LEADING GLOBAL HEALTH RESEARCH: GIFT, SKILL OR CHOICE

HESTER C. KLOPPER
(PhD, MBA, FAAN, FANSA, ASSAF)
OVERVIEW

• Defining Global Health, Global Nursing and Global Health Research (GHR)
• GHR:
  – Definition, Scope, Principles, Structure, Function and Needs
• Example: Health Systems Strengthening
• Partnerships
• Conclusion
INTRODUCTION

• Large scale inequity
  – 1 billion people in slums
  – 1.2 billion no safe water
  – 2.6 billion without toilets
  – 1.2 billion will go to bed hungry

• Access to healthcare

• Fourth Industrial Revolution
Gift, Skill or Choice?

- **Gift**: something given voluntarily without payment in return, or make a gesture of assistance
- **Skill**: the ability, linked to one's knowledge, practice, aptitude, to do something well
- **Choice**: something that is preferred or preferable to others; the best part of something

Let’s consider …
GLOBAL HEALTH: TOWARDS A COMMON UNDERSTANDING

• Global Health: notion, objective and mix (Lancet 2009)
• Emanates from Public Health and overlaps with International Health
• Horton et al (2014) advocating for inclusion of planetary health
DISCUSSION PAPER

‘Global health’ and ‘global nursing’: proposed definitions from The Global Advisory Panel on the Future of Nursing

Lynda Wilson, Isabel Amelia Costa Mendes, Hester Klopper, Cathy Catrambone, Rowaida Al-Maaitah, Mary E. Norton & Martha Hill

Accepted for publication 8 March 2016

Correspondence to L. Wilson:
e-mail: lyndawilson@uab.edu

Lynda Wilson PhD RN
Retired Professor
School of Nursing, University of Alabama at Birmingham, Alabama, USA


Abstract
GLOBAL HEALTH

• Practice, study and research
• Priority on improving health
• Equity in health for all people
• Health-promoting and sustainable sociocultural, political and economic systems
• Planetary health
• Transnational health issues
• Determinants and solutions
• Promotes interdependence and interdisciplinary collaboration
• Synthesis of population-based prevention with individual holistic care
GLOBAL NURSING

• Evidence-based nursing process
• Promote sustainable planetary health and equity
• Social determinants of health
• Individual and population-level care
• Research, education, leadership
• Advocacy
• Policy initiatives

• Engage in ethical practice
• Demonstrate respect for human dignity, human rights and cultural diversity
• Spirit of deliberation and reflection
• Interdependent partnership with communities and other health care providers
GLOBAL HEALTH RESEARCH

- Definition
- Scope
- Structure, Functions and Needs
- Principles
- Approaches use for setting priorities
GLOBAL HEALTH RESEARCH
DEFINITION

- Bamako Call for Action on Research for Health
- Communicable diseases: HIV/AIDS and TB, Zika, Ebola, H1N1, MERS
- Burden of disease and risk factors
- Violence and Health
- Global Mental Health
- Health systems strengthening (to achieve SDGs)

NCDs: Cardiovascular diseases
Road traffic injuries
GHR: SCOPE

- Collaboration
- Trans/Cross National
- Evidence Informed
- Action
- Promoting and Improving

HEALTH FOR ALL
GHR: STRUCTURE

• Structure (Figure)
• Overall efficiency of all sub-components
  – Donors invest
  – Researchers prioritize
  – Managers, journal editors and media recognize progress
  – Publishers
  – Knowledge translation (knowledge to practice)
GHR: FUNCTIONS

• Function: Funding to answer pertinent health questions → new knowledge → knowledge translation → improve health outcomes
GHR: NEEDS

- Coordination
- Prioritization
- Recognition
- Accessibility
- Evaluate ROI
PRINCIPLES (CCGHR)

Diagram:
- Authentic partnering
- Humility
- Inclusion
- Responsiveness to causes of inequities
- Shared benefits
- Commitment to the future
- Equity
AUTHENTIC PARTNERING

• Decide on the objectives together
• Build up mutual trust
• Share information; develop networks
• Share responsibility
• Create transparency
• Monitor and evaluate the collaboration
• Disseminate and apply the results
• Share profits equitably
• Increase research capacity

Build on the achievements
Figure 3. Methods, tools and approaches used for setting health research priorities (source: PubMed, 2001 to 2014).
POST 2015 GLOBAL AGENDA
MDGs to SDGs

THE GLOBAL GOALS
For Sustainable Development

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Renewable Energy
8. Good Jobs and Economic Growth
9. Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Consumption
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals

#GLOBALGOALS
GHR: THE GLOBAL STAGE

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. AFFORDABLE AND CLEAN ENERGY
8. DECENT WORK AND ECONOMIC GROWTH
9. INDUSTRY, INNOVATION AND INFRASTRUCTURE
10. REDUCED INEQUALITIES
11. SUSTAINABLE CITIES AND COMMUNITIES
12. RESPONSIBLE CONSUMPTION AND PRODUCTION
13. CLIMATE ACTION
14. LIFE BELOW WATER
15. LIFE ON LAND
16. PEACE AND JUSTICE STRONG INSTITUTIONS
17. PARTNERSHIPS FOR THE GOALS
SOCIAL DETERMINANTS OF HEALTH

- Economic Stability
- Neighborhood and Built Environment
- Health and Health Care
- Social and Community Context
- Education
CHANGING DEMOGRAPHICS

World Bank projections - Africa (2013)

- Age 0 - 14: 435,599,165
- Age 15–44: 494,601,127
- Age 45-66: 124,903,796
- Age 65+: 39,632,587
- Total: 1,094,736,675
Population in Europe will decline...
Change in population, 2013–2050

+26% North America
-4% Europe
+20% Asia
+115% Africa
+48% Oceania

The world’s population in all countries will age...
Median population age, 2013–2050

North America: 37 → 41
Europe: 40 → 46
Asia: 29 → 40
Latin and South America: 27 → 41
Africa: 19 → 25
Oceania: 32 → 37

STTI: GLOBAL AGENDA

- UN ECOSOC Status
  - Council on Status of Women (CSW)
  - SDGs
  - Youth representatives
- UN DPI associative status
- invited participants at August 2014 International DPU/NGO conference – New York
- ICN Affiliate member
- ICM Stakeholder meeting (Sept 2015)
STTI: GLOBAL AGENDA

Purpose: To establish a voice and vision for the future of nursing and midwifery that will advance global health.

Strategy: Bring key stakeholders together, globally and by region, to plan for the future of global health and nursing and midwifery.
Global Leadership development

- Emerging (sept 2016)
- Expert (2017)
GUIDING POLICY DOCUMENTS

Global strategic directions for strengthening nursing and midwifery 2016–2020

Global strategy on human resources for health: Workforce 2030

DRAFT for the 69th World Health Assembly
EXAMPLE: HEALTH SYSTEM STRENGTHENING

CHOPR - International Research in Europe

The Center for Health Outcomes and Policy Research is the US Partner of the RN4Cast Consortium in the European Union. CHOPR plays a central role in the consortium, because of their unique expertise in the domain of nurse staffing and patient outcome research and the experience in conducting international research in 16 countries. The faculty and staff of CHOPR are recognized as world leaders in this domain, as has been shown by many national and international awards given for significant and lasting contributions to research and policy. The EU-US collaboration allows the consortium to build on existing knowledge and to expand it to nursing workforce planning in a broad European perspective.

Nurse Forecasting in Europe Breaks All Scientific Publications Records
WALTER SERMEUS & LINDA AIKEN
(International PI’s)
HESTER C. KLOPPER & SIEDINE COETZEE
(SA leads)

RN4CAST: WORKFORCE PLANNING
EXAMPLE OF PARTNERING: RN4CAST

• HEALTH SYSTEM STRENGTHENING
• Aim: Refine typical forecasting models
• Features of work environment
• Qualifications
• Nurse workforce impact
• Quality of patient care
• Nursing outcomes
RN4CAST

• Cross-sectional multilevel design – hospital/CHC, nursing unit, individual and patient level

• Survey with four sections
  – A: PES-NWI and MBI
  – B: Nurse-reported quality of care and patient safety, adverse events
  – C: Most recent shifts, nursing tasks and nurse-to-patient ratios
  – D: Demographics of participants
SAMPLE SIZE

EUROPE (2009-2010) - 12 countries
Belgium, Finland, Germany, Greece, Ireland, Netherlands, Poland, Sweden, Norway, Spain, Switzerland, UK

- 486 hospitals
- 33541 nurses
- 11318 patients
- In 210 hospitals

USA (2006-2008) - 4 states
Pennsylvania, California, New Jersey, Florida

- 617 hospitals
- 27509 nurses
- Millions of patients
- In 430 hospitals

CHINA (2009-2010) – 9 Sites
6 provinces, 2 municipalities, 1 autonomous region

- 179 hospitals
- 9774 nurses
- 6540 patients
- In 179 hospitals

LARGEST NURSING WORKFORCE STUDY

South-Africa (2009-2010) – 6 Prov
Gauteng, North-West, Free State, KwaZulu-Natal, Eastern Cape, Western Cape

- 62 hospitals
- 4657 nurses

1344 HOSPITALS
75481 NURSES

RN4CAST
www.rn4cast.eu
PURPOSE
• To examine the:
  – practice environment
  – burnout
  – nurse reported quality of care and patient safety
  – nurse workforce outcomes
• in various settings:
  – Critical Care Units
  – Medical and surgical units in private and public hospitals in South Africa (SA)
  – Community Health Centres
  – Psychiatric Hospitals
SANOPSY (SA Nurse, Organization, Patient and System outcomes – Klopper, Coetzee, Blignaut, et al)
PRACTICE ENVIRONMENT

Critical Care
- PHD: Positive practice environments in critical care units: a grounded theory (Pretorius & Klopper)

Primary Health Care
- PhD: Positive practice environments in community health centres of the North West Province (Rabie, Klopper & Coetzee)

Psychiatry
- PHD: Positive practice environments for professional nurses working in selected psychiatric institutions in South Africa: A practice theory (Lekoethe, Klopper, Bester & Coetzee) (To complete Nov 2016)

Education
- PHD: Creating positive practice environments in public nursing education institutions in South Africa (Bence, Coetzee & Klopper) (To complete Nov 2017)


ARTICLE: Creating positive practice environments in a Primary Health Care Setting *(Submitted)*
NURSE OUTCOMES

Compassion Fatigue

MCUR: The relationship between compassion fatigue, emotional work, and job stress among nurses in the eThekwini District (Hlongwane, Coetzee & Bilgnaut)

ARTICLE: The relationship between compassion fatigue, emotional work, and job stress among nurses in the eThekwini District (In Process)

ARTICLE: COETZEE, SK & LASCHINGER HKL. Cracking the nut: Towards a theoretical model for Compassion Practice. Journal of Advanced Nursing (Submitted)

ARTICLE: COETZEE, SK & LASCHINGER HKL. Validation of the Compassion Practice Tool. (In Process)

MCUR: Compassion fatigue within the nursing profession: A concept analysis (Coetzee & Klopper)

PHD: Moral distress in South African professional nurses: Instrument development (van Walt de Vries, Coetzee, du Plessis)

MCUR: Compassion fatigue within the nursing profession: A concept analysis

Instrument Development

Moral Distress

MCUR: The relationship between non-nursing tasks, nursing tasks left undone and job satisfaction among professional nurses in South African hospitals (Bekker, Coetzee & Klopper)

Medical-surgical

MCUR: The relationship between burnout and the safety and quality of patient care in private critical care units in Gauteng Province (van Wyk, Pretorius & Klopper)

Critical care

MCUR: Nurse outcomes in NICU (Barnard, Coetzee & Lubbe) (New Student)

Neonatal Intensive Care
PRACTICE ENVIRONMENT AND NURSE OUTCOMES

Critical Care

- PHD: Burnout, empowerment, workplace relationships and the practice environment: an intervention program for critical care nurses (van der Merwe, Coetzee & Klopper)

Medical-surgical


Psychiatry

- PHD: Quality improvement intervention programme (QIP) for intraparum care (du Preez, Klopper & van der Walt)

Midwifery

- BCFUR: The influence of the practice environment and areas of work life on compassion fatigue of community service nurses (To complete Nov 2016)

Community Service Nurses

- BCFUR: The influence of the practice environment on community service nurse's subjective well-being and compassion fatigue (To complete May 2017)
PATIENT OUTCOMES


MCUR: Nurse reported quality and safety of patient care and adverse events in medical and surgical units in selected private and public hospitals in the Free State and North West Provinces (Class, Bester & Klopper)


MCUR: Educational background of nurses and their perceptions of the quality and safety of patient care (Swart, Pretorius & Klopper)

PHD: Medication administration safety in medical and surgical units of the Gauteng Province (Bignaut, Coetzee & Klopper)

ARTICLE: Medication administration errors in public hospitals of South Africa: An observational study (Submitted)

Perceptions of patient safety

Medication administration safety

ARTICLE: The influence of intrapersonal characteristics of individual nurses on their work performance: a predictive study in a selected province in South Africa. (In process)

PhD: The influence of intrapersonal characteristics of individual nurses on their work performance: a predictive study in a selected province in South Africa. (Geyer, Uys & Coetzee)

NURSE OUTCOMES AND PATIENT OUTCOMES

Medical-surgical
GHR: PARTNERSHIPS

- Sustainability
- Knowledge production
- Knowledge translation
- Capacity development
- Innovation
EMBEDDED ATTRIBUTES

- Building partnerships through collaboration
- Values based relationship building
- Communication
- Focus
- Leadership
- Inclusivity and equity
- Compassion
IN CONCLUSION

• In a world of uncertainty
  – Gift: globalization presents itself with opportunities; policy documents
  – Skill (competence): development of global citizenship
  – Choice: preferred; best part

= IMPACT ➔ SYSTEMIC SUSTAINABILITY
Acknowledgements

**FUNDING:**

- Atlantic Philanthropies
- European Union FP7 programme

**RESEARCH PARTNERS:**

- Dr Linda Aiken and Team
- Prof Siedine Coetzee (Co-PI)
- Prof Suria Ellis - Statistician
- PhD and Masters students

- INSINQ RESEARCH UNIT, NWU
- FUNDISA
REFERENCES


• COETZEE ET AL. 2012. A tale of two systems—Nurses practice environment, well being, perceived quality of care and patient safety in private and public hospitals in South Africa: A questionnaire survey. IJNS

• UYS & KLOPPER. 2012. Policy brief: What is the ideal ratio of different categories of nurses for the SA public health system? SA Journal of Science

REST AVAILABLE ON REQUEST
THANK YOU