



The Descriptive Reflections on the APRN Role in a Developing Nation: Reaching the Medically Underserved

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Abstract

The purpose of this presentation is to explore the descriptive reflections of APRN faculty as they prepare and travel to and from a developing nation to provide healthcare to an underserved population.

With a growing focus on global healthcare needs, the role of the advanced practice registered nurse (APRN) stands poised to meet primary health care needs at an international level. As initiatives to provide healthcare to developing nations move to the forefront in world healthcare, it is imperative to provide foundational knowledge in the expanding role for the APRN. Using a phenomenological approach, this presentation will focus on the journey and reflections of APRN faculty and the issues they faced providing healthcare in a developing nation. It will examine the personal and professional growth gained, and the challenges encountered when managing acute and chronic diseases with limited resources in an unfamiliar country. As nurses have an obligation to safeguard, respect, and actively promote people's health rights at all times and in all place (ICN, 2011), APRN faculty strives to lay a foundation for global health by integrating it into curriculum and into practice.

Gap statement:

APRNs have the necessary knowledge and skills to impact the health of undeveloped nations, through education, and the provision of safe and quality care). The WHO recently reported that nurse practitioners are an effective option in providing care to the medically underserved around the world (Lassi, et al., 2013). There is marginal research that explores APRN role in global health. This study will provide a foundational to build a body of knowledge to promote role development for APRN provision of care to medical underserved populations around the world.

Background

The nursing profession has a social directive to address the health needs of individuals and communities around the globe (Opollo et al. 2012) and to advocate for global equity at all levels of need (Merry, 2012). With a focus on disease prevention and health promotion, the APRN applies a holistic view on health care serving individuals, families and their communities. APRN have the necessary knowledge and skills to impact the health of undeveloped nations, through education, and the provision of safe and quality care while utilizing minimal resources.

The National League for Nursing (NLN) (2013) advocates that integration of international education into a nursing curriculum can "enhance both clinical practice and knowledge development". While students may be drawn to engage in global health activities for a variety of reasons including personal growth, and the opportunity to learn about a different culture, APRN faculty promote student development of knowledge, clinical experience, opportunities for research, and provide enriching life experiences that bring new perspectives to meet the challenges of health care in a growing international arena (Opollo et al., 2012; NLN, 2013). The challenge to educate APRN students for the model of global health care became the heart of this phenomenological study undertaken by 2 APRN educators embarking on an international program with students to provide health care in a medically underserved community located in Central America.

Methods

The team members consisted of 2 novice faculty leaders, with 2 other novice faculty members and 31 students from multiple programs. The trip was at an established global health setting for the university in a rural setting in central America. Our sponsoring non-governmental organization established primary care clinic settings through collaboration with the Ministry of Health and the mission medical director. The focus for this trip was primary care clinics, women's and children's health preventative care, health promotion and screenings, and children's health fair activities. The two faculty leaders journaled before, during, and after the global health excursion. Qualitative content analysis from journals will be used to the perceptions and lived experiences of nurse practitioner faculty as they provide healthcare to an underserved population.

Results

Faculty Perceptions of APRN Role in Global Health Themes

APRN Faculty Reflections
Before the Trip:
<ul style="list-style-type: none"> • Preparing the Way • Approval Process • Dates • Budget • Student Applications • Organization • Complex Process • Learning the rigors of flexibility
The role of a faculty vs that of a provider:
<ul style="list-style-type: none"> • Teaching role • Mentoring role • Provider Role • Self- Role
Seeing the Students in Action:
<ul style="list-style-type: none"> • Teaching each Other • Teaching Patients • Teach community health workers
Networking:
<ul style="list-style-type: none"> • Engaging with community health workers, midwives, promotoras, and public health nurses • RECIPROCITY
Nurturing behaviors
<ul style="list-style-type: none"> • Fostering Growth • Empowering Students • Engaging in Service • Mediating Negative Perspectives • Valuing our Patients • Caring for the Caregivers
Growing ourselves in Global health:
<ul style="list-style-type: none"> • We can't "fix it all. So what can we do?" • Role modeling the best holistic care to our patients: Our clinic there should be the exemplar for the region • Mentoring Self- Sustainability • PARADIGM SHIFT

Discussion

In meeting the needs of global health care, it is important to mentor and support both faculty and students throughout the challenging but worthwhile effort to provide care in a medically underserved population. While faculty perceptions seemed to center on growth, role modeling, and engaging with the communities served, faculty felt that while their view on providing care in a developing nation had evolved, of bigger note was the positive effect it had made on their provision of care to patients at home. The experience was much like looking through the lens in the ophthalmologist office. The sudden clarity as vision comes suddenly comes into focus. The experience was a shift in paradigm where one's view of the world changes and what it means to be an APRN changes because of the experience. Our experience in Central America enriched our lives, and where we had thought we were going to "help" others, the reality was much deeper as we had also "helped" ourselves. What we had learned at the global level transitioned back into the local level making us stronger and more empathetic providers to our own patient populations. Faculty noted this shift in paradigm in how they viewed their role as an APRN in global health.

All experiences give us opportunity to evolve our own practice as well as improve our teaching by incorporating elements of care of the medically underserved into the nursing curriculum across programs. Faculty described transformational experiences in how they perceived global health and their ability to impact patient care within medically underserved communities in a developing nation. Faculty described a feeling of refreshed spirit and life transforming experience.

Implications

When considering implications to the nursing profession, we attempted to explore interconnectedness, health promotion, disease conditions, social issues and attitudes and values (Carlton et al., 2007). Better preparation of the students was needed before they go 'hands on' with the population we are there to serve. Preparations should include determining the student's expectations for participating in an international program and emphasize that we are not there for self- service but rather for service to the country's health needs. Hands on training should include charting in a foreign country, handling of differing supplies and equipment such as the hemoglobin meter, and even simple tasks such as measuring a child's height and weight using limited resources. While information on the planned formulary was made known ahead of time, it is important to teach flexibility in dosing based on available pharmaceuticals. Faculty should "role model" as both nurses and as APRN providers, engaging in interactions at all levels with the students and the patients. Role modeling should include an emphasis on self-care behaviors such as taking breaks, hydrating, eating regular meals, and obtaining adequate rest. As mentors, faculty are encouraged to develop student nurse practitioners to provide care in the ever widening global arena including the development of a culturally competent global health program (Sheer, et al.,2008).