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Empowering Interprofessional Team to Address the Health Care Needs in Nigeria through Community Based Participatory Research



LEARNING OBJECTIVES

- 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.
- The learner will be able to evaluate the challenges encountered to formulate strategies for providing sustainable health promotion and disease prevention in Ezinihitte Mbaise LGA, Nigeria.

RESEARCH SITE

- Imo State, Nigeria is located in southeastern Nigeria with a population of 4.8 million persons.
- Ezinihitte Mbaise LGA, Umueleagwa Onicha, Imo State is our research site.
- This area is predominantly rural with poor access to health facilities and services.



Summary of Health Conditions

- 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 under-treated hypertension (>140/90)
 - 15% had high blood sugar (> 120 mg/dl / 6.7 mmol)
 - many presented with upper respiratory tract infections



SITUATION

- After nine years of performing annual short term medical missions with Nigerian interprofessionals, there was no process in place to ensure interprofessional healthcare volunteers are prepared clinically or culturally to provide community health.
- We provided a Faith Community Nursing (FCN) Basic Foundations course for orientation and training using the international version of the FCN curriculum.

FCN Basic Foundation Course

- FCN Basic foundations course provides study focusing on treating patients holistically by caring for the physiologic, psychologic, and spiritual components of man, community assessment skills, care of persons experiencing grief, domestic violence, mental illness, and palliative care.
- After the training was completed, the class went to Umueleagwa Onicha to perform a one day medical outreach.
- Certificates were given to all attendees and FCN pins to the nurses.



FCN EDUCATORS



A new collaborative partnership was formed.

- Sam Mbok
 - Rebecca Mbok Foundation, Vom, Plateau State
 - Board of Nurses Christian Fellowship International
- Dr. Victor Uzosike
 - Presiding Bishop Kingdom Life Gospel Church
 - Research Immigration & Civic Consultant
- Thomas Ibe
 - Federal Neuro Psychiatric Hospital, Calabar, Cross River State
- Izhan Ishakua
 - Abubakar Tafawa Balewa University Teaching Hospital, Bauchi State

Physician Research Partner



Elias & Dr. Tondor Uzosike

- Public Health Physician
- Senior Registrar Department of Community Health, University of Port Harcourt Teaching Hospital

Research Grant & Funding

- Mixed model: Quantitative (FCN training pre & post test; Paired T test), and Qualitative (surveys and focus groups; descriptive statistics).
- Office of Nursing Research for Pilot Grants. Goldfarb School of Nursing at Barnes-Jewish College.
- Funding Amount: \$5000

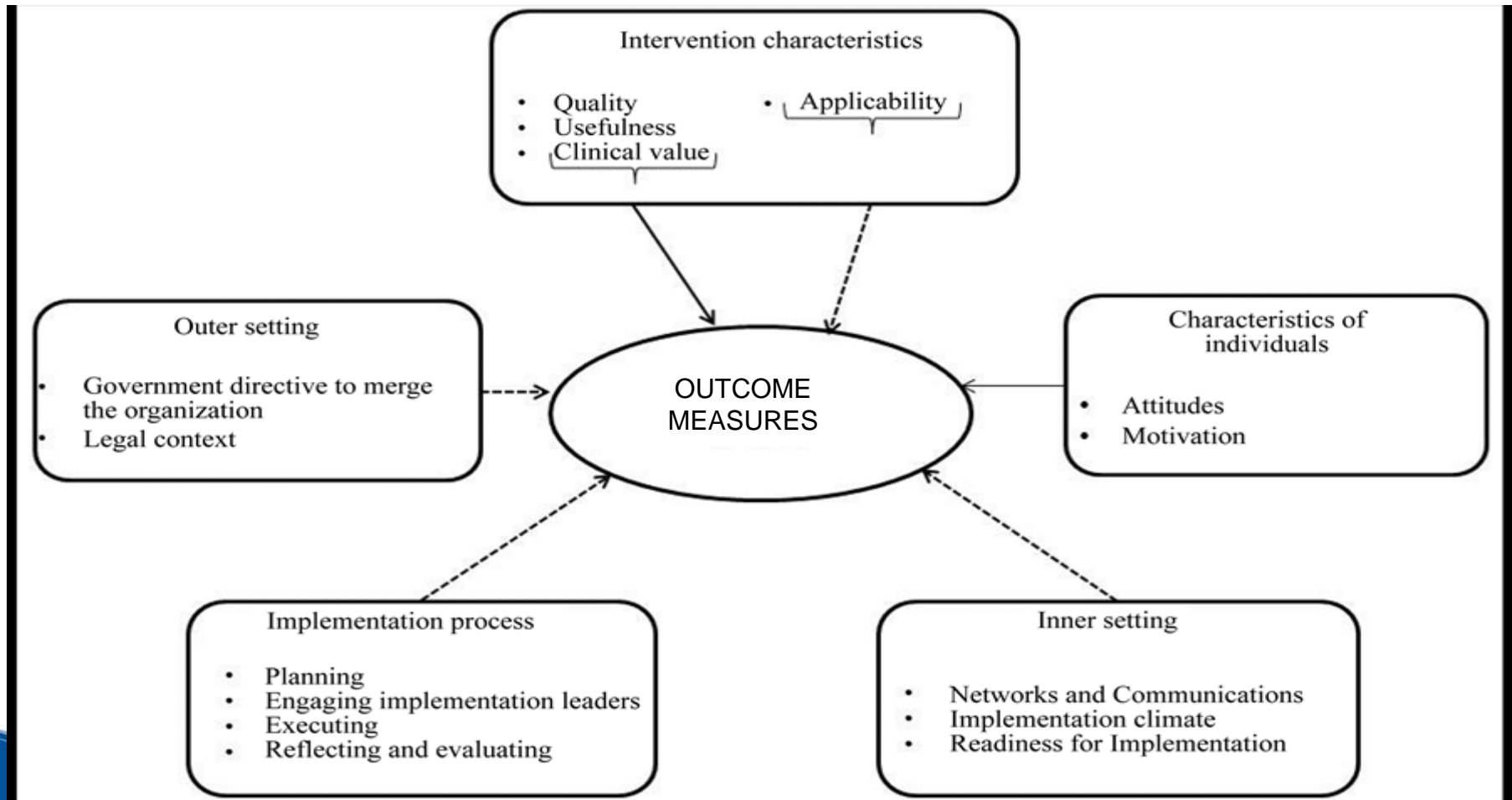


Theoretical Framework

- The Consolidated Framework for Implementation Research 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.
- The **outer setting** includes the economic, political, and social context within the area or region that the organization resides.
- The **inner setting** includes features of structural, political, and cultural contexts inside the organization through which the implementation process will proceed

(Damschroder, Aron, Keith, Kirsh, Alexander, & Lowery, 2009; Weiner, 2009).

Consolidated Framework for Implementation Research



SPECIFIC AIMS

The specific aims of this study were to:

- (1) determine the necessary inner, and outer setting required to provide a foundation to build community-based participatory research;
- (2) implement a FCN Basic Foundations course for orientation to perform community assessments and wholistic care
- (3) evaluate the interprofessional healthcare teams current strengths, weaknesses, opportunities and threats to determine future goals and direction

Recruitment

Faith Community
Nursing Basic
Foundation
Course

28.5 Contact
Hours over 3
consecutive days.



Kingdom Life Gospel Church
Presents

Faith Community Nursing Training Programme

**Mon. 22nd – Wed. 24th
9am daily**

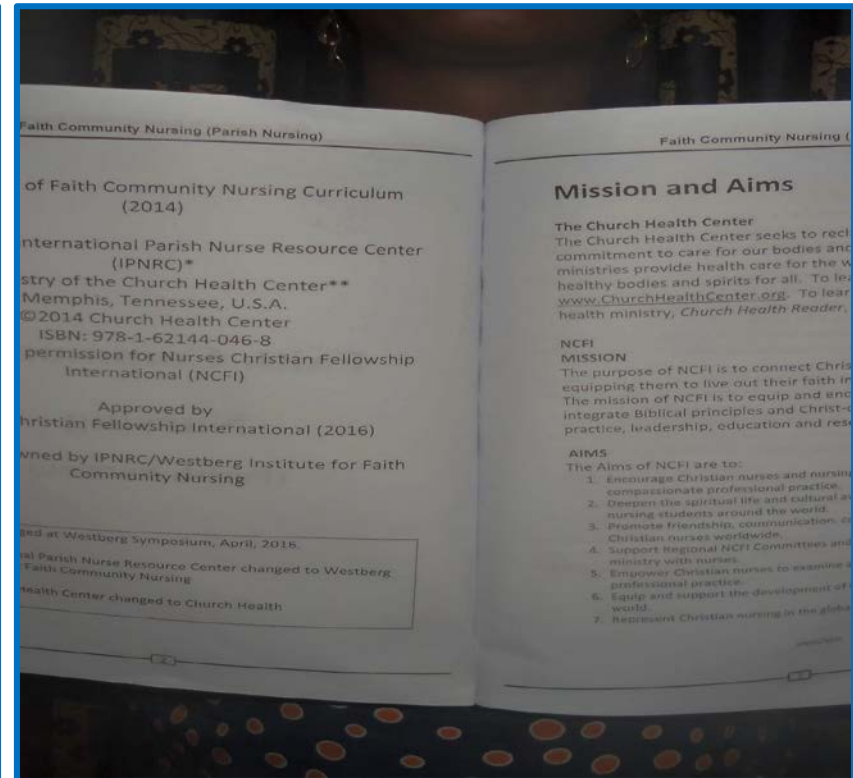
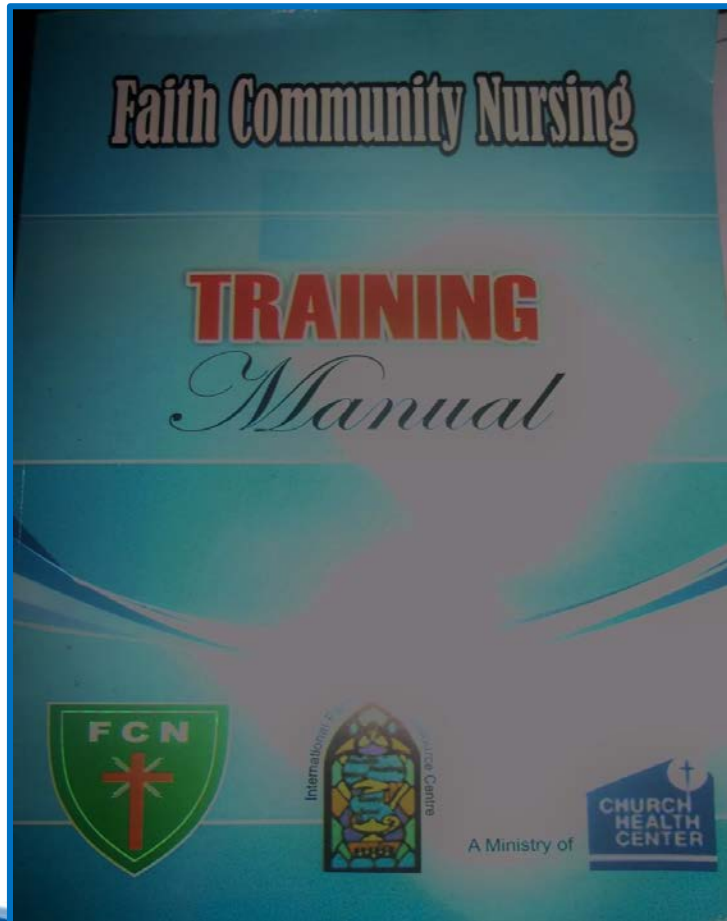
•Free Medical Outreach
– Wednesday 24th August 2016
by 8:00am

- Disease prevention and health education.
- A health counselor/educator and referral advisor.
- A coordinator of visitation to homes, hospitals and nursing facilities.
- An organizer and educator of volunteers.
- A facilitator of support groups.
- A coordinator of health and wellness activities.

Venue:
Kingdom Life Gospel
Outreach Int'l Inc.
Off Market Junction Oroazi
Mile 4 Rumueme



FCN Nigerian International Training Manuals



Course Site

Kingdom Life
Gospel
Church
Port Harcourt,
Rivers State,
Nigeria



Consent & Data Collection

FCN Classes

- Verbal consent was obtained from the participants.
- Numbers were assigned during registration & placed on pre and post testing.
- Pre-test was administered on the first day before class.
- Post test was administered at the completion of the training.

Focus Groups

- Verbal consent was obtained from the participants.
- No demographic information was taken.
- Sessions were audio taped.
- S.W.O.T. Analysis of previous short term medical outreaches were obtained.

- 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.
- 45 pre and post test with matching ID numbers were returned.

QUANATITATIVE ANALYSIS



Environmental Conditions

- Medical mission outreach is held outside in a community area with four covered canopies to provide shading from the sun and occasional rain.
- 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).



Language Barriers

- 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 major tribe is “Ibo” and their language is “Igbo”.



Focus Group S.W.O.T. Analysis

STRENGTHS

- A competent team (inner setting) consisting of:
 - three MD specialists (obstetrics, cardiology, and public health) with knowledge of disease prevalence and treatments in their country.
 - a committed group of three nurses.
 - Ability to recruit residents from the teaching hospital and nursing students from College of Health & Technology.
- They have commitment from religious and community leaders to engage in free community health screenings in Ezinihitte Mbaise (outer settings).

Focus Group S.W.O.T. Analysis

WEAKNESSES

The lack of funding for more interprofessional healthcare volunteers who require:

- a stipend
- rental buses to travel to rural areas (SUVs or vans)
- lodging for interprofessional volunteers to stay overnight
- provisions of a security team.



Focus Group S.W.O.T. Analysis

OPPORTUNITIES

- Many opportunities exist because the only time 80% of the community sees healthcare professionals is during the team's annual mission outreach.
- There is no federal or state insurance coverage for the people in Nigeria.
- Another opportunity challenge: there are no hospitals or clinics to refer patients to providing low cost quality healthcare and education.



Focus Group S.W.O.T. Analysis

THREATS

- 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 U.S. 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.

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.

Conclusion

- The communities served (outer setting) are in need of continuous medical care which will require more funding and additional interprofessional healthcare support and participation.
- Communicable and 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.







THE END

