Global Collaboration in Nursing and Midwifery "Talking it out"

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Abstract

Collaboration between disciplines is essential to furthering clinical and academic progress in healthcare, particularly for Nursing and Midwifery. With rapid advances in health care related technology, additional options for cross- continental interactions present themselves. This article provides a description of a discussion between Nurses and Midwives engaged in a formal program of capacity building and skills transfer. Nurses and Midwives from Rwanda, the United States and the diaspora discussed definitions of collaboration along with identification of specific barriers and facilitators to efforts at global collaboration. Key findings include an increased need for cross-cultural and intergenerational activities to promote understanding while increasing productivity. This article provides an example of a strategy used to promote collaboration among nurses and midwives in Eastern Africa. The approach took advantage of the *Global Innovations in Nursing and Midwifery Conference*, which brought together over 300 nurses from Eastern Africa, as an opportunity to unite nurses and midwives from Eastern Africa to discuss issues of importance to nursing and midwifery through the use of small group discussions. The focus of these discussions, *Nurses and Midwives: Talking it Out,* was to explore the concepts of global collaboration among practicing and student nurses and midwifes. The small groups were established by specialty areas of practice and the dialogues were coordinated and facilitated by group leaders. The goal was to discuss ways to increase collective practice.

Key words: global collaboration, nursing issues, human resources for health (HRH), nursing and midwifery, Rwanda

Background

Our current world of fluid borders between countries and the ability to travel across the world in a day promotes opportunities for collaborative efforts in global nursing and midwifery. Collaborative practice and engagement is important for global unity and to build sustainable international projects and initiatives. Collaboration is comprised of five underlying concepts: sharing, partnership, power, interdependency, and process (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005). In addition, successful collaborations are also said to be characterized by clear communication, true dialogue, active listening, and an awareness of and appreciation for differences (Keleher, 1998). It has been proposed that all of these elements are necessary for a functional partnership focused on achieving mutual goals. Collaboration is critical to healthcare service delivery by nurses and midwives and has been found to play a key role in the effectiveness of international health programs. To further support this model, Franco and Marquez (2011) found that a collaborative approach was highly successful in improving clinical practice and solving health systems problems in 27 programs related to maternal, newborn and child health, HIV/AIDS, family planning, malaria, and tuberculosis in 12 low/middle income countries (LMIC). However, further studies are needed to isolate the specifics associated with successful collaborative programming and practices for healthcare service delivery (Schouten, Hulscher, Van Everdingen, Huijsman, & Grol, 2008).

Additional efforts to build global collaboration in nursing and midwifery are exemplified in the Global Network of the World Health Organization Collaborating Centres for Nursing and Midwifery Development (WHO, 2015), and the Nightingale initiative.

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The Global Network of World Health Organization (WHO) Collaborating Centres for Nursing and Midwifery Development (Global Network) has 42 collaborating centres throughout the world. One of the goals of the network is to support the WHO's efforts to achieve universal health coverage for the worldwide population in all of its regions. The Global Network was established in 1988 and the University of Illinois at Chicago College of Nursing served as the first secretariat. Currently, the University of Technology Sydney in Australia serves as the secretariat. .

The collaborators of the WHO centres have produced stellar research and best practice contributions to nursing and midwifery globally, such as successful matching of high and low income nursing and midwifery institutions for faculty, student, project, and idea exchange. The contributions of the multiple institutions involved are synchronized with WHO's Nursing Midwifery Services: Strategic Directions 2011-2015 document which outlines various South-South and North-South co-operation strategies to build capacity in LMIC, as well as encouraging the twinning of nursing and midwifery schools, and partnerships with WHO Collaborating Centres (WHO, 2011). The collaborating centres use cooperative practices to maintain their clear leadership roles in the disciplines of nursing and midwifery.

The Nightingale Initiative stands as another example of a successful global collaboration approach that seeks to inform, inspire, and involve nurses and midwives from around the globe. The Nightingale Initiative fosters communication among individuals and within groups at both a grassroots and global level. The initiative, now signed by nurses and midwives in 107 countries, seeks to amplify the voices of nurses to impact changes at all levels in healthcare (Beck, Dossey & Rushton, 2013).

Replication and expansion of these successful practices and initiatives are needed to contribute to more evidence-based nursing and midwifery practices and support efforts to collaborate across borders and time zones.

Method

The Rwanda Ministry of Health, Human Resources for Health Nursing and Midwifery program (HRH) has been in place for three years. Experiences from participants in the HRH program revealed a large body of anecdotal evidence that indicated a need for further exploration of similarities and differences among nurses and midwives on their perceptions of the meaning and implementation of collaboration. Differing opinions and attitudes about the meaning of collaboration had been found to contribute to conflict and diminished professional capacity building. After a brief presentation, nurses and midwives were divided through self-selection to clinical practice areas of interest, which included: Adult Health, Maternity/Neonatology, Mental Health, Infection Control/Non-Communicable Disease, and Pediatrics.

Each group was assigned a pair of leaders/facilitators, comprised of a Rwandan and a HRH expatriate nurse or midwife, to facilitate the discussions. The facilitators were chosen based upon their experience and proven leadership abilities in Rwanda. Specialty group leaders included the Chairman of the Rwanda Mental Health Nursing Association, the Secretary of the Rwanda Association of Midwives, and one of four Rwandan doctoral prepared nurses. It is notable that all of the HRH facilitators (expatriate nurses/midwives) represented a multi-year commitment to the HRH program and illustrated the return of the African diaspora to impact health care in Africa. All of the HRH facilitators were educated within Western systems of nursing and midwifery while representing a cultural heritage of East Africa and the Caribbean.

Prior to the session, group leaders were prepared and instructed on the use of guided discussion techniques to address questions related to global collaboration. Group facilitators were asked to explore the concept of global collaboration within their self-selected group of nurses and midwives. The specific questions for exploration included:

1. Global collaboration- what does this concept mean to students? To practitioners? To faculty?
2. What are strategies to make global collaboration a reality?
3. What does nursing and midwifery need to make global collaboration happen?
4. How can we promote networking to foster global collaboration?

Facilitators were encouraged to acknowledge the impact of known challenges of working in a LMIC which includes a lack of infrastructure and financing, and a limited workforce.

Results

To provide a sample of the group discussion results, the findings of the Maternity/Neonatology and the Mental Health Nursing groups will be discussed. Reporting on the findings of these groups was chosen mainly because midwifery and mental health nursing are the minority groups within the nursing and midwifery health care workforce of Rwanda. Also to be considered is the pivotal impact of midwifery and mental health services on many of the soon to expire Millennium Development Goals.

The story of Rwandan Midwifery has its roots in a system of traditional birth attendants. Initially, midwifery in Rwanda was a mixture of nursing and midwifery with unclear guidelines for professional practice and conduct. The accouches attended basic training for one year and were able to conduct deliveries. After a few years of this level of maternity care, reform established the creation of the comprehensive nurse who also served maternity functions. Midwifery as an established profession began in 1997 with the first group of Kigali Health Institute midwives. Ten years later in 2007, the five schools of Nursing and Midwifery in the regions of Kabgayi, Rwamangana, Kibungo, Byumba and Nyagatarae began individual diploma level midwifery classes. Each subsequent year has seen a slow but steady increase in the numbers of midwives practicing. With the addition of the 2014 National Council of Nursing and Midwifery examination results, there will be over 1100 midwives licensed and registered to practice in Rwanda. Even with this dramatic increase in numbers, the numbers are still under the projections needed to achieve full maternal child health coverage, with an estimated 59% of the need met (Sowmy Report, 2014).

Similar to midwifery, mental health nursing education and practice in Rwanda emerged in the aftermath of the 1994 Genocide. The country needed to respond to the urgent crisis caused by the devastating calamity of the Genocide, particularly in the health sector. Mental health nursing specialists had a key role to play in dealing with psychological trauma and the onset of other psychiatric diseases. Education of mental health nurses (MHN) started with the training of general nurses as a specialty in 1998. The former Kigali Health Institute (KHI), now the University of Rwanda, was the first to provide the training for MHN and is still the only institution to provide such training in Rwanda. The first two cohorts of general nurses had two years training with specialized courses in mental health. The following cohorts had extended programs to include first year general nursing courses followed by two years of intensive psychiatric training and graduated after completion of a three year diploma program.

According to University of Rwanda College of Medicine and Health Sciences' (UR/CMHS) database, from 1999 to 2011, 333 mental health nurses had graduated. This constitutes an annual average of 28 mental health nurse graduates across the country. The same data from UR/CMHS also indicated that employed mental health nurses are appointed mainly at district hospitals (31%), referral hospitals (23%), NGOs (9%), and health centers (5%).

Global Collaboration Integrated Group Discussion Summary
Midwives and mental health nurses used free word association to determine what global collaboration meant to the group represented. There was mutual agreement of terms and definitions among the students, clinicians, faculty and administrators present.

What does Global Collaboration mean?

* Sharing and learning in practice
* Local and regional/global student/faculty exchanges
* Improved networking
* Scope of practice/standards
* Intraprofessional collaboration
* Team building/working together
* Cultural sensitivity
* Shared mission/vision/goals
* Sharing of innovations
* Globalization
* Partnerships
* Joint research

A focus on the definition of global collaborations also included the groups' recognition that the same solutions do not work in all cases. With the acknowledgement of this challenge, the need for creative solutions was paramount to the subsequent discussions.

What are effective strategies for global collaboration?

* Attitude of mutual respect
* Using the evaluation process to determine effectiveness

* Conferences and web conferences

Strategies to facilitate global collaboration focused mainly on the use of technology and evidence based practice to bring individuals together.

What does nursing and midwifery need for global collaboration to happen?

* Physical exchanges between students and between practitioners
* Increase awareness about function of professional organizations, become active in professional organizations
* Increased communication via electronic and face to face platforms
* Common skill set through standards
* Ongoing dialogue

How can we promote networking for global collaborations?

* Conferences
* Make technology available at workplaces
* Use Twitter, Facebook, blogs
* Encourage a reading culture
* Development of skill for nurses outside of clinical arena such as public speaking and advocacy

The issue of enhanced collaboration between hospitals and schools to bridge the widening theory to practice gap was prominent in discussions amongst groups. Students are often caught between the "book knowledge" and "task orientation" when they enter the clinical practice arena. This is compounded by tutors who have differing practice ideas or orientation from the students and staff. The student and staff groups indicated that they feel disempowered by the lack of familiarity with the setting and did not wish to "have problems with the staff" which leads to "bad practice even when we know better". Another participant offered, "We demonstrate the practice that is already evidence based but find that the hospital culture is more powerful than the evidence, for example fundal pressure applied so long as we are not around HRH/US faculty." In order to collaborate more fully, it was recommended that there be a blending and perhaps blurring of the lines between teacher and learner.

A fear of technological advances and a lack of knowledge on how to use technology were acknowledged by representatives from both the high-income and low-income countries present in the discussions as an impediment to global collaboration. "One needs to consider how the older generation of nurses and midwives would have access to technological upgrades". Another nurse-midwife trained over 20 years ago offered, "Facebook won't use that". Dissemination strategies for global collaboration also need to be further scrutinized to address the complexity of the issues brought about by the age and technology gap.

The implementation of evidence-based practice as a strategy to foster global collaboration was embraced by all group members with acknowledgement of the difficulties of putting it into practice. It is often heard "this is not a reading culture so cultivating an attitude of lifelong learning is a problem". In order to bring about a spirit of collaboration geared towards uplifting the Rwandan nursing and midwifery professions, a spirit of being open with true sharing of concerns is needed. While this may sound easy, the concept of open sharing must be understood within the African cultural context which honors matters in the home not being discussed in the marketplace.

The spirit of open sharing fostered by the group leaders led to discussions about the perceived power inequalities of higher income and lower income partnerships. Group representatives of the higher income countries represented by the United States and Canada spoke of the conflict that can arise with the higher income country nurse or midwife being viewed as an unending source of money as a means to "globally collaborate". The embarrassment caused by being placed in a position whereby funds are frequently solicited has been expressed.

Discussion

It is notable that there was significant overlap in the findings of all of the groups of nursing and midwifery clinical specialties. This highlights the interconnections between what are sometimes viewed as separate professions. The need for the adoption of a wider variety of techniques, additional time for discussion, and the increased use of technology to move forward with global collaborations was the most evident linkage between all groups. It was also evident from the group discussions the importance of acknowledging the impact of age, gender, and rural versus urban living conditions to foster greater global collaborative efforts.

It is recommended that empowerment of Registered Nurses and Midwives be prioritized to promote global collaborative efforts locally, regionally, and internationally. There are common barriers that are present in the professions across cultures, and exploration and discussion of success stories may lead to discovery of applicable or transferable solutions to other clinical settings. There is often a focus on the lack of resources which detracts from the ability to use the full power of nurses and midwives' skills and abilities to find solutions to problems within the profession.

Conclusion

This article shared some of the results of the formal small group discussions between nurses and midwives that took place at the global nurses and midwives conference. Of importance was the identification of nurses' and midwives' perceptions and thoughts about the importance of global collaboration as a means to promote sustainable global projects and initiatives. In this era of globalization we can look forward, through global collaboration, to a time when there is an African Global Secretariat of the WHO Collaborating Centres. In the words of an African proverb, "If spider webs unite, they can tie up a lion".

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