

HEALING HEARTS, CHANGING LIVES: A NURSE-EMPOWERED APPROACH TO HUMANITARIAN MEDICINE

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Abstract: The field of humanitarian medicine is growing rapidly, and nurses play a vital role in global health initiatives. Short Term Medical Missions (STMMs) are becoming increasingly popular within this context, with numerous teams and programs participating in providing medical services to low and middle-income countries. While these missions are driven by good intentions, they are not without their challenges and potential negative consequences. Nurses, with their unique skill set, are a valuable asset in addressing health inequalities and improving healthcare delivery, particularly during STMMs. This article explores the evolving role of nurses in humanitarian medicine and highlights the importance of thoughtful consideration and ethical practices in STMMs to ensure their effectiveness.

Keywords: Humanitarian medicine, Short Term Medical Missions (STMM), Nurses' role, Healthcare delivery, Global health initiatives

The role of the nurse in humanitarian medicine

The field of humanitarian medicine continues to expand and evolve and nurses have a unique skill set to help make a difference in the global arena. One area of humanitarian medicine that continues to be popular is the participation of nurses in Short Term Medical Missions (STMM). STMM come in all shapes and sizes, but regardless of their differences, their numbers and frequency are increasing at a remarkable rate. STMMs can be defined as a “form of unregulated and unsanctioned, grass roots, direct medical service aid from wealthier countries to low and middle income countries” (Caldron, Impens, Pavlova & Groot, 2016). While many of these programs have benevolent agendas with teams of well-intended clinicians dedicated to providing free medical, surgical, and preventative services, the potential harm from these types of volunteer trips is also well documented and must be taken into serious consideration before these types of programs provide more harm than good. As mentioned above, nurses are a critical component to shortening the gap between health inequalities and they can be particularly impactful during short term medical volunteer trips.

Nurses have a unique profession and it continues to evolve. Today, nurses aren't just found providing care in skilled nursing facilities, they are publishing scientific research, developing technological innovations, engaging in health policy and providing motivational discussions and presentations to audiences around the world. Nurses are working at all different levels of the healthcare system, from school clinics to hospital administrations. It is no doubt that nurses are crucial to enhancing healthcare delivery. According to the World Health Statistics Report (WHO, 2013), there are approximately 29 million nurses and midwives in the world, with 3.9 million of those individuals in the United States (Haddad & Toney-Butler, 2018). Nurses come from a diverse set of backgrounds and training and therefore are in a critical position to help strengthen healthcare delivery.

More than one billion people in the world lack access to basic healthcare according to the WHO, and with the insufficient number of adequately trained health workers, there remains a large obstacle to achieving United Nations Sustainable Development Goals (Colon-Gonzalez et al., 2015). As the nursing role continues to evolve

it is important to identify ways in which nurses can be agents of change for the gap in healthcare delivery during short term medical missions.

Many short term volunteer programs have been scrutinized for their insufficient investment in the local community and the lack of ongoing support for the resident medical staff. Some very common issues with STMM include displacement or devaluing of the local providers, failure to arrange adequate follow-up of medical and surgical treatment, inadequate training of the volunteers, discordance between local needs and visitor offerings, inequitable use of funding, creation of dependency on external resources, and lack of continuity of services (Lasker, Aldrink, Balasubramaniam, Caldron, Compton, Evert, Lol, Prasad, & Siegel, 2018). With their diverse skill set, nurses can be essential in promoting sustainable short term medical volunteer trips. It has been identified that the most effective aid is that which comes from within; therefore building local and national capacity of communities and governments is the most sustainable solution for both development and disaster situations (VanRooyen, 2016). Identifying the needs of the local community is the first step to process improvement in humanitarian medicine. Nurses are trained to focus on the holistic aspect of healthcare and are therefore in an excellent position to help promote changes at the local community level. The educational strategies listed through this paper will provide a roadmap for how to evaluate and prepare for a program, identify critical gaps and implement changes that will be simple, cost-effective, scalable and sustainable.

Education as a tool for sustainable development

One of the core roles of a nurse besides being caregivers is being a health educator. Nurses are also adapting to new roles and learning how to be system innovators. This type of critical thinking and role expansion will be crucial for the future of nursing, especially in regards to effective and efficient humanitarian aid. Nurses should not be discouraged by the outpouring of negative feedback from the media and literature on the disastrous effects of illequipped humanitarians, but rather become motivated from the information, understanding what hasn't worked, and feel inspired to change the system. The experience of cross-cultural medical interactions can be immensely powerful and useful for improving future healthcare systems. Knowledge exchange is an important component of working in the global health field. It is undeniable that in a well-structured setting, short term medical and humanitarian missions can be incredibly beneficial to both the host and the volunteer members. The nursing teams that travel to a new environment have the opportunity to strengthen their skills through improvised medicine and gain a more in depth appreciation of resource limitations and cross-cultural communication. It is no doubt that the knowledge exchange that occurs on many of these trips can be invaluable.

The question is what type of information should be provided and how does one implement this education? Education is a key component of providing effective, efficient and patient-centered healthcare. Although strict guidelines have not been established for medical volunteering, the following ethical principles have been suggested as a framework for monitoring medical volunteering: establish a collaborative partnership, ensure fairness in site selection, commit to benefits of social value, educate the local community and team members, build the capacity of local infrastructure, evaluate outcomes and engage in frequent ethical reviews before, during and after trips (Bauer, 2017). The three educational strategies outlined below will hopefully provide a better roadmap on how to create successful short term missions within the suggested framework mentioned above.

Strategy 1. Focus on Child Survival Technologies & Educating Community Members

One of the best ways to strengthen the health of a community is by providing health education that is simple and impactful. Education is one of the strongest social determinants of health and studies show that children of mothers with secondary education or higher are twice as likely to survive beyond the age of 5 years compared to those whose mothers who have no education (Sethia & Kumar, 2019). One way that international nursing volunteers can help promote health in the host communities, is through training the local providers to implement and increase health literacy among the community members. Health literacy is "the degree to which individuals

have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (Sethia & Kumar, 2019). Health literacy is critical to promoting healthy communities and engaging the local people to be involved with their own health. Health literacy is crucial for prevention and treatment of common diseases.

One effective way to help promote health literacy, is identifying the Community Health Workers (CHW) in the local area. A community health worker (CHW) is an individual chosen by the community and trained on health and development issues in order to act as the link between the community and the healthcare system (AMREF, 2010). With the increased shortages of skilled health workers in developing countries, CHWs play an important role in expanding patients’ access to healthcare. The use of community health workers has been identified as one strategy to address the growing shortage of health workers, particularly in low-income countries (World Health Organization, 2007). Nurses working abroad can focus their time and energy working with the local community health workers and training them on important public health interventions. CHWs have a wide range of responsibilities including performing house visits, promoting health, educating on disease prevention, and teaching basic health interventions such as hand washing, breastfeeding, and using insecticide treated bed nets. Nurses working abroad can be effective at identifying knowledge gaps or areas of increased interest and provide short educational seminars to enhance the baseline education on such topics.

When considering implementing new training programs, nurses should consider which topics would be most impactful in a small amount of time. One area of focus could be taking a more specific look at child health in the developing world and what strategies are most cost-effective. Rather than reinventing the wheel, medical volunteers and health educators can look to previously published guidelines from the expert authorities like the WHO to procure educational materials and create more region specific health informational resources. The World Health Organization (WHO) lists a few basic, cost-effective interventions for reducing child mortality such as providing immediate and exclusive breastfeeding, improving access to skilled health professionals for antenatal, birth and postnatal care, improving access to nutrition, water and sanitation as well as promoting knowledge of danger signs related to a sick child among family members (WHO, 2017). This list of topics stated above can be a good starting point for many organizations to utilize when addressing key informational gaps and provides a focus point when creating educational resources and activities.

Strategy 2. Utilize Train-the-Trainer model to promote empowerment & sustainability

The ultimate goal of educational programs: improve the health of children, families and communities. This can only be completed by building local capacity and empowering the local workforce who will be the ones seeing and treating their neighbors on an ongoing basis, as they are the true healthcare heroes. “All aid organizations, including those engaged in global health, need to have at least some focus on empowerment. Helping people is about encouragement, edification, and facilitating the achievement of self-sufficiency. If not well thought out, global health projects can make people feel incapable of meeting their own needs or indebted to our benevolence” (Seager, 2012). The World Health Organization has identified that one of the most complex challenges involves ensuring that people living in rural and remote locations have access to trained health workers (WHO, 2010). The concept of “brain drain” where skilled health workers choose to leave their country of origin for better working conditions, highlights that one of the main reasons that healthcare professionals seek other positions in resource rich areas of the world, is not just because of the financial remuneration, but because of the ongoing support and mentorship opportunities that are lacking in their home countries. When nurses travel abroad to work in humanitarian medicine settings, they should be addressing gaps in the education of the local providers and seeking the best ways to support and promote healthcare knowledge.

In the short term medical volunteer setting, the goal is to maximize the support and training of the health educators who will be working in their communities when the international aid groups have returned home. “Training

initiatives should include all personnel- not just clinicians- and are most successful when they combine classroom-style didactics with hands-on practice and mentorship” (Nelson, 2015). One of the more effective approaches to educational programs abroad is the Train-the-Trainer model, where in the case of STMM, volunteer clinicians train the local healthcare leaders on various medical topics. These healthcare leaders, who reside in the communities that they serve, will then be the ongoing trainers to the rest of the healthcare workforce once the volunteer teams have returned to their country of origin. Train-the-trainer programs can be incredibly effective at delivering impactful and often life saving health information as the groups of trainees tend to be smaller, allowing for a more intimate learning environment. In an article written on Education in Volunteer Missions by Umapathi & Lee (2015), some helpful summary points were provided as essential to making educational and training aspects of medical missions successful such as 1) choosing projects that focus on a small area with discernible outcomes (for example training midwives to reduce perinatal mortality rate) and 2) always aim to augment and enhance existing programs rather than to replace or duplicate them.

In a Train-the-trainer model, it is imperative that nursing teams seek to provide creative, engaging and quality educational programs when working abroad. An environment that empowers and motivates nurses is necessary to rejuvenate and sustain the nursing workforce (Haddad & Toney-Butler). When the international volunteers return to their home country, two simple questions should be asked: what did we leave behind and how can we continue to support? One of the most important goals of any medical mission is for volunteers to consider if their impact is empowering the local community, or creating a culture of dependency. “Empowerment manifests from asset based approaches; dependence manifests from need based approaches” (Seager, 2012). The idea of sustainable short term medical volunteer trips is to leave the local healthcare providers feeling motivated, equipped and empowered to continue to care for their local community.

The model of Train-the-Trainer is ultimately seeking to build capacity at the local level and as Umapathi et al., mentioned, the goal is to promote focused projects with discernible outcomes (2015). A few projects that could be utilized when implementing train-the-trainer programs include: 1) palliative care training (PCT) program: preparing and training those caring for patients who are dying from HIV/AIDS, and 2) Integrated Management of Childhood Illness (IMCI) for local medical staff developed by USAID, which has been proven to be effective in raising the quality of healthcare services to children in developing countries (Seager, 2012). As mentioned before, when developing programs, training manuals or clinical protocols should utilize existing documents whenever possible and make sure they reflect the national protocols and guidelines (Nelson, 2015).

Strategy 3. Utilize technology and innovative platforms for ongoing education

In this era of technological advancement, education can be shared through various modalities, allowing health professionals to teach and share information instantly, all over the world. Short term medical missions can maximize their effects by helping to implement technologies that can make medical care and health education more efficient. A few technologies can be considered for providing these outreach opportunities. There are several terms that appear when searching for information around electronic health: eHealth, mHealth, telemedicine, telehealth.

The modality of mHealth or mobile health, is the use of mobile phones and other wireless technologies such as tablets, to deliver pertinent health information to clinicians and patients. The Global Health Learning Center reports that for the developing world, the transformative potential of mHealth and its rapid growth are due primarily to four converging factors: 1) unprecedented growth in mobile phone users, 2) rapid expansion of mobile networks, 3) innovation in mobile technology and 4) task shifting and other health system needs in developing countries(2013). Reviewing the recent unprecedented growth in mobile phone users alone provides some very astonishing results. The rates of mobile phone use have skyrocketed over the past 10 years, from 2000

to 2010, the number of phone subscriptions in low and middle-income countries increased by more than 1500 percent (Global Health Learning Center, 2013).

To further demonstrate the dramatic availability of this technology the Global Health Learning Center also noted that in Sub-Saharan Africa in 2010, 80 percent of the population had mobile phone coverage, while 61 percent of the population had access to improved water and just 31% had access to improved sanitation facilities (2013). These shocking numbers can be overwhelming but also motivating for health professionals seeking to improve the global health situation. These statistics demonstrate the importance of capturing these technological advancements to improve access to health information and scale up cost effective patient care for underserved and remote populations. There are several ways that mHealth can be utilized by short term medical volunteer teams to enhance the existing patient care delivery system. mHealth solutions are being used all over the world, supporting a range of different health programs from family planning, maternal and child health, HIV/AIDS, malaria and tuberculosis (Global Health Learning Center, 2013).

A specific example of how volunteers could help promote patient education would be to facilitate a free textmessage service that provides patients with up to date information on family planning services, nutrition information or medication side effects. Continuing with the concept of utilizing technology to advance patient care and clinical support in the developing world, one of the most efficient and cost effective strategies is the use of Telehealth to provide additional support to health workers. Telehealth is a cost effective solution to provide care and consultation services to remote regions of the world.

In particular, in resource limited areas where healthcare worker shortages are significant, Telehealth can be an effective strategy to help bridge the gap in patient care. Although there have been dozens of definitions of the Telehealth over the years, the basic definition is that Telehealth is the use of electronic information, devices, and telecommunication technology to provide direct patient care, remote patient monitoring, and education at a distance (Rutledge et al., 2017). The concept of telemedicine began as a means to treat patients who were located in remote areas (Talking Medicines, 2017). The dramatic changes in health care reflected by increasing patients with multiple chronic disease, health care workforce shortages, mandates to decrease costs, and infusion of technology make it necessary for advanced practice clinicians to embrace Telehealth (Rutledge, Kott, Schweickert, Poston, Fowler,& Haney, 2017).

Some of the technologies such as Telehealth listed above, are suggested interventions that can be utilized by the medical volunteer nursing teams to not only provide consultation and advice but to provide ongoing training and instruction when the travel teams return to their home country. As the healthcare worker shortage continues to stress resource limited regions of the world, nurses from all over the globe can use technology to provide health support, consultation as well as ongoing education. This type of technological mentorship can be extremely beneficial for communities that are burdened by limited health resources. Topics that are particularly helpful in telemedicine where specialist services are minimal, include psychiatry, dermatology, ophthalmology, to name a few. Nurses can also identify other ways that brain drain affects communities and create alternative educational programs that focus on non-healthcare topics such as leadership, professional development, wellness and team building. The options to get involved in humanitarian work and help build local capacity are endless. As mentioned several times above, nurses are in a unique role to not only travel and provide medical care where most needed, but they are also equipped with a broad skill-set to teach, mentor and empower other communities who have limited healthcare capacity.

Conclusion

The impact of short term medical missions can vary from beneficial to flat out harmful. In this day of technology and scientific advancement, we have the skills and knowledge to address some of the inefficiencies of short term volunteer programs. The key aspect of any medical volunteer endeavor should be to promote support and

resilience in the local healthcare system. One of the most cost effective approaches to ensure that healthcare providers feel supported, is through education and the various modalities that education can be transferred which were listed throughout this paper. Cross-cultural medicine is crucial to expanding and improving the global health field. Nurses have a powerful potential to help eliminate a culture of dependency by creating educational programs that promote resiliency and empowerment of the local communities in resource limited settings of the world.

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