that global health is also local health and so the values I learned in this fellowship will be just as relevant in my interactions with patients, colleagues, and organizations here in Montreal.

What did you value most about the fellowship?

I valued working alongside healthcare professionals in a foreign setting. Their hospitality and openness to teaching and sharing their experiences with me was humbling. The ability to recognize and overcome the various challenges along the way, and to step out of my comfort zone were both meaningful and something I am proud of.

Any advice for future fellows?

I encourage future fellows to seek out as much information about the region they will be working in, whether it be through reading, listening to a local radio station, or learning a language. I believe this contributes to a richer and more meaningful experience. I would also recommend establishing roles, objectives, and a timeline for the project; however, understanding that things do not always go according to plan, flexibility will be important.

I found that I relied heavily on my classmates who were also working abroad throughout my fellowship to help cope and navigate different issues, but also to share experiences in general. I would recommend reaching out to other past and current fellows for support and advice. I am in favor of a previous fellow's recommendation for a "buddy" system where fellows can debrief while on site.

## References

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