

Title:

Empowering Interprofessional Teams to Address the Healthcare Needs in Nigeria Through Community-Based Participatory Research

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Session Title:

Culturally Diverse Healthcare Delivery

Slot:

I 03: Monday, 30 October 2017: 3:45 PM-4:30 PM

Scheduled Time:

4:05 PM

Keywords:

Community Based Participatory Research, Global Health and Interprofessional Education

References:

Ohajianya, D. O. (2012). Discriminant analysis of rural households unemployment status in Imo State, Nigeria. *Greener Journal of Social Sciences*, 2(6), 230-236.

Oladipo, J. A. (2014). Utilization of health care services in rural and urban areas: a determinant factor in planning and managing health care delivery systems. *African health sciences*, 14(2), 322-333. <http://dx.doi.org/10.4314/ahs.v14i2.6>

Wilson, L. A., Crooks, E. A., Day, S. W., Dawson, M. A., Gakumo, C. A., Harper, D. C., ... & Theus, L. H. (2014). Global perspectives on nursing leadership: Lessons learned from an international nursing and health care leadership development program. *Journal of Nursing Education and Practice*, 4(2), 140. DOI: 10.5430/jnep.v4n2p140

Abstract Summary:

The purpose of this study was to empower an interprofessional Nigerian healthcare team with knowledge, attitudes, and skills to promote the health of the community and to provide services that are sustainable beyond the duration of a short-term medical mission for health promotion and disease prevention in Nigeria.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to discover how we designed an educational training that was culturally tailored for a global audience through a collaborative partnership between United States and Nigerian Faith Community Nurses.	1) Faith Community Nurse (FCN) Basic Foundation curriculum has an international version. 2) FCN World Forum provide training courses internationally. 3) Partnering with global FCNs provided real time cultural relevance. 4) Global partners are essential to providing logistics in foreign countries
The learner will be able to evaluate the challenges encountered to formulate strategies for providing sustainable health promotion and	1) Pre and post test questionnaire was developed for FCN based on the course outcomes 2) Focus groups with global

disease prevention in Ezinihitte Mbaise, Nigeria.

interprofessional partners assist to outline challenges and barriers with healthcare issues.

Abstract Text:

Background: Ezinihitte Mbaise, Imo State is located in southeastern Nigeria with a population of 4.8 million persons. The Ezinihitte Mbaise community is rural with poor access to health facilities and services. The economy is overwhelmed with unemployment and poverty (Ohajianya, 2012). Data from our short-term mission outreach demonstrated the following health conditions: 80% had malaria symptoms without rapid test kits to verify diagnosis, 50% had untreated or undertreated hypertension (>140/90), 15% had high blood sugar (> 120 mg/dl) and many presented with upper respiratory tract infections.

After nine years of performing annual short term medical missions with Nigerian interprofessionals, there had been no process in place to ensure interprofessional healthcare volunteers are prepared clinically or culturally to provide community health. The purpose of this study was to empower an interprofessional Nigerian healthcare team with knowledge, attitudes, and skills to promote and protect the health of the community and to create and provide services that are sustainable beyond the duration of a short-term medical mission for health promotion and disease prevention in Nigeria. We provided a Faith Community Nursing (FCN) Basic Foundations course for orientation and training using the international version of the FCN curriculum.

The specific aims of this study were to: (1) determine the necessary inner (e.g., culture, leadership engagement), and outer (e.g., patient needs and resources) setting or environment changes required to provide a foundation to build community-based participatory research; (2) implement a Faith Community Nursing (FCN) Basic Foundations course for orientation to perform community assessments and wholistic care, and (3) evaluate the interprofessional healthcare teams current strengths, weaknesses, opportunities and threats to determine future goals and direction to provide healthcare in the Ezinihitte Mbaise community.

Method: The theoretical framework for this research project was the Consolidated Framework for Implementation Research (CFIR) which provides a menu of constructs that have been associated with effective implementation. The second and third domain, the inner and outer setting, guided the data collection and measurement tools used for this study (Damschroder, Aron, Keith, Kirsh, Alexander, & Lowery, 2009).

The course was attended by Nigerian physicians, registered nurses, and pastoral staff who were recruited by a flyer and verbal communication. Mixed methods methodology was employed. The investigator initiated pre and posttest questionnaires aligned with the FCN curriculum outcomes were used. Demographic information was also obtained. T-test statistics were applied to assess learning. Two focus groups with the leaders of the Nigerian interprofessional team were additionally conducted. The focus group sessions were guided by an interview schedule which included the study aims and Strengths, Weaknesses, Opportunities, and Threats (SWOT) survey of current short term mission outreach and interprofessional volunteers (Wilson, et al., 2014).

Results: FCN Basic Foundations classes were held in Port Harcourt, Nigeria over 3 days; 28.5 contact hours. The course was taught by four instructors: three Nigerian FCNs and one African American FCN from the United States; a new collaborative partnership was formed. There were 72 attendees in the class. Post test results were statistically significant demonstrating a change in learning through expanded scope of practice with increases in knowledge, skills, and attitudes.

The themes identified that emerged from the SWOT analysis with the focus groups will be discussed. The strengths acknowledged by the Nigerian leadership were that their team was competent consisting of three MD specialists (obstetrics, cardiology, and public health) with knowledge of disease prevalence and treatments in their country. They also have a committed group of three nurses. They have commitment

from religious and community leaders to engage in free community health screenings in Ezinihitte Mbaise. The inner setting (interprofessional team) and outer settings (community) exhibits good strengths according to the leadership team. The majority of the weaknesses they identified related to a lack of funding for more interprofessional healthcare volunteers who require a stipend, rental busses to travel to rural areas, lodging for interprofessional volunteers to stay overnight and provisions of a security team. They stated the reason for staying in a rural area overnight is safety. Travel after dark is dangerous due to majority of dirt roads with large excessive pot holes and no lights due to inadequate electric system in the country. The state department has a security threat alert for this region which increases after dark. This is the main threat. The team states they are unable to spend adequate time with the patients for the fear of staying in the area too long to make it back to the city before dark. Many opportunities exist because the only time 80% of the community sees healthcare professionals is during the team's annual short term mission outreach. There is no federal or state insurance coverage for the people in Nigeria. Another opportunity challenge is there is no hospital or clinic to refer patients to provide low cost quality healthcare and education.

Medical mission outreach is held outside in a community area of Ezinihitte Mbaise with four covered pavilions to provide shading from the sun. They are made of concrete with a ceiling and flooring only connected by concrete columns. This study was performed from August 16 – September 1, 2016. August is the latter part of their winter season. The climate is tropical, therefore, the winter has lots of rain. Temperature averages about 25 degrees Celsius (75 degrees Fahrenheit). Nigerians speak British English with an accent of their native language if they have completed some education. The majority of the people in Ezinihitte Mbaise could not speak English and we had to have an interpreter.

The majority of the patients had a fever and complaints of malaise; they all believed they had malaria. The second most common ailments were hypertension with blood pressures as high as 240/120 followed by diabetes. One elderly woman's blood glucose level registered high, however, unable to quantify on three different glucometers. The other main diagnoses were GERD arthritis, allergies, and colds. We did not encounter any uncommon ailments during this visit.

Conclusion: The core interprofessional team (inner setting) was assessed to have good networks in the rural and urban Nigerian communities to provide free healthcare outreach. The FCN Basic foundations course enriched and strengthened their ability to function well together with provision of wholistic care for the citizens of the community. Student and instructor evaluation of the course demonstrated satisfactory engagement and interaction. At the completion of the course, most students participated in medical outreach in the urban and rural community. The communities served (outer setting) are in need of continuous medical care which will require more funding and additional interprofessional healthcare support and participation. Non-communicable chronic diseases were prevalent in this community. Plans are being implemented to build a clinic for ongoing medical community based participatory research in Ezinihitte Mbaise, Nigeria and continued partnership with the interprofessional course participants.