Psychosocial Knowledge for Future Nursing and Midwifery Practice in Community Placement in Vietnam and Australia

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and
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As is the practice of Flinders University, I begin by acknowledging the Kaurna people of our country – the Adelaide Plains. In particular I acknowledge the Kaurna people as the traditional owners of the lands and waters of the region on which I work and research.

I would like to acknowledge their land and express my respect for the custodians’ spiritual relationship with their country. I would also recognise that cultural and heritage beliefs are important to the living Aboriginal peoples of Australia today.

I would also like to welcome all first nations peoples to this presentation.
This presentation will cover:

- The importance of the application of psychosocial theories to nursing and midwifery
- The research projects
- Settings
- Populations groups
- Results
- Conclusions
The importance of the application of psychosocial theories to nursing and midwifery practice:

The two research projects illustrate the students learning gained from community placements in two different settings and the applications of the psychosocial knowledge gained for future nursing and midwifery practice. Both community based placements provided health care to vulnerable and disadvantaged population groups.
Ensuring appropriate academic rigour and professional standards are achieved is significant for all WIL placements.

In the community context this is dependent upon high quality relationships with the community partner(s) and ‘a truly integrated approach to learning through a combination of academic and work-related activities’

(Flinders University, 2014)
Psychosocial theories

Reference: Bronfenbrenner's Social-Ecological Model of Development/
Systemic perspective. Parry 2012 Thesis
The research projects:

**Vietnam:**
- Thirteen students from the SONM
  - Nursing (10), Midwifery (3), Paramedics (16) = 29 interdisciplinary students
- Completed a three week primary health care placement in Vietnam
  - Visited:
    - Thanh Nhan Hospital, 450-bedded district hospital, serving patients from low-income backgrounds in the labour quarter of Hanoi.
    - The Mai Chau Valley in Northern Vietnam is home to many of Vietnam’s ethnic hill tribe minorities and is one of the poorest regions in Vietnam.

**Homelessness Service:**
- Inner Southern Homelessness Service provided placements for
  - Nursing students (15), social work students (6) = 21 interdisciplinary students
- The nursing students completed a three week primary health care placement
  - Visited:
    - Home visits to impoverished and homeless individuals and families
    - Little or no access to healthcare despite universal health coverage.
Vietnam trip

• Research was qualitative
  • Pre-trip interviews
  • Post-trip interviews
  • Journals
Inner Southern Homelessness Service

• Mixed methods research
  • Surveys of student experiences
    • pre and post
  • Post experience interviews
# The population groups

<table>
<thead>
<tr>
<th>Hanoi Highlands</th>
<th>ISHS - Urban</th>
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<tbody>
<tr>
<td><strong>Ethnic minority groups</strong> – the White Thai, Hmong, Zao, Muong, Tay, Hoa a Viet, Black Thai, Kinh, and Dao</td>
<td>Homelessness services has approximately 567 people per month using the service of these:</td>
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<tr>
<td>The population is approximately 55,944 people: Thais people occupy 60.2%, Muong 15.07%, Kinh 15.56%, Hmong 6.91% and Dao 2.06%.</td>
<td>45% Aboriginal and Torres Strait Islander peoples</td>
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<td>10% families homeless (overcrowding) but – most families vulnerable due to poverty.</td>
<td>56% homeless families – vulnerable families</td>
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<td>46% children under 5 years</td>
<td>33% children under 5 years</td>
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Background - Homelessness children in Australia

In Australia at around 1 in 30 children under the age of 5 years are homeless. Further 37% of attendees at homelessness services are children under 10 years accompanied by an adult, with 44% of these children under 5 years. 26% of homeless children are Aboriginal.

Every day, 2 in every 3 homeless children who require immediate accommodation from homeless services are turned away

Homelessness is a time of great risk for children.

In Vietnam

- Infectious diseases remain a public health concern
- The emerging a double burden of noncommunicable diseases (cardiovascular diseases, cancer, diabetes, etc.) and infectious diseases (HIV/AIDS, H1A1, etc.), an ageing population, inadequate capacity of the health system, and problems of inequities in access to health and health care
- HRQoL at old age is at a high level, and varies substantially according to socioeconomic factors. Its determinants should be addressed in social and health policies designed to improve health of older people, especially among the most vulnerable groups.

Reference: WHO Viet Nam Statistical Profile
http://www.who.int/gho/countries/vnm/country_profiles/en/
Nguyen Duc Hinh, and Hoang Van Minh, Public health in Vietnam: scientific evidence for policy changes and interventions http://dx.doi.org/10.3402/gha.v6i0.20443
The results:

- Vietnam
- Homelessness service

Reference: personal photo
NICEF website: http://charity.niteco.se/sh-causes/homeless-in-hanoi/
Students developed greater cultural awareness
Understood feelings of isolation, being foreign and vulnerable
Different standards of health care and population issues impacting on health
Cultural difference between role of nurse and midwife in Australia and Vietnam

“Parents are the ones that do all the care for the children in the hospital – including feeding (supply of food), bathing, etc. This to me is the role of the nurse because this is what we do in Australia – although it does make sense to do it this way so the children are kept comforted by their parents” (Student 2)
Psychosocial aspects of care

Themes
- Bronfenbrenner’s model
- The importance of home
- Access to services
- Education about community
- Staff attitudes to vulnerable groups
- Importance of discharge planning
- Referrals – group work
- Nursing assessments

| I have increased knowledge about homelessness | 100% agree |
| The placement responded to my professional needs | 88% agree |
| I was able to complete holistic nursing assessments | 100% agree |
Quotes

It was great… I didn’t think it would be, you know, not enough acute care, BPs etc. but it really helped me connect … Bronfrenbrenner and that stuff (NS1)

I was shocked I thought homelessness was old men, but there are families, and they lost their job and that was it…it really surprised me and challenged my thinking (NS4).

It has helped me thinking that when I’m in the hospital and I discharge a patient I know I can do that better now. (NS 2).

I understood homelessness, but I’m from India, and it is different there. I understand more about homelessness in Australia now (NS3).

The staff are all SW, so I was able to talk to the woman about the impact of her illness on her life, and how the disease would progress. And she listened to me. It was fantastic, I didn’t realize how much I knew! (NS 6).

We are trusted…the clients trust us and open up to us…it was such a surprise to us, and the staff (NS5).

I know more about discharge planning and how I can discharge appropriately. I know that other services are available and I can refer to when clients have problems (NS4)
The student nurses were fantastic the best placements we have ever had… they're not afraid of working with difficult clients and the clients really opened up to them, trusted them… one client asked about medications and the NS was able to go through each… very professional and used language the client could understand…it helped him and me to understand some of his issues and behaviours, and possible medication issues, and the possible interactions (staff 2).

I've only ever supervised in the hospital setting before but the staff and organisation were great, so supportive and welcoming of our students, and worked with me to address the students needs, and the students did get to do full assessments, including peoples living conditions…I think a few were a bit shocked at how people become homeless, the student nurses were fantastic, the best placements, from a supportive environment aspect (Clinical staff 3)
Conclusions:

• Implications for future practice
• Barriers
• Enablers
References:


Nguyen Duc Hinh, and Hoang Van Minh, 2013, Public health in Vietnam: scientific evidence for policy changes and interventions, http://dx.doi.org/10.3402/gha.v6i0.20443

Parry YK, 2012, Understanding the relationship between the social determinants of health (SDH), Paediatric Emergency Department use and the provision of primary care: a mixed methods analysis, Thesis: Flinders University.

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WHO Viet Nam Statistical Profile http://www.who.int/gho/countries/vnm/country_profiles/en/

Websites:


http://charity.niteco.se/sh_causes/homeless-in-hanoi/
http://www.who.int/countries/vnm/en/

NICEF website: http://charity.niteco.se/sh_causes/homeless-in-hanoi/
Questions
Thank you for your attendance