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INTERNATIONAL COUNCIL OF NURSES

NURSES DELIVERING UNIVERSAL HEALTH COVERAGE

Stories of excellence from across the world

Table of Contents by National Nursing Association/Country

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Introduction

Professional nursing has been a major driver of improvements to patient care, effective health policy and efficient business models. Nurses are at the forefront of care, working on the frontlines, undertaking vital research, holding high level executive positions and serving as Government Chief Nursing Officers.

The case studies included in this collection were gathered as a celebration of International Nurses Day 2020 and 2021. These two years—respectively designated by the World Health Organization (WHO) as the International Year of the Nurse and Midwife and the International Year of Health and Care Workers— were also the years when the COVID-19 pandemic spread rapidly across the world, forever changing the work of nurses and thrusting them into the spotlight.

While many of these cases studies reflect the work of nurses to care for those with COVID-19, many also reflect the wide variety of nursing that continued throughout the pandemic to care for those suffering from other conditions. What all the stories show is the critical importance of nursing to the health of all populations, particularly the most vulnerable.

These stories, submitted to ICN by nurses across the world are examples of what nurses are actually doing now. Across a range of settings and from birth to death, they are ensuring access to safe and quality healthcare, finding innovative solutions and going above and beyond the call of duty to provide holistic care for their patients. The examples you find here are not theories or pipe dream, this is the reality of what nurses are doing on the ground, in every setting, every day. Nurses are a major part of the solution to how we recover from this pandemic and build back stronger. When governments recognise the work nurses are doing and make a real investment in the nursing profession, they will also be investing in strong, resilient, patient-centred health systems, able to withstand the next pandemic.

Dr Pamela F. Cipriano
ICN President

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WESTERN PACIFIC

Australia: Protecting older people: aged care nurses during the COVID-19 pandemic

Contributors: Jed Montayre, RN, PhD and Donna Wang, RN, PhD (candidate)

The role of aged care nurses during the COVID-19 pandemic was taken to extraordinary heights, encompassing the balance of clinical work and psychosocial care, and ensuring that all older people under their care are protected from the virus.

Prior to the pandemic, aged care nurses' roles were crucial in preventing the spread of any infection in their facilities, such as gastrointestinal infections. Aged care nurses have always been prepared to address this kind of outbreak. However, the pandemic has emphasised refinement of clinical skills and the holistic approach of aged care nurses as part of their everyday practice in aged care settings.

Respecting residents' homes

Residential aged care home (RACH) facilities are residents' 'homes', as they live there, but they are homes with round the clock access to visitors - not just family members, but also staff (nurses, care assistants, administrative staff, cleaners, kitchen personnel etc.), who technically are visitors to the facility. While staff come and go in hospital settings, the main difference is that hospitals are not considered the 'resident's home', which means a dedicated COVID-19 ward operates differently to aged care facilities. As a very simple comparison, a hospital can implement strict measures, such as a scheduled time for coffee or tea service, while in aged care facilities, residents can have a cup of coffee or tea anytime they please, as it is their home. With the recent implementation of person-centred models of care in aged care facilities, the level of physical and social interactions and the day-to-day operations in RACHs are described to be 'home-like'; residents' rights are highly valued, rather than solely following some institutional protocol. This is challenging during a COVID-19 outbreak, which adds an extra layer of complexity in an attempt to strictly implement and adhere to recommended infection control guidelines. Aged care nurses have managed to balance the implementation of infection control protocol while upholding residents' rights in their own homes.

Transmission precautions

Contact with people (staff, families and friends) who have been exposed externally predisposes the high risk of a rapid transmission in aged care facilities. In the earlier months of 2020, the Visiting Code for aged care facilities in Australia was released, which offered standardised and fair conditions to visiting protocol in RACHs. The code has ensured that residents' and families' rights are upheld and particularly recognises the impact on residents' wellbeing and the social, holistic implications (such as end-of-life care scenarios) from physical distancing measures. However, defining who the 'visitor' is and identifying the 'infectious' visitor in RACHs can be problematic as, pre-COVID-19, staff members within the RACHs normally worked for more than one facility. These are the considerations and important issues that nurses have to face during the pandemic, which has led to changing work arrangements and nurses taking an active role to ensure that older people are safe, and staff activities are recorded before reporting to work, for contact tracing purposes.

Ensuring that treatment and care continue

During the pandemic, everyone is at risk and susceptible, residents and staff alike. Aged care nurses oversee resident and staff wellbeing. Some residents might require continuous treatment, such as routine blood checks, because they are currently taking anti-coagulants, or frequent observations, for enteral tubes, for example. Extra measures are required for these types of treatments and activities, along with considerations for social distancing and infection control. There are also residents with dementia who find comfort in walking in the corridors at any given time. Aged care nurses ensure necessary treatment and care continue for their residents, while adhering to the pandemic infection protocol implemented in the facilities.

Recognising these realities in aged care during the pandemic is as important as updating new infection control guidelines or providing personal protective equipment for aged care facilities. Aged care nurses in Australia continue to contribute to keeping older people safe during the time of pandemic.

China: Guiding breast cancer patients through care management

Contributor: Wang Yingxin, Head Nurse, Beijing University First Hospital

Breast cancer has become the most common disease among women worldwide. With the increasing incidence and survival rate after surgery, breast cancer has been regarded as a kind of chronic disease that patients have to receive long time adjuvant therapy as well as face the issues about affected limb dysfunction, lymphedema, psychological disorders. In order to better provide continuous nursing care for discharged breast cancer patients, the continuing nursing clinic guided by breast cancer case manager was established at Beijing University First Hospital in July 2018.

The breast cancer case manager is an oncology nurse specialist with extensive clinical experience and certified as a lymphedema therapist. The intervention of the case manager is critical for patients after breast cancer surgery, as they can provide patients with timely and correct health education and guidance, encourage them to continue rehabilitation, help them rebuild self-confidence and return to society. The establishment of the clinic provides a communication channel and platform, allowing the case manager to work closely with patients and their families, discuss the existing problems and develop individualized rehabilitation plans for them. In addition, the case manager clinic works closely with the breast surgeon clinic, which can provide timely solutions to the treatment-related problems of breast cancer patients (such as endocrine therapy).

The case manager clinic's role is to solve problems related to limb dysfunction; provide Complex Decongestive Therapy and health education for lymphedema; provide psychological support to help patients adapt to post-operative life and return to work and society as soon as possible; and provide patients with information about adjuvant therapy, improve their treatment compliance, and ensure the treatment effect.

Patients can make an appointment to the clinic through outpatient registration, network registration or telephone registration. Referrals can also be made by the breast surgeons. Face-to face consultation can be conducted in the clinic, and the case manager also provides Wechat online consultation during working hours.

The clinic provides evaluation and intervention of limb dysfunction. The range of motion of the shoulder joint is measured to determine the degree of dysfunction of the affected limb, and an active or passive training plan will be made according to the postoperative time of the patient. If necessary, the patient can be referred to the rehabilitation department for professional rehabilitation help.

The clinic also provides evaluation and intervention of lymphedema. The sequential circumferential limb measurements are carried out to assess the presence and severity of lymphedema. Patients without lymphedema will be provided health education related to lymphedema prevention. Patients with lymphedema will be provided with health education, as well as complex decongestive therapy requires payment.

Psychological support is provided through face-to-face consultation and psychological assessment, to identify the primary causes of the psychological issue. Information support related to adjuvant therapy is also provided, such as health education information about adjuvant chemotherapy, radiotherapy, and endocrine therapy to ensure treatment compliance.

From July 2018 to October 2020, 517 patients were received, and 255 interventions were carried out in total, including 44 interventions for limb dysfunction and 137 interventions for lymphedema. The satisfaction rate of the clinic was 98% according to the nursing department's satisfaction survey.

The key to the success of the clinic is the central role of the case manager who is also an oncology nursing specialist and a lymphedema therapist with extensive clinical experience. She is involved in the whole treatment process of the patient from the beginning of the hospitalization, and therefore has a better understanding of the patient's condition and establishes a trust relationship with the patient. The clinic, led by the case manager, can provide continuing nursing service for breast cancer patients with fewer resources, help them solve the problems they may encounter after surgery and establish a positive attitude towards life, ultimately achieving the goal of improving the quality of life and realizing the whole-course of breast cancer management.

Hong Kong: Compassionate, person-centred, dignified care: the art of nursing at the end of life

Contributor: Helen Chan, RN, BSN(Hons), PhD, Associate Professor, The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong Association of Gerontology

The life expectancy of people in Hong Kong is among the highest globally, with nearly two thirds of all deaths attributed to people aged 65 years or above. However, according to a report on the Quality of Death Index (Lien Foundation 2015), the development of end-of-life care in the region is unsatisfactory. Death and dying issues remain a cultural taboo and so it is difficult to ascertain patients' end-of-life care preferences. Repeated hospital admissions are common in the last phase of life due to inadequate community palliative care services. The majority of deaths in end-stage diseases occur in acute hospitals due to operational and legal barriers. The focus of care is predominantly curative-oriented, unless family consensus can be reached. Since many bereaved families are unprepared for the patient's death, they often remained unsatisfied with the care and are filled with guilt or anger. Healthcare providers also express frustration about the quality of end-of-life care. All these issues called for an urgent need to develop a culturally congruent care delivery model to optimise the end-of-life care in the local community.

Since 2016, the Hong Kong Association of Gerontology has pioneered a project called "Palliative and End of Life Care in Residential Care Homes for the Elderly in Hong Kong", with funding from The Hong Kong Jockey Club Charities Trust. The project, under the supervision of Dr Edward Man-fuk Leung and a multidisciplinary steering committee, is mainly led by a group of experienced and passionate nurses in geriatric care, palliative care and nursing management, including Cecilia Nim-chi Chan, a former General Manager (Nursing) who oversaw the nursing management of a hospital, Faith Chun-fong Liu, a nurse consultant in palliative care, and Man Chui-wah, a former Department Operations Manager who supervised all Medical and Geriatric wards in a hospital. The project comprises capacity building, environmental restructuring, protocol development and public education. The Association has played a pivotal role in negotiating with community geriatric outreach healthcare teams, hospital departments, ambulance services and funeral services to facilitate the implementation of this novel care model. To date, almost 50 care homes have participated in the project.

The case of Ms L illustrates the effectiveness of the project. An 86-year-old lady, living with congestive heart failure, dementia and severe chronic obstructive pulmonary disease, she was referred to the project due to her unstable health. Ms L moved to the care home since she was highly dependent, but her daughter continued to visit her daily. In August 2020, she was sent to hospital because her oxygen level had dropped and she had a poor appetite over the previous few days. Intravenous antibiotics were given, and the medical team considered nasogastric tube feeding.

Due to infection control measures, her family members were not allowed to visit her in the hospital and were very anxious about her condition. With the support of the project, her son and daughter were able to discuss the end-of-life care for their mother. After deliberation, they considered comfort care would be in her best interest. The project nurse communicated their care decision with the medical team in the hospital.

Ms L was discharged back to her care home and tube feeding was withheld. She stayed in a single room specially designed for this project, so that her family can accompany her. Having a single room is a privilege in Hong Kong, since shared bedrooms for two to six residents are commonly designed in these facilities. Her children and the staff

noted that Ms L was able to respond to them by nodding and smiling. The nurses and care workers continued to provide personal care to maintain hygiene and promote comfort, and the visiting doctor of the project and the hospital outreach team came regularly to monitor her condition over two weeks. She died peacefully in the company of her family members in the care home.

Ms L's situation enables us to appreciate the art of nursing at the end of life, enabling continuity of care. The nurses assessed the care needs of Ms L and her family members in a timely manner; empowered them to voice their concerns and care wishes; served as a communication bridge among family members, different care sectors and healthcare teams; and provided compassionate, person-centred, dignified care in the final days of life.

The project has cultivated a culture for improving end-of-life care and facilitating the implementation of dying in place in the community. But there is still much room for improvement. During COVID-19, policies of visiting restrictions in care homes and hospitals caused difficulties with personal contact with clients. The nurses found it more challenging to provide timely care and support. However, telecommunications were used to connect with clients and other healthcare providers to maintain close communication.

To view a video on this project, please click here.

References:

Lien Foundation (2015). The 2015 Quality of Death Index: Ranking palliative care across thew world. A report by the Economist Intelligence Unit. Available at: http://www.lienfoundation.org/sites/default/files/2015%20Quality%20of%20Death%20Report.pdf

Japan: Promoting family resilience in the aftermath of disaster

Contributors: Yumiko Nakamura, Sayumi Nojima, Ayami Nakano, Hiroko Uryu

The goal of disaster nursing is not necessarily to restore families to their original lives. Rather, it is to enable families to recognise changes in their post-disaster crisis situation, find new perspectives and ways of thinking, and become capable of gradually adapting to new situations by developing their abilities. The purpose of this study was to explore the needs for nursing and to promote family resilience in the aftermath of disasters.

Resilience is defined here as the ability to recover, to be flexible, and to find meaning and acceptance in the face of adversity. Family resilience is understood as the ability to confront, overcome and adapt to a disastrous situation for the whole family.

This model, which includes seven aspects of nursing approach, places families at the core, encouraging family resilience by allowing families affected by disasters to be seen from the perspective of the individual, the family, and the community. This nursing support model promotes family resilience in the aftermath of a disaster and allows the return to the basic elements of their lives.
The seven dimensions of the nursing approach to family resilience were identified as follows:

1. **‘Permeates through families’**: In the event of disaster, families are in an extreme state of tension, and they may be resistant to others entering their lives; therefore, the entry of nurses is an important intervention that can serve as a first step in forming relations with family.
2. **‘Helps to recognise basic life patterns that have been disrupted’:** This aspect of nursing guides families, in a state of instability amid life changes caused by a disaster, to both adjust to ensuing disharmony in relationships resulting from physical and mental changes, and to maintain health and a basic quality of life.
3. **‘Helps to break out of a negative chain of suffering’:** This is an approach that alleviates families’ feelings of anxiety and suffering in the aftermath of disaster, provides a space where they can feel safe to deal with their range of feelings, and assists them in dealing with their suffering.
4. **‘Promotes a connection with one’s surroundings’;** This approach is intended to develop family resilience by encouraging interactions between the families and their surroundings.
5. ‘**Encourages the restarting of movement that has come to a standstill’:** Many families in the post-disaster period feel that their lives have comes to a standstill. This nursing approach is designed to reorient the family perspective from the past to the present and onward to the future and to nurture resilience. This support is designed to assist families in acquiring a certain degree of stability and developing the strength to move on.
6. **’Encourages people to get back on their feet’:** Families affected by a disaster fear that they are unable to cope with the future and, therefore, may suffer from strong emotions that are difficult to control.
7. **’Helps families to feel like families again’:** This nursing approach is designed to support families to carry on with their daily lives, even in an unusual situation, so that they can maintain and strengthen their connections as a family and continue to protect what matters to them. Guidance is provided to develop the ability to recover so that families can really start to feel like families again.

This model is rooted in the theoretical concept of the family system and includes the belief that individuals and families respond to disaster conditions in a way that is shaped by the community. Nursing support must select, from among the seven nursing approaches, those which are appropriate for the individual situation.

Malaysia: Providing safe maternal services during COVID-19

Contributor: Che Zaiton Binti Yahaya, Health Nurse Supervisor

Since March 2020, the District of Yan in Malaysia has been affected by the COVID-19 pandemic. With a population of 78,800, Yan has four health clinics and 13 rural health clinics. Planning has been put in place to provide knowledge to the 100 nurses in the district.

All nurses have been asked to download the Ministry of Health's "My Sejahtera" application which monitors the movement of nurses and detects close contact to anyone infected by the virus. All nurses record their temperature when entering duty and returning from work.

The Maternal and Child Health Department in Yan District provides pregnancy, child, women's health and outpatient services, as well as post-natal maternal care. According to the New Norm Guidelines, services are provided based on "staggered hours" appointments – two people per hour for normal cases and only one person per hour for problem cases. Each appointment is planned according to the patient's needs and the number of staff interacting with the patient is limited. The time with the patient is also limited to 15 minutes. In order to reduce congestion, patients' companions are not allowed to enter the clinic. Nurses and midwives only see one patient in one room and there is a limit of 5-7 people in the waiting room. Congestion is also minimised by a queue number system and spacing of chairs.

Patients are further protected with separate entry and exit routes for patients attending the clinic. All clinics practice screening at the entrance using checklists for body temperature examination and signs of infection such as fever, cold, sore throat, etc. Patients are also asked if they are from an area with a risky COVID-19 cluster. All clinics display posters and streamers as notification of the implementation of the New Norm Movement Control Order.

Handling cases online through counselling services is a challenge for nurses and midwives working with patients in rural areas with bad internet connections. An even greater challenge for nurses and midwives is when patients are facing financial problems, where the head of the family loses their source of income. A new initiative provides light assistance to reduce the burden on the family, by providing "maternity kits" to mothers who gave birth during the implementation of the last lockdown or CMCO (Conditional Movement Control Order).

To protect staff, all nurses and midwives adhere to the practice of using complete personnel protective equipment and to social distancing from colleagues, such as avoiding close contact and always wearing a face mask. In the prayer room, each person is asked to bring their own prayer wear and prayer mat to prevent infection. A sanitisation process is performed twice a day in the morning and evening. Every week, the Liaison Officer conducts an internal audit in each unit to ensure staff comply to the Guidelines. The State Health Department has also conducted an audit to confirm compliance with the New Norms Guidelines. Nurses and midwives are also taking care of their mental health and stress levels through deep breathing, massage, music, prayer, and relaxation therapy, as well as light exercise and Psychological First Aid.

Staff at the Maternal and Child Health Department have found the Guidelines and protocols to be most useful during this time in ensuring the safety of staff and patients. While the government and public has been appreciative of nursing work during the pandemic, once it is over, nurses and midwives hope to see an increase in salaries and special allowances and leave for nurses, midwives and their families.

New Zealand: Nurse Practitioners and refugee care

Contributor: Marie-Lyne Bournival, NP

Humanitarian relief, whether in a refugee or aid context, is typically supported by registered nurses, doctors and other health organisations.

This means that the majority of mainstream non-governmental organisations (NGOs) are rather well resourced and catered for. However, only a few NGOs accept nurse practitioners (NPs) working within their scope of practice, and most NPs taking part in humanitarian relief will have to work in a senior nurse role. Now, as the world responds to the increasing demand from humanitarian crises globally, smaller NGOs are emerging that provide more opportunities for NPs to offer their services within their scope of practice.

On 22 February 2011, Christchurch, New Zealand was hit by a destructive 6.2 earthquake. Marie-Lyne Bournival, a Canadian NP working in primary health care in Christchurch, had completed the Primary Response in Medical Emergencies (PRIME) training, and so was asked by the New Zealand Ministry of Health to take part in the primary health care response team.
During the response to the earthquake, Ms Bournival set up and opened the isolation quarter when an outbreak of diarrhea and vomiting occurred in one the five welfare centres. She was later selected to be trained by the NZ Medical Assistance Team.

This experience and her background as an NP have enabled her to support smaller NGOs, where she works as a volunteer NP. Every year, Ms Bournival has packed her backpack, grabbed her stethoscope and gone to where the greatest needs in the world are, including travelling to the Pacific Islands, to the Rohingya refugee camps in Bangladesh and to the Middle East refugee camps in Greece. Small NGOs have welcomed her with open arms, and she has been able to work with them within the full extent of her scope of practice as an NP.

As an NP working with these NGOs in primary healthcare, Ms Bournival conducts clinics and sees people of all ages with an array of health conditions. Post-traumatic stress disorder and other mental health conditions that result from intense trauma and displacement are part of the daily presentations she sees, and they are a challenge to treat. The complexities are numerous and the solutions are usually scarce, and it is virtually impossible to separate political and social issues from health.

In most cases, treatments and services are limited, and frontline teams must think creatively to offer the best possible care to ensure positive outcomes. Refugees who live outside the camps become very quickly disenfranchised and desperate to meet their basic needs as homelessness, IV-drug use, prostitution and violence are prevalent, especially in urban areas.

One of the many challenges in refugee care is to ensure continuity of care, especially when volunteers usually stay with the NGOs for only limited periods of time. Nevertheless, NPs can be an invaluable resource and bring unprecedented expertise to address the immediate unmet needs of refugee populations around the world.

Philippines: Providing lifesaving care without lifesaving protection

Contributor: Danilo C. Pamonag, Jr., RN, Army General Hospital

Danilo C. Pamonag Jr is currently working as an Emergency Room (ER) Nurse at Army General Hospital in the Philippines and has been serving the military community and their families for more than five years. During the COVID-19 pandemic, the hospital catered not only for military personnel, their dependents and the civilian employees of the Philippine Army, but also for the thousands of locally stranded individuals, who had to be assessed, before being cleared and medically certified as safe to return to their families and communities in their home provinces.

Dealing with COVID-19 has made ER nursing all the more challenging, with nurses playing a critical role in stopping the transmission of the disease through health education, and ensuring that everyone, including health providers, are aware of the latest recommendations.

Nurses play an important role in maintaining the health of every individual and often go above and beyond the call of duty to provide care for others. On numerous occasions, Danilo was in close contact with COVID-19 suspects with minimal personal protective equipment (PPE) due to shortages. He donated part of his salary and spearheaded a fund-raising activity, through the PMA Sandiwa Brat Class 1985, to help other hospitals which had an insufficient supply of PPE. They distributed PPE to seven different hospitals, including the Lung Center of the Philippines, which was in dire need at that time. He also donated basic supplies, such as liquid hand soap, alcohol, face masks, and washable PPE for the ER staff of the Army General Hospital. During the nationwide lockdown, he offered his personal vehicle as transportation for his colleagues and co-workers who were affected by the Enhanced Community Quarantine.

Despite the threat of COVID, Danilo readily volunteered his services, when needed, either as a regular or augmented nurse to the COVID response nursing workforce. He competently assessed the patients, took vital signs, referred accordingly to the doctor, carried out orders, and administered medications. He also facilitated the transfer of suspected COVID patients to quarantine areas and helped redesign the COVID-19 Triage Area to minimise the risk of transmission of COVID-19 to the health workers or front-liners during the consultation phase, and he volunteered to conduct rapid testing to the patients and staff of the Army General Hospital.

Inspired with a deep sense of competence, professionalism and dedication to work and service, Danilo was awarded the "Patient's Choice Award" in March 2019 and named "Frontline Healthcare Professional against COVID-19 Pandemic" in August 2020. In September 2020, the Philippine Army recognised Danilo's efforts and named him "Best Philippine Army Civilian Human Resource Medical Front-liner of the Year 2020". These various recognitions have served to increase his dedication and commitment to save lives and care for all Filipinos.

Danilo says, "As a nurse in the Emergency Department, it is a challenging to go beyond my duties and responsibilities without hesitation in caring for the patients, especially patients confirmed or suspected of harbouring COVID-19. I must prepare myself physically, mentally, emotionally, and spiritually to provide a holistic approach to my patients through a world class standard of care. I showed no fear in dealing the COVID suspected cases. Without hesitation, I assisted in the resuscitation of dying patients despite the scarcity of PPE."

Vietnam: Team-based care: responding to COVID-19 in the intensive care unit

Contributor: Tran Quang Huy RN, PhD, Vice President, Vietnam Nurses Association and Ngo Thanh Hai, RN, MNS

On 2 February 2020, the Vietnam Government officially declared coronavirus as an epidemic. Around the world, at that time, there were just over a million cases of coronavirus. In Vietnam, by 15 March, 57 confirmed cases were reported. On 18 March, a British patient was admitted to hospital after testing positive for the coronavirus; the patient's condition quickly deteriorated and he was admitted to Ho Chi Minh City Tropical Diseases Hospital for ventilator and extracorporeal membrane oxygenation (ECMO). On 22 May, the patient was transferred to the Emergency Department and Tropical Disease and Toxicology, Cho Ray Hospital, Ho Chi Minh City. He spent more than 60 days on a ventilator support, two-and-a-half months in a medically induced coma and received ECMO treatment. On 3 June, after nearly two months of life support with severe condition, the patient was finally disconnected from the ECMO support and able to breathe again without the assistance of a ventilator.

One of the most important key factors which contributed to the success of this patient's recovery was the team-based care model. This care model has been implemented at the Emergency Department and Tropical Disease and Toxicology in Cho Ray Hospital for years. This model includes three important factors: 1) nursing assignment implementation; 2) adequate equipment and medical supplies; and 3) infection control.

Nurses work according to an eight-hour shift; each shift includes three nursing levels: primary nurses (one senior-level nurse providing advanced nursing care); assistant nurses (one junior-level nurse responsible for testing, surface cleaning, patient turnaround support, personal hygiene, and others); and standby nurses (one nurse can replace the primary and assistant nurses in sudden incidents). Social media apps are used to closely communicate between all members in each group. The job description is specified in the assignment sheet of each individual position.

The isolation room is set up according to the CDC's recommendations and is fully equipped with enough equipment and machines for the patient. Adequate personal protective equipment (PPE) is available, as are enough medical supplies, consumable equipment, and drugs to minimise nursing movement.

The facility strictly complies with the use of PPE to protect medical staff and patients. However, they lack a negative room air pressure with additional barriers, including an anteroom, and there is no system to control the airflow according to the standard 12 airflows/hour. To address this issue, a system with natural ventilation was used to flow the air out of the area and the door was opened twice a day or as needed (performing aerosolisation procedures).

The patient's transportation is limited. All the patient's movements must be considered medically essential by the clinicians according to the CDC's recommendations. All surfaces are routinely cleaned and disinfected, especially high-touch surfaces, whenever visibly soiled or if contaminated by body fluids, according to CDC recommendations.

For the test sample, all specimens undergo three-layer packaging with one additional step: chlorine spray the sample tube → wrap the absorbent paper around the sample tube → chlorine spray → put into the zipper bag → put in the shipping container.

In conclusion, with these nursing activities, nursing care has proven to be one of the most important roles for treatment and recovery of COVID-19 patients. With the team-based care model and strict adherence to infection control, the patient recovered and was discharged, with no cross-infection during this treatment period.

SOUTHEAST ASIA

India: Diabetic Foot Care: “Stepping Ahead”

Contributor: Prabhath Kalkura

An estimated 69.2 million adults in India are living with diabetes mellitus. A recent international study reported that diabetes control in people with diabetes worsened with longer duration of the disease, increasing complications including cardiovascular complications (23.6 per cent), renal issues (21.1 per cent), retinopathy (16.6 per cent) and foot ulcers (5.5 percent). There was greater prevalence of the microvascular complications in illiterate and low economic status people with diabetes in India.

Foot complications are one of the most common and debilitating complications of diabetes. They result in multi-dimensional challenges such as increased frequency of hospitalization, social impact, emotional impact, increased health expenditure and economic burden. Diabetic foot complications can significantly impair the mobility of the individual, affect functional independence and quality of life. Globally, every 30 seconds, one person with diabetes undergoes amputation. In India, approximately 50,000 people lose their feet every year due to diabetes. Nurses have an essential role in the prevention of diabetic foot problems and in the care and education of patients at risk of diabetic foot problems. Due to a lack of knowledge regarding diabetes complications, it is highly important to increase awareness and knowledge both for prevention and treatment of such complications in the area of Karnataka in India.

To address this problem, a multi-faceted approach, entitled Diabetic Foot Care: Stepping Ahead was adopted, to increase the quality of foot care and to support affected families. The project included capacity building training for different levels of health professionals, social mobilisation for creating awareness, lifestyle modifications and behavioural change communications, establishment of different levels of diabetic foot clinics and research into diabetic foot care. The project was supported by the World Diabetes Foundation. Manipal College of Health Professionals and Kasturba Hospital - Manipal Academy of Higher Education was the principal recipient of the Project.

Betty Neuman’s system model of nursing was incorporated in the service delivery model. This provides a comprehensive holistic and system-based approach to nursing that contains an element of flexibility. The theory focuses on the person’s relationship to stress, the response to it, and reconstitution factors that are progressive in nature.

The project manager was a nurse; the principal investigator, senior health educator and clinician were physiotherapists. Once the improved diabetic foot care was established at the targeted facilities, an awareness campaign within the surrounding communities was rolled out. The campaign included camps for awareness and screening, where people with diabetes and people at risk were provided foot care at primary level, and complicated cases were referred to appropriate services.

A mobile unit was established which handled foot care services in more remote areas, raising awareness and undertaking screening activities. This made it possible to reach a greater number of people living in the most rural areas.

The project has trained 358 nurses and 175 physiotherapists. More than 11,000 people were screened for diabetic foot complications and over 113,000 were screened for diabetes mellitus. The project also reached over a million people through the media, raising awareness of this prevalent disease.

Indonesia: Rachel House – Providing community palliative care

Contributor: Rachel House

Across Indonesia, there are 1,200 new cancer cases in patients under the age of 18, as well as a very large number of children with HIV/AIDS. This highlights the enormous need for palliative care in the area of paediatrics.

Motivated by a desire to address the lack of paediatric palliative care services, and with a vision for an Indonesia where no child will ever have to live or die in pain, Rachel House was established as Indonesia's first paediatric palliative care service. The majority of Rachel House's patients are from marginalised communities where their parents earn a daily income of US$ 3-5. This means that if the children are hospitalised rather than at home, the entire family will have to go without food. In response to this harsh reality, the nurses traded their uniforms for motorcycle helmets and jackets to travel the crowded streets of Jakarta to provide community-based palliative care.

The nurses have led the development of this vital service. Highly skilled and provided with training to conduct both physical and psychosocial assessments of the patients, the nurses spend time with the children and their families to understand their stories and social circumstances before and after the illness. The nurses seek to understand the child, first as a human being rather than a patient with symptoms. This has generated enormous compassion among the nurses and, ultimately, a growing dedication to those whom they serve.

A multidisciplinary team has been established to provide care for the children. The nurses at the core of this team, work to build networks of support around the children's homes: by rallying the support of the local community health volunteers trained by Rachel House, connecting with and preparing the local primary care officials, ensuring availability of required medications at the local pharmacy, and working with partner NGOs for nutritional and other social support for the child. The team also trains the communities to help increase awareness of palliative care among the public and health professionals, and increase the capacity for pain and symptom management. After 12 years of service, Rachel House has cared for close to 3,000 children and their families. Seen as national leaders in home-based paediatric palliative care, the nurses are often invited to share their knowledge with hospital staff throughout Indonesia. In addition, Rachel House now provides international-standard palliative care education for nurses, and supports hospitals that are keen to develop integrated palliative care services. Rachel House is committed to building a palliative care ecosystem across Indonesia, to help ensure that pain and symptom management is available and accessible by all to prevent and relieve suffering.

Sri Lanka: Public health nursing officers working with noncommunicable diseases

Contributor: Sriyani Padmalatha

By the year 2025, up to 25% of the Sri Lankan population will be elderly, and non-communicable diseases (NCDs) are the leading cause of death among this group. Older people also have many health-related problems that were previously only dealt with by attending the local hospital.

In 2020, 100 public health nursing officers were appointed to 100 Healthy Lifestyle Centres (HLCs) in 25 districts of Sri Lanka. Their role is to work with individuals, families and communities to prevent and control NCDs, and provide comprehensive nursing care in the community.
Now the public health nurses are able to carry out many activities in the patients' homes, including the care of indwelling catheters, naso-gastric tubes, nutrition aids and wounds.

Working in multidisciplinary teams, the nurses act as researchers and care providers for vulnerable people in the community, including older people and those who need palliative care. They also respond to government initiatives that are aimed at improving people's health-related activities. The care offered is based on individual's needs, including those of older people and those who are dying. We are able to carry out a full physical assessment and general health check-up.

An analysis of the effectiveness of the public health nursing officer has revealed a number of benefits, including:

- Patients are not required to travel to hospital for minor procedures, such as catheter care.
- There are detailed records of family health status.
- Each local area now has a nurse who is expert in cardiopulmonary resuscitation who can provide management of emergency situations.
- The service is free at the point of delivery.

In time, it is hoped that this project will be expanded to have around 200 Healthy Lifestyle Centres covering a population of up to 10 million people.

Thailand: Effect of brain training on eye hand coordination activities in elderly patients for stress and type 2 diabetes mellitus

Contributor: Nittaya Suriyapan, PhD Candidate, Brain Mind Mood Center, Srithanya Hospital

Diabetes Mellitus is a worldwide epidemic owing to the increasing ageing population and globalisation. WHO predicts a doubling of diabetic patients in the next 20 years, especially in developing countries in Asia. Diabetes and its associated complications are a major health and economic burden worldwide, and the burden is expected to continue to increase.

This problem is particularly relevant to the Asia-Pacific region, where lifestyle changes associated with rapid economic development, improved survival rates from communicable diseases, and genetic susceptibility are linked to rising diabetes prevalence.5 Thailand provides a prime example of this trend.

Brain training with eye-hand coordination activities help to improve control of diabetic symptoms and cortisol levels, and improve the quality of sleep, life and happiness. Thirty-four elderly people (17 men, 17 women) aged between the ages of 60 and 86 took part in a new innovative intervention using hand boxes to enhance cognitive activity, developed by the Innovation and Learning Brain Mind Mood Centre at Srithanya Hospital in Thailand. The elderly patients, all of whom had type 2 diabetes mellitus, regularly practiced brain training of eye-hand coordination activities and showed better quality of life and happiness, and decreased stress, cortisol levels and fasting blood sugars. Hand box activity as a coordination exercise may reduce the risk of the adrenal glands (hypothalamic-pituitary-adrenal) axis and maintain the secretion of cortisol hormone control.

Click **here** to watch a video about the innovation hand boxes activity.

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EUROPE

Denmark: Improving hand hygiene among healthcare workers with the use of data from a monitoring system – the effect of behavioural interventions

Contributor: Anne-Mette Iversen, Clinical Nurse Specialist, Aarhus University Hospital, Denmark

One morning in 2015, at the Department of Oncology, Anne-Mette Iversen, a Clinical Nurse Specialist at Aarhus University Hospital in Denmark, was caring for a young woman with breast cancer. The cancer had responded to chemotherapy, but the woman had acquired a serious bacterial infection. As her nurse, Anne-Mette was administering antibiotics and cleaning her surgical wound. She thought about the challenging elements in the practice of good hygiene. In Denmark, 60,000 patients acquire a healthcare associated infection during in-patient care each year. These infections are detrimental for oncology patients due to their weakened immune systems. Compliance to hand hygiene guidelines is crucial for infection prevention. At her hospital, flyers, stickers, training and posters had all been used to improve staff hand hygiene compliance using. Nothing had worked.

Anne-Mette's colleagues stated they performed hand hygiene 100% of the time, but that was not what she saw in practice. It is a common occurrence for individuals to say, and even believe, that they are performing proper hand hygiene during all critical moments of care, but they overestimate their performance (known as the Dunning-Kruger effect, a cognitive bias). Anne-Mette knew she had to create behaviour changes to see results.

With limited experience in behaviour change, Anne-Mette mobilised a group of behavioural specialists, facility leaders and engineers, who agreed to help improve hand hygiene at the hospital. After discussions, they concluded that if staff did not know their hand hygiene behaviour, then they could not change it. While direct observation is important in measuring compliance, the method leaves gaps in tracking all hand hygiene opportunities. By developing an electronic monitoring system based on WHO's Five Moments for Hand Hygiene, they would be able to accurately measure compliance rates among staff and tailor hand hygiene messages accordingly.

They developed a solution: Sani nudge[1] hand hygiene, using sensors on alcohol dispensers, staff name badges and throughout key areas around the oncology department, such as staff toilets, medication rooms and patient bedsides. The system determines whether a staff member has encountered a critical moment for hand hygiene (e.g. in contact with a patient) and whether alcohol-based hand rub was used to clean their hands.

The system was initially installed and tested at two university hospitals in Denmark. It is a unique solution because it considers previous workflow rather than looking at hand hygiene compliance through isolated situations. For instance, a healthcare worker could go from the toilet to the office and subsequently to a patient room. The system measures compliance 24 hours a day. Compliance data is available via an online dashboard, making it easier to identify areas, staff groups and times of day when an improvement needs to be made. The system sends weekly emails to each individual staff member showing their individual compliance level. The use of data proved to be useful for both leaders and nurses to visualise their hand hygiene practice.

The system has been validated and the data is now used in research projects to investigate the effect of different behavioural nudges, such as light-guided nudges and weekly feedback, on staff compliance. The system is now implemented in hospitals and nursing homes throughout Denmark and in six other countries. Since the beginning of the COVID-19 pandemic, the data has also been used in another research project to investigate if the data can be used for automatic contact tracing at hospitals.

Nurses are crucial to the success of this solution. While the system provides data on the behaviour of healthcare professionals within the hospital, a head nurse or a nurse, known as a "Hygiene Mentor", is responsible for following up on the data and ensuring the team is motivated and doing improvement work. The system provides them with the data to do this with credibility.

Since its development in 2015, the system has been clinically proven to improve hand hygiene in hospitals.[2] A newly published study shows that a group of nurses in a university hospital in Denmark improved their hand hygiene compliance from 27% to 55% in patient rooms and 39% to 80% in working rooms when receiving light guided nudging and weekly performance feedback.[3]

Find out more at **https://saninudge.com/**

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NURSES
A VOICE TO LEAD

Germany: A preventive approach for community-dwelling older people

Contributors: Anne Gebert, Research Associate, German Institute of Applied Nursing Research, Professor Dr. Frank Weidner, Director, German Institute of Applied Nursing Research and Faculty of Nursing Science

The Gemeindeschwester-plus (community sister) project aims to implement a community-based preventive approach for older people to enhance and support their self-care, independent living and social relations. The service was provided through local authorities and by provided by qualified nurses. The project had two key aspects:

- Home-based information and counselling for people aged 80-plus who obtain no benefits from the compulsory long-term care insurance, with the aim to promote self-care, and detect and solve the need for help and support at a very early stage.
- Improving the infrastructure for older people by informing local authorities about their needs, and supporting the authorities by initiating the activities and services that are needed.

Germany, like many other Western countries, is facing a dramatic demographic change, including a large increase in the number of older people in the population. Even though older people are healthier and are able to live independently in their own homes for a longer period than 30 years ago, the need for care is rising. Most older people in Germany would like to stay at home as long as possible, and this is not only the best solution for them: their communities benefit from this as well. Living in a nursing home is quite expensive in Germany, and if someone cannot cover his or her costs, the communities have to pay. So, providing better conditions for independent living at home for older people is in their interests and those of their local communities.

The Gemeindeschwester-plus service is offered in nine communities in the German state of Rheinland-Pfalz, a mostly rural area, with villages and small cities. One big issue older people face is that many of the villages lack a community-based infrastructure that would enable them to be socially included and manage their everyday lives. The aim of the home-based information and counselling is to inform people and give guidance about activities and support services, both private and public, and create a sense of security. In addition, the nurses support older people in using their individual resources and maintaining their social and functional activity for as long as possible. The nurses also inform the local authorities about the needs of the older population and support the authorities or initiate the services that are required. The home visits are an offer that the individual older person may accept or refuse.

The nurses who provide the service undertook a 21-day training programme, which focused on empowering them in designing the role and function of the service. The main content included communication skills, knowledge about empowerment and supporting individual resources, early signs of disability, health problems in old age and community networking. In addition, the nurses were educated in using a multidimensional assessment process that included questions about social, health, functional and mental factors, which they could choose to use with patients, if appropriate.

Reaching the older people required ongoing public relations work. Most older people welcomed the service, but many were not acquainted with health promotion, preventive information and counselling. In the marketplace interviews, older people often said: ‘I will call you, when I need you,’ or ‘I don´t need you’. It was apparent that the service

was always associated with help and nursing care on a larger scale, rather than with information and counselling to live longer independently at home.

The additional training given to the nurses was particularly important in defining clear roles and tasks for this new service, and nurses proved to be very adept in these new roles. Telephone interviews with older people who had been visited revealed that they were better informed about local services, sensitive to healthcare issues and that they felt more secure. It seemed that knowing a local contact person created trust in their local authority's ability to assist when needed. One surprising outcome was that more than 1,000 older people were connected to the information service for benefits from their compulsory long-term care insurance. The assumption is that older people are not generally well informed about the compulsory long-term care insurance: this programme created access to that service. In addition, the nurses initiated more than 70 community-based activities, including local offers for exercise, shared meals, transport, security, participation in activities and services to support daily living.

The direct approach used enabled the communities to establish contact with their older citizens. The people who were visited by the nurses gained confidence in the public sector´s ability to assist, should the need arise, and thus created a sense of security in their daily lives. In addition, the local authorities received feedback from the service about the living conditions and needs of its older population. Beyond that, the nurses initiated local activities to enliven opportunities for older people in the communities.

After three and a half years, the service is well established in all nine communities. The results indicated that the service shows benefits for older people and the communities they live in, which led to the Ministry of Health in Rheinland-Pfalz continuing and extending the programme.

Italy: The importance of developmental care in neonatology

Contributors: Gaia Dussi, RN, BSN, MSN, and Giada Ferrari, RN, BSN, MSN

It is estimated that 15 million babies around the world (one it ten) are born prematurely every year. In recent years, the mortality rate in preterm infants has been reduced by advanced perinatal care, but the developmental morbidity is still very high (Lui et al 2019). It is estimated that more than 25% of neonates born between the 28th and the 32nd week of gestation are affected by developmental disorders by the age of two years, and 40% present a certain degree of disability by the age of 10 (Johnston et al 2014), with the social and economic consequences that follow. Visual, auditive, tactile and painful stimulations are crucial for the normal process of maturation of brain functions. Therefore, each sensory experience causes a behavioural response in the baby's brain, promoting further sensory experiences (Soleimani et al 2020).

However, preterm birth is associated with an immaturity of neuro-cognitive development. When the newborn has sensory experiences that are disproportionate to his or her developmental stage, its neurodevelopment will be different from when it is in the protective uterine environment. Thus, there are different neuro-behavioural outcomes between preterm and full-term infants (Altimier & Phillips 2016). The more immature the infant, the more vulnerable the brain.

Developmental Care is a set of behaviours and attitudes acting on different levels with the purpose of minimising infant distress. It aims to improve the Neonatal Intensive Care Unit (NICU) environment, reduce painful stimulations, promote periods of sleep, and reduce periods of destabilisation. Furthermore, it aims to promote neurobehavioral development by ensuring early contact with caregivers (Altimier & Phillips 2016).

The effectiveness of Developmental Care in NICUs has been described in several studies. In premature infants, this approach can have positive effects on neuro-cognitive and psycho-motor development visible in the first 12 months of age (Soleimani et al 2020). Early Developmental Care interventions significantly improve cognitive outcomes (Spittle et al. 2015). A systematic review in 2019 (Padros & Hess 2020) investigated the benefits of Kangaroo Mother Care and Skin to Skin methods, concluding that they improve short-term cardiorespiratory stress outcomes, reduce cortisol and increase oxytocin levels. These strategies significantly reduce distress in the newborn. Developmental Care is an essential factor for high quality nursing care. NICU staff should train and encourage these behaviours and attitudes to achieve short- and long-term positive health outcomes.

Given the importance of Developmental Care, this approach has been adopted in the clinical practice of most Neonatal Intensive Care Units in north-eastern Italy, where multidisciplinary teams, composed of nurses with different sets of skills, work with preterm infants to ensure Family Centred Care, as an essential added value in clinical practice.

With the outbreak of the COVID-19 pandemic, the world of neonatology has undergone profound and structural changes due to the need to apply containment measures against the virus. For the first time in over 40 years, the access of parents to the NICU has had to be regulated. These measures could negatively affect the development of the parent-

child bond. Therefore, nursing staff are being challenged in helping parents and babies establish their relationship and supporting mothers and fathers in difficulty. Nurses are essential to providing the contact and human touch that set the fundamental steps for the correct development of premature babies.

This pandemic has shown how important the Family Centred Care approach is for young patients and their families. It has also highlighted how much more can be done to make nursing care even more “preterm friendly”. During this period, an alternative solution was found to reduce the distance between parents and their infants in NICU. Videocalls with parents were made daily by the staff to show them their babies and to inform them about their daily progress.

The appreciation shown by parents for these gestures highlights the importance of the nursing profession in the care for premature babies. This gives the nurses the strength to continue our work with passion and dedication, especially in this difficult moment.

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NURSES
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Norway: Digitalization of the midwifery service under COVID-19

Contributors: Hanne Charlotte Schjelderup, President, Midwifery Association NSF, and Malin Myklebust, Project Manager, NSF

In Norway, midwives care for women throughout their pregnancy, during and after the birth, including home check-ups one to three days after returning home and again at six weeks.

Safe follow-up of women who are pregnant or who have just given birth is essential, and it was essential this continued regardless of the pandemic.

While pregnancy tests cannot be replaced by digital follow-up, digital communication can be a supplement – rather than a substitute - to some consultations, ensuring that follow-up is safe and appropriate.

Therefore, the Norwegian Nurses Organisation (NSF) contacted the health authorities in March 2020 with proposals for funding to support new digital forms of work.

As a result, digitisation of communication between midwife and patient is now being used successfully in a large number of health stations in Norway to carry out digital follow-up of pregnant women, and for conversations after the birth. While it can be challenging to provide breastfeeding guidance online, the digital opportunity used by the midwifery service has proved useful for women to receive adequate follow-up. It is also an opportunity for the midwife to be able to observe the mother and child to uncover any problems. In addition, some hospitals have a call service for those women who dread giving birth or have other mental challenges related to pregnancy and birth. Given that many people are working from home during the pandemic, many partners are also able to participate in the consultation with a midwife to a greater extent than before. This can be good for the couple, both emotionally and cognitively, but also for the midwife so that those who need extra support can be identified at an early stage.

In several clinics, infection control considerations mean that unless something acute has occurred, a partner is not allowed to be present in cases when a woman is admitted to an observation post prior to childbirth, due to the child's or mother's health condition. NSF encourages the use of digital aids where physical attendance is not possible, and the women are able to communicate with their partners via cell phone and video call.

When the woman goes into active labour, the partner is allowed to come to the maternity ward. However, in cases where the partner has respiratory symptoms or confirmed positive COVID-19 infection status, the partner must follow the birth digitally via a cell phone.

Following birth, each individual hospital sets its own guidelines as to whether a partner can visit or not. In some places, visits are restricted to 2-3 hours; in others, the partner is allowed to be present from morning to evening; and in others the partner does not have access at all.

Digitisation also opens up opportunities that make professional development more accessible to midwives. Midwives can attend seminars and courses that were otherwise prohibitive due to distance and cost. NSF has contributed by arranging webinars and digital network gatherings on current topics throughout the pandemic. The association updates social media daily, with news, tips and experience sharing adapted to the country's midwives.

NSF is proud of their midwives who have a great ability to innovate and adapt. During the pandemic, midwives were forced to rethink and plan what could be done digitally. Now that hospitals and health stations have equipped themselves with the necessary digital equipment, opportunities for further development of the digital services will emerge. Digital aids and platforms for consultations and seminars are here to stay, and will simplify some of the midwifery services, especially for those who live in the rural areas. Norway is an elongated country with many settlements and smaller towns. For many pregnant women living in the districts, digitalisation means an end to long journeys to reach health care.

Cooperation between the services is crucial. The Midwives' Association demanded a tariff system, the health authorities followed up and the primary and specialist health services got the equipment in place. It is crucial that midwives are present where decisions are made, at all levels of society. The role of the midwife and the ability to innovate and adapt are essential for success.

Portugal: 3D Technology - Orotracheal Clamp Device: Nursing Innovations to Build a fairer, healthier world

Contributor: Mário Ricardo Cardoso Gomes, Ordem dos Enfermeiros, Portugal

Mário Ricardo Cardoso Gomes is part of an operating theatre team that provided healthcare to COVID-19 patients for emergency surgery in a private central hospital in Lisbon (CUF Infante Santo). Like his colleagues, Mário felt great pressure, apprehension and anxiety from this new threat. He did his best to prepare himself to face this looming pandemic situation in a very short amount of time, knowing that nurses, like all health professionals, are trained to care for infected and infectious patients with all the risks inherent to that work.

Despite the training, Mário felt the extra pressure of the pandemic, due to the widespread chronic low investment in the health sector, resulting in insufficient material and, especially, human resources, and to the urgency of adapting to a new reality that requires everyone to reinvent themselves and adapt as well as possible.

Adapting is something that Mário is very good at. While caring for COVID-19 patients, Mário noticed that they required the safe clamping of the orotracheal tube during intubation and/or manipulation of the ventilatory circuit, in order to inhibit aerosolisation processes. It quickly became clear to him that the solutions currently available for the airway approach in this context were ineffective and deficient in terms of safety, accessibility and ease of use. As far as he could see, there was no equipment available, that was adequate, safe, easy to access and handle that would, in a practical way, guarantee safety in procedures for patients and professionals at the same time, and that was still easily accessible to all professionals throughout Portugal.

Carefully studying the problem and coming up with a solution, Mário saw this as an opportunity and a challenge to apply some of the skills he had developed from his new hobby of 3D modelling and printing. Along with his friend, Márcio Pereira, Mário worked to make his idea into a reality, and to ensure that this device would be easily accessible to virtually all health professionals and institutions. Many design improvements were made until the final versions were ready. After the first functional prototypes were disseminated to the scientific community, they were immediately and widely accepted with excellent feedback. Through a network of volunteer owners of 3D printers, they undertook the Herculean task to print several thousand quality devices in record time, delivering them to those who needed them most in the acute period of the pandemic.

During the development of this device, versions with variants of the standard model have emerged, as a result of the analysis of the specific needs of some particular clinical contexts, namely the paediatric and extra-hospital contexts.

Currently, most national hospitals in Portugal (public and private) are using the device in their services, and several countries (England, Canada, Peru, Brazil, Venezuela and Bolivia) have ordered it. The device is currently in the final stages of international commercial launch by the British company DUPALUK.

Mário believes that, in the post-pandemic period, this orotracheal tube clamp methodology will bring some paradigm changes to airway management, both at in-hospital level (approach to infected patients in the emergency room, operating theatre, ICU, etc.) and extra-hospital level (where the unknown is the ever-present factor). It will certainly be a standard device in the future in the approach to the airway management.

“In general, Portuguese nurses are not only highly qualified professionals,” says Mário. “But they are also professionals who, by necessity of everyday life, are highly inventive and very effective in mobilising alternative resources to remedy the chronic or punctual flaws of the system.”

Russia: Prevention of falls and trauma among elderly patients

Contributor: Yuliya Mayorova

Over the past three years, nurses at the Omsk Regional Clinical Psychiatric Hospital have analysed the problem of fractures in patients. They found that 75 patients had suffered from different types of fractures. Most of these were found in people aged 75 to 85. Hip fractures amounted to 51% of traumas, and fractures of the upper extremities accounted for 30%. Out of all fractures in elderly people, 40.5% were found in two gerontology units, and the other 59.5% - in 17 mental health units. Based on this data, nurses developed and implemented a preventive programme to decrease the hospital traumas in patients with mental disorders and osteoporosis.

Patients from 19 inpatient units of the mental health hospital, including two gerontology units, took part in this project. Nurses learned the patients' charts, noting their present disorders and the history of traumas and specifically of bone fractures, and focused on the causes, the mechanisms and the treatment outcomes.

The study showed there was a critical need to develop and implement complex activities to prevent fractures in elderly patients, such as establishing a safe hospital environment, decreasing external risk factors, teaching the staff on fall prevention, teaching the patients about safe behaviour, and physical activity based of the patient's mental and cognitive status.

The nurses concluded that all the patients should be observed and the medical therapy should be taken into account as there was a potential increase in the risks due to medication. Patients should wear comfortable clothes and shoes, should be helped to get in and out of bed, escorted in case of a need within the hospital and supported during meals. Patients also needed assistance during hygiene procedures.

Trauma prevention also requires a safe hospital environment, which includes good lighting and safe floors. Staff nurses are trained on care in case a patient falls, with the requirement that the patient must be hospitalised during the first hour, since proper and timely immobilisation brings good treatment outcomes in 90% of cases. Patients are also trained how to be safe and prevent falls; and family members are provided with professional advice on safe home environments.

Patients' falls are not solely a nursing problem, but the key role on falls prevention for patients in high-risk groups definitely belongs to nurses.

Spain: Caring in exceptional situations: Hotel Salud

Contributor: Nuria Romero Aguilar, Institito Catalan de la Salud

Since August 2020, the SB plaza Europa hotel in the municipality of l'Hospitalet de Llobregat (near Barcelona) has been transformed into a health hotel (Hotel Salud) for people with a confirmed diagnosis of COVID-19 who are in a vulnerable social situation that prevents or hinders proper isolation at home. The majority of patients are people with precarious housing situations or who live in multi-share flats.

A multidisciplinary team of nurses, auxiliary nursing care technicians, a family doctor, social worker and administrative staff work at Hotel Salud, together with hotel personnel, such as cooks, cleaners and security staff.

The detection and referral of cases are carried out by health service providers in the hotel's catchment areas. Patients or families who, due to their personal situation, are candidates for admission, are then assessed jointly by the social worker and the hotel nurse, according to the established admission criteria.

Nurses play a leadership role in monitoring the evolution of patients' health, either in person or by phone using standardised care plans. If necessary, the nurses coordinate with other health and social care professionals who are working with the patient. If an assessment by another level of care is required, the nurses make a referral, ensuring continuity of care. In the case of minors, there is also a procedure agreed upon with the referral hospital and social services. Throughout the healthcare process, patient safety is considered of the utmost importance and protocols are in place upon admission and discharge, with particular attention paid to hospital transitions and other services.

As of 31 November 2020, a total of 460 patients ranging in age from two months to 87 years have been admitted to Hotel Salud, 14% of whom have been referred from a hospital and the rest from home. A total of 306 standardised care plans have been registered. The professionals who work at Hotel Salud have made a great effort to adapt to the creation of new healthcare teams in an unprecedented environment.

Sweden: Intensive care nursing in the pandemic

Contributor: Tor Leif Rosander, Head of Intensive Care Unit, Södersjukhuset, Sweden

Tor Leif Rosander works as the second line manager (under a senior manager) in the intensive care unit (ICU) at Södersjukhuset emergency hospital in Stockholm's city centre. The hospital has 4,500 employees, including 119 intensive care nurses and 57 assistant/practical nurses, and 600 beds. The ICU has 10 beds, but during the pandemic, this was increased to 35 beds. The area has a fairly strong variation within the socio-economic population.

Tor's responsibility as manager is mainly to run the unit in accordance with the hospital management. "It is important that routines and guidelines are in place and that the budget is followed. It is also important that we work on the basis of evidence," says Tor. The inpatient care department only employs nurses with specialist training in intensive care, which means the staff has the ability to stand out academically and analytically. During the pandemic, anaesthesia nurses were also reassigned to the ICU. A successful way of working is to work with so-called improvement groups, which are completely interprofessional. Special days are assigned for quality improvement.

One of Tor's most important contributions as a manager is to identify everyone's role and have confidence in their knowledge and competence. The manager's task is also to promote teamwork; it is important that the team can go in and support each other. During the pandemic, experienced nurses have taken great responsibility for supporting newer/novice/early career colleagues.

During the spring and autumn of 2020, nurses were faced with a completely new virus, COVID-19. This has meant new drugs, different respirators, heavy protective clothing and, last but not least, a large number of very seriously ill patients of all ages. The fact that some of the patients have died without having a close relative by their side has put a great strain on the staff. The hospital has brought Care Developers into the unit to interview the staff help them through this experience. What has become clear, and what has left psychological traces on the staff, is the prioritisation they have been forced to make, for example, which patients should have access to the modern respirators and who should access the older models.

One must not forget that all nurses also have private/family responsibilities. Several of the nurses have partners who were affected by unemployment during the pandemic, which has meant that, in addition to their long work shifts, the nurses have been the sole provider for sometimes a large family. All this is another burden on an already strained situation. However, Tor feels that there has been and is a large group support among the staff.

When asked whether his unit will cope with another wave of the virus Tor says: "Yes, we will. But it will cost money and it requires employers and the state to review nurses' working conditions and salaries in order for us to be able to recruit new colleagues, and for the experienced to want to stay in the profession."

United Kingdom: Using radio to disseminate COVID-19 information to the UK's South Asian community

Contributor: Parveen Ali, Editor, International Nursing Review

Nurses and other healthcare professionals around the world are helping individuals, families and communities understand COVID-19, its potential impact and what they should be doing to prevent its spread.

However, as we live in a multicultural and diverse world where people speak different languages and dialects, communicating this vital information is not always straightforward.

Globalisation has resulted in increased migration within and between countries, and while this has a lot of benefits, it also brings challenges associated with language and communication.

Language proficiency is particularly important when it comes to an individual being able to convey their needs to another person, such as a healthcare professional. Likewise, healthcare professionals find it difficult to convey information to someone who is not proficient in their language. These difficulties in communication create barriers that can contribute to health inequalities.

The COVID-19 pandemic has highlighted the impact of these issues as language barriers thwart the attempts of healthcare professionals to engage with the public and convey public health messages with consistent information.

Parveen Ali, a Pakistani born and trained nurse who lives in United Kingdom, runs a weekly radio programme on a local radio called Link FM 96.7 (see the case study about the radio programme in the IND publication Nurses: A Voice to Lead – Nursing the World to Health). The aim of the radio programme is to provide relevant healthcare information to members of the south Asian population in the UK who are able to communicate in Urdu/ Hindi. The idea is to provide authentic information from credible healthcare professionals in an easy-to-understand language.

Dr Ali and her colleagues have continued to work voluntarily through this period of crises, delivering relevant programmes focusing on COVID-19, its signs and symptoms, its impact on individuals and what can be done to prevent the spread. They have broadcast programmes on the mental health effects of COVID-19 and what can be done to minimise its impact.

Since February 2020, they have produced several programmes on these issues, which have been viewed or listened to by nearly 30,000 people via Facebook videos and live radio transmissions. While the programmes are aimed at people living in and around Sheffield in northern England, where there is a large south Asian population, live broadcast on social media means that people in other cities in the UK and in other countries are also benefiting from the programmes.

This initiative demonstrates that modern day nurses can use their knowledge and skills innovatively, and contribute to health promotion, disease prevention and dissemination of information. By doing so they not only fulfil their duties as healthcare professionals, but act as leaders and, by so doing, portray an attractive image of the nursing profession.

EASTERN MEDITERRANEAN

Bahrain: Introducing the Humpty Dumpty Falls Scale for hospitalised children

Contributor: Zahra Abbas Marhoon

Parents expect their children to be safe when they are in the hospital and it is not acceptable for hospitalised children to fall.

However, the truth is they sometimes do fall, either accidentally dropped by staff or by their parents, or they slip, trip and fall from their beds, chairs, and examination tables.

Patient falls are considered a nursing quality indicator that can be used to benchmark and compare hospitals. It is important for nurses to take the lead in helping to prevent falls and keep children safe.

In a paediatric department in a hospital providing emergency, secondary, and tertiary care to all citizens and residents of Bahrain, the high rate of falls incidents among hospitalised paediatric patients created an urgent need to introduce an appropriate and valid Paediatric Fall Risk Assessment Scale. The hospital has 1,200 beds, 600 physicians and a large number of transient staff. The facility is attended by a mixture of Bahraini, Arab, Asian and Western patients, which make it a real multicultural environment.

The Humpty Dumpty Fall scale (HDFS) was introduced to assess the risk of falls among paediatric inpatients to give more attention to the issue and introduce preventive measures.

The first step was to train staff nurses about the use of the HDFS assessment and the importance of conducting it as a vital step to prevent their patient from falling. The HDFS was distributed and uploaded as a software document on all the computers in each unit of the paediatric department. Staff nurses were asked to conduct this assessment as part of patient admission procedure, and they are required to reassess children whenever there is any change in their health status.

Nurses were asked to document the level of risk obtained from the assessment and record it in the nursing notes. Children with a high level of risk of falls were identified by a “Humpty Dumpty” picture on their hospital bed and in their patient notes. Staff nurses are then required to follow all the protective measures mentioned in the falls protocol throughout the patients’ admission to hospital.

Tactics used to encourage compliance with this new system included inspirational appeals and rational persuasion, guided by the Health Service Executive organisational development model. Staff compliance was high, and an audit of the tool showed a reduction in the number of falls in the paediatric department. This development is strongly aligned with the organisational health improvement strategic goal of maximising patient safety, promoting a culture of quality assurance and saving the cost of prolonged hospitalisation and treatment of complications that result from inpatients falls.

Iran: Working children and coronavirus

Contributor: Dr Haleh Jafari, School of Nursing and Midwifery, Tehran University of Medical Sciences, Iran

Dr Haleh Jafari is a nurse who works in a hospital, but for many years, she has also been helping working children on the streets of Tehran.

In Iran, the phenomenon of child labour has expanded in most metropolitan areas over the past decades and has caused considerable damage to these children. Child labour is an involuntary economic activity that may include selling flowers, facial tissues, and poetry on the street, cleaning car windows, collecting garbage, working in workshops, etc. None of this work is voluntary: it is imposed on children and adolescents due to family issues and economic needs, and causes a lot of physical, emotional and social harm to the children and adolescents involved.

These child labourers have difficulty accessing healthcare services, and are often exposed to physical and sexual abuse, and illegal drugs. It has been reported that the mortality rate among these children is nine to 31 times more than expected (Abdi et al. 2016).

Dr Jafari regularly visits the children, in school or on the streets, and teaches them about health issues. As a nurse, she screens them for health and illness, collects donations for health problems, and refers sick children to the relevant centres.

When the COVID-19 pandemic arrived and the city went into lockdown, many of the children had no choice but to continue to work to support themselves and their families. With the support of people in Tehran, Dr Jafari was able to distribute disinfectant gels, masks and gloves to the children and their families, and to check on their welfare. She also taught them about the virus and ways to prevent infection through schools or on the street.

Dr Jafari says: “I was both happy to see them again and sad to see they work in those corona days. I knew which parts of the city I could find them. We have lived together in many streets of Tehran. I went and saw them, I asked about their days, their kind of war with Corona. I gave them the equipment that had been provided and trained them as much as I could. We spent a lot of time talking together.”

Having cared for these working children for years, Dr Jafari says: “The scale of my work may not be very large, but as soon as we can educate even one child and a family, save someone from illness, give someone hope in life, and tell them that we care about you and you are important for us, we were able to be nurses.”

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Jordan: Nurses providing infection prevention and control during COVID-19

Contributor: Hebah Ibrahim Hasan al Zamel, MSN RN CIC /Infection Control Coordinator, King Abdullah University Hospital, Jordan

Hebah al Zamel is a nurse and Infection Control Coordinator at King Abdallah University Hospital (KAUH) in Jordan. KAUH is a teaching non-profit hospital which provides clinical and referral health care services to other health care sectors in Jordan and provides training, educational and research opportunities for students and health care professionals.

As Infection Control Coordinator, Hebah is responsible for educating staff about Infection Prevention and Control (IPC) and acts as the hospital liaison to the Department of Public Health. The IPC services improve the quality of health care and contribute to preventing the spread of infection, reducing the length of the patient's stay in the hospital, and protecting workers in the health sector.

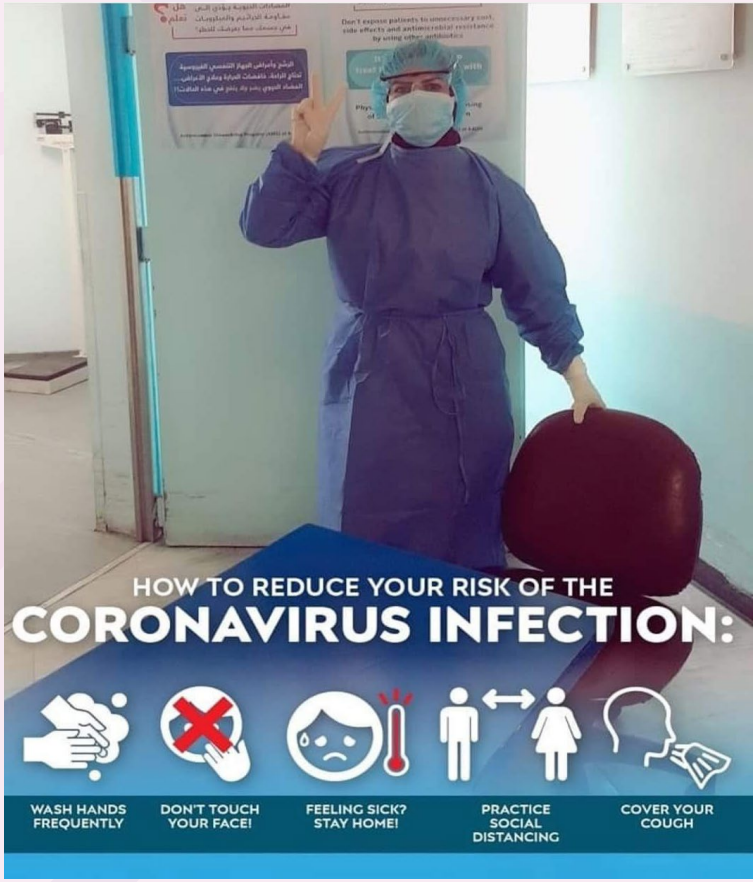
When the COVID-19 pandemic reached Jordan, KAUH was the only hospital in the north of the kingdom, designated to receive patients at the start of the pandemic. Hebah faced many challenges including, protecting health personnel and patients and their families, and a lack of resources and continuing education for employees. Her greatest achievement was in preparing a plan to deal with COVID-19 cases for the hospital with high professionalism.

Hebah contributed to preparing a guide for the Jordanian Ministry of Health on controlling infection in dealing with COVID-19 cases. A vaccination centre was also opened in the hospital under her supervision. She formed a local partnership with the Jordanian Ministry of Health for training and supervision in northern hospitals to strengthen capabilities in educating healthcare providers, increasing productivity, and spreading knowledge at the local level.

"Success in managing this crisis was due to the support from upper management partnering and working with us as one team," says Hebah. "Love of work and commitment to succeeding helped us persevere."

Providing personal protection for workers was important, along with attention to the mental health of nurses and doctors. Continuous communication between senior management and health workers was key and remembering that nursing is a humanitarian profession was paramount.

Hebah said: "I became more confident in myself and in providing advice to all levels and groups. An important motivation was that knowledge is a light, and to be a leader you must be educated."



Lebanon: Clinical teaching during COVID-19

Contributors: Nuhad Dumit, BSN, MA, PhD; Lina Younan, RN, MSN, DNP; Ghada Najjar, BSN, MMS, PhD; Gladys Honein AbouHaidar BSN, MPH, PhD

As the cases of COVID-19 started to increase in Lebanon and the lockdown was implemented, the faculty of Nursing at the American University of Beirut (AUB) moved all the course theory to online teaching. A big challenge related to clinical teaching, especially for senior students who needed to complete within one month the clinical hours required for three major courses: psychiatry and mental health, community and public health nursing, and leadership and management. Furthermore, the mental health clinical settings and the community centres stopped accepting nursing students in order to protect their patients, and the referral medical centre closed some units and restricted the number of students. In addition, many students were worried about clinical work due to fear of catching the virus.

A faculty meeting was held to discuss the challenges and brainstorm innovative solutions. The aim was to help students fulfill the learning outcomes of their courses and be prepared to serve in different care settings during the pandemic. The faculty agreed on two objectives: to convert as many clinical assignments as possible into online activities; and to complete the mandatory clinical hours on time while maintaining students' safety.

Clinical assignments were converted to online activities for the three courses. In the psychiatry course, mental health faculty members guided the students on collecting information about the virus to use in an awareness campaign on COVID-19 and its effect on mental health. The students conducted education sessions about COVID-19 for the university staff, students and visitors using posters. For the community course, the home visits intervention assignments were done virtually, and students were asked to prepare a health teaching activity about COVID-19 and its precautionary measures to their family members. Some students were involved in community services at non-governmental organisations, such as the Red Cross, during the lock down; these activities counted towards their clinical experience.

Completing the mandatory clinical hours in a third of the time was the biggest challenge that required an innovative solution. The solution was to integrate the clinicals of the community, psychiatry and leadership courses by designing clinical assignments that met the learning outcomes. The faculty responsible for the three courses coordinated and set an implementation plan accordingly. Each student had to complete a community outreach in addition to their assigned clinical work. For the leadership clinical requirement, they were expected to prepare a discharge plan for their patients that incorporated COVID-19 precautions, and conduct a follow-up with their discharged patient 24 to 48 hours later. This was to check their post-discharge condition and emphasise practices to remain healthy to address their community clinical requirements. Students selected patients in their clinical areas to assess their mental health status and identify coping patterns and mental health concerns to meet the requirements of the mental health course. All students successfully completed the courses' clinical requirements and considered the learning experiences very rewarding This innovation is unique. It is the first time the clinical experiences of three senior courses have been taught in an integrated format. This enabled the students to experience nursing care in a comprehensive and holistic manner. What made the implementation a success was the efficient planning and the effective coordination among the Dean, faculty members, students and nursing service of the medical centre. The President and administration were supportive and offered students on-campus housing when the country was under lockdown. Faculty supported each other and students during the clinical rounds. Course instructors formed a WhatsApp group with students to communicate when needed. Nurses on the units were supportive and acknowledged this win-win situation. The students helped support the nursing shortage on the units.

This was a challenging but successful experience for the faculty members that helped modify the nursing courses to ensure students learned how to integrate and apply knowledge gained in different courses. The experience will build and

Qatar: Delivering nursing education during COVID-19

Contributor: Jacqueline Sullivan, A/Assistant Executive Director, Nursing and Midwifery Education, Hamad Medical Corporation

The rapid onset of COVID-19 caused major and widespread disruptions to the delivery of healthcare all around the world. In Qatar, this resulted in the need for vital and rapid adaptations to services. In response to a call to action and to provide assurance of continued patient and staff safety, the Nursing and Midwifery Education Department of the Hamad Medical Corporation (HMC) - the largest government healthcare provider in Qatar - moved quickly and put in place exceptional interventions which addressed the significant impact on human, physical and service resources.

These interventions included the suspension of non-COVID-19 related educational activities as well as a major overhaul of the education strategy to support the repurposing of healthcare workers and adaptation of services.

Most of HMC's nurse educators were deployed to frontline duties to support COVID-19. However, a small team of nine nurse educators who remained in the department were given the task of designing and delivering the necessary education. This core team recognised that a rapid response to the pandemic was key. However, it was equally important to assess and confirm the clinical competence and safe practice of newly hired and deployed staff, while also ensuring international guidance on social distancing and infection control was strictly followed.

A new approach to teaching and learning was adopted, in collaboration with IT colleagues. A suite of nine cohesive blended-learning educational programmes were launched to orient nurses and Patient Care Assistants (PCAs) and prepare them for deployment to new roles, including those in critical care settings.

Virtual learning activities, together with simulated practice, allowed for focused upskilling. During a time of extreme stress and uncertainty, exposure to practice through simulation was found to have a hugely powerful and positive impact on staff confidence and, subsequently, patient outcomes. It provided an opportunity for deployed staff not only to confirm their own fitness to practice in a safe environment, but also to explore their COVID-19 anxieties with peers and nurse educators. This proved to be an unexpected benefit of this new approach to teaching and learning.

Blended learning activities were followed up in clinical settings through the implementation of a structured "buddy" programme, which provided the opportunity for consolidation of knowledge and skills. Deployed staff were supervised by experienced nurse "buddies", exposed to bedside practice and were able to demonstrate their competence to practice in the real clinical environment.

The first week of deployment focused on orientation and elements of essential nursing care, such as patient assessment, pain management, medication management and infection prevention and control. During the second week, deployed staff were allocated to a nursing team where they cared for low acuity patients, supervised by experienced nurses. With gradual and continual supervision, feedback and support, deployed nurses and PCAs gained the confidence and competence to practice independently within their scope of practice, caring for more acutely ill patients (Almomani et al 2020).

As a result, between March and September 2020, HMC was able to redeploy over 3,000 nurses from their regular duties and onboard 782 new staff. Of these, more than 700 non-critical care nurses were upskilled for critical care deployment to newly commissioned COVID-19 facilities.

The success of this approach is reflected in the story of a nurse educator, Surekha Patil, who was deployed to a COVID-19 facility early in the pandemic:

“Initially, I was sceptical about my deployed role and the uncertainties which came with it,” said Surekha. “However, the Nursing and Midwifery Education Department played a key part in preparing me through educational activities with the necessary skills competence. These activities, which included infection prevention and control, were conducted to prepare nurse educators, who had been away from front line care, with the knowledge to deliver critical care in COVID areas.

‘Within six months of taking on my deployed role, I was given an opportunity to be assigned to several quarantine facilities where I cared for the varied population of Qatar. The many roles I played, from bedside nurse, supervisor to acting Director of Nursing, was a great learning curve and I gained immense knowledge. Every day was challenging as the processes and pathways were dynamic, and we had to ensure each one of our patients was cared for in the best possible way. The infection prevention and control team fully supported us to maintain proper personal protective equipment techniques to keep us all safe and mitigate any risk of viral transmission.

‘I really appreciate HMC’s effort to keep front-line nurses motivated throughout with constant communication and updates. A positive mindset and self-motivation have kept me going during these tough times. I can proudly say I have contributed my best in ‘flattening the curve’ during the COVID-19 pandemic in Qatar.”

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Central African Republic: Providing fundamental healthcare skills training

Contributors: Sophie de Montpellier and Sabine Rens, MSF

The health status of the CAR has degraded over the past years, following the different crises the country has undergone since 2012. According to WHO, the weakening of the health system, including by pillaging and destroying facilities, the profound degradation of the population's living conditions and the spreading of major killer epidemics, all contribute to very high morbidity and neonatal, child and maternal mortality throughout the country.

The population of the CAR suffers from a low education level overall, and many health workers do not have the formal training that corresponds to the activities they perform. This all contributes to a clear lack of connection between the learned theory - for those who have benefitted from initial training - and the actual care delivered to patients.

MSF is running hospital nursing learning initiatives in low-income countries that face significant shortages of qualified nursing staff. The lack of qualified staff leads inevitably to sub-optimal or inappropriate patient care, with a tendency to systematised care, rather than analysis and case-by-case acare in all participating hospitals through significant reinforcement of the competencies of resident nursing staff.

The MSF programme targets all staff members carrying out nursing and/or midwifery care in the health structures supported by MSF in the Central African Republic.

On the continuous education front for the health sector, the main needs are didactical material, appropriate methodologies for professional adults on their workplace, introducing new technologies and learning support adapted to the needs of each learner.

The key activities of the programme are intended to develop an up-to-date basic nursing curriculum, based on an internationally recommended nursing framework; create and use innovative learning tools; assess the initial level of all participants/ learner and reconduct assessment at the end; identify and train training facilitators in adult learning, the content of the curriculum, and on methodologies to transmit this on-the-job and through bedside teaching; allow the learners to be at the centre of their learning, by introducing a learning management tool that is available on tablet computers and smartphones; mentor these training facilitators in their learning and transmitting activities on a regular basis; refresh on a regular basis, and introduce new training methodologies, including learning by simulation; and develop tools and opportunities to improve clinical supervision skills among nursing and midwifery supervisors.

The entire programme is planned to run up to December 2021 and cover approximately 500 nursing staff in 13 hospitals.
The MSF Academy aims to instore a learning culture in the various projects: in the health sector, it is important to spark the curiosity of the health staff to motivate them to progress and stay connected to what is new and innovative, so that they can stay up-to-date with good practices.

Nursing is a universal profession and no health care services of quality can exist without investing in good quality continuous training for nursing staff. This is also the case in crisis-affected countries such as the Central African Republic, and this programme

shows their need and the feasibility to have an impact on nursing care in war-affected countries.

Nurses play a central role in the success of this programme, being both the vehicle of the programme and the direct beneficiaries. This creates motivation among the nursing staff, providing them with confidence in their delivery of care, and it enables nurses to become more autonomous by understanding the knowledge underpinning their practice.

These continuous training activities must be integrated into the daily activities of all health services. This implies ownership from the project and hospital team at all levels that goes beyond mere overall support, but also translates into concrete and daily acknowledgement and facilitation, to really promote the learning process.

The curriculum in basic nursing competencies has been developed as per the national academic curriculum of the first year of nursing studies. The content is based on the MSF nursing practice framework using innovative competency-based teaching methods and tools, which are interactive and adapted to adult learning and bedside training.

Several key staff members at each project site are being trained to facilitate and transmit the different learning units, each to an average of four other colleagues. They will be supported in this role by clinical mentors from the MSF Academy, who will travel between the different projects. This process of training and cascading the course content will continue throughout 2020.

Key lessons learned from this experience include that:

- It is essential that there is ownership at all levels of the hierarchy of the health structure in which the continuous training programme will be rolled out; this should be as much at the political/principal level as in practice, and translated into the daily management of activities.
- In unstable contexts, it is important to have an implementation model that would allow for enough flexibility and autonomy in the rolling out of the learning activities.
- It is essential to adapt the approach and the content of the curriculum to the level of the learners/target audience.
- It is sometimes more sustainable to start slowly, to later adapt the implementation model to the realities of the context and allow for the creation of a solid base to the programme.
- The success of such programmes is made up of numerous little daily achievements. Changing daily habits and practices takes time.

Kenya: Boosting healthcare workers' psychosocial wellbeing through Zumba

Contributors: Edna Tallam-Kimaiyo, Registrar/CEO, Nursing Council of Kenya, and Faith Kanini Mutisya, Deputy Director Nursing Services, Ministry of Health Machakos

Health workers are under immense pressure amidst the Corona pandemic. They are working long shifts, experiencing mental stress and have even been shunned by the community for fear they will spread the pandemic. An ICN report showed that close to 80% of the national nursing associations responding to an ICN survey have received reports of mental health distress from nurse working in the COVID-19 response.

In Kenya, as in many countries across the globe, the COVID-19 pandemic has strained health systems with a rapidly increasing demand on health facilities and healthcare workers that threatens to leave some health systems overstretched and unable to operate effectively. The frontline workers, especially nurses and midwives, are strained from long working hours coupled with mental, emotional and physical drain. Stress has been identified as a factor in poor job performance, low job satisfaction and personal health problems. COVID-19 has brought additional physical, emotional and psychological distress among healthcare workers. In the efforts of managing stress, anxiety and improve task performance, to all healthcare professionals, WHO recommends 50 to 60 minutes of physical exercise for people working in high-risk stress causing institutions and departments.

In order to manage the psychological effects of the coronavirus among nurses in Kenya and boost healthcare workers' mental and psychosocial wellbeing, the Nursing Council of Kenya (NCK) initiated a campaign, "Zumba for Nurses". Zumba is one of the most popular and innovative exercise crazes that has engaged millions of people around the world and got them moving for better health and vitality. Zumba is an effective intervention to relive stress, reduce fatigue and improve alertness and concentration, enhancing overall cognitive function. In addition, it has been found to prevent cardiovascular disease; burn calories, work out the entire body, boost mood, aid coordination, and improve confidence and cognitive and social skills. Zumba allows people of all ages, abilities, and goals to participate and improve their overall health, relieve stress and cope with their anxiety, even helping them overcoming post-traumatic stress disorder and depression.

"Zumba for Nurses" also celebrates the amazing job nurses and midwives do and helps to uplift their spirits during this COVID-19 pandemic. It supports their psychosocial health and honours the critical role they play in primary health care.

Launched at the at Machakos county COVID-19 Mass Screening and Isolation Center on the 20 June 2020, several Zumba events have been held at hospitals throughout the country. The Zumba sessions are complemented by psychological debriefing sessions for health workers, during which the majority of health workers report feelings of distress, increased anxiety, depression and insomnia. This two-pronged method of emotional (psychological debriefing) and physical (Zumba activity) coping strategies caters for each individual coping styles.

Regular meetings with the staff have also proven to be effective. During the meetings, staff have an opportunity to air their fears and concerns, which are addressed appropriately, improving the efficiency and cohesion of the team.

The target participants of the Zumba activity are critical frontline health workers in Machakos county, among the counties most affected by COVID-19. While all health workers are psychologically affected, staff working in the isolation and holding units are most affected and have been receiving routine psychological debriefing sessions.

Participants of the Zumba sessions in Machakos county anonymously completed an assessment tool before the first Zumba session, then completed it again after the last session. Feedback to date from the nurses, midwives and frontline healthcare workers shows that the Zumba sessions have improved their mental state and re-energised them to continue fighting the COVID-19 pandemic, as well as provide primary health care. 100% of respondents reported that the Zumba activities are important for healthcare professionals during the COVID-19 pandemic. The participants are requesting more activities; a proposal supported by the administration. Participants attest that the Zumba activities are quite effective for relieving functional capacity (98%), keeping healthy (97%) and work-related exhaustion (57%).

As a nursing intervention, the Zumba sessions were coordinated by the Subcounty Public Health nurse; and fully supported and funded by Amref Health Kenya and the Ministry of Health and partners. They have been embraced well by the frontline workers, especially nurses and midwives, due to the fact they relieve stress and help them cope with their anxieties. The Director General of the World Health Organization, Dr. Tedros Adhanom, has commended the NCK for organising the Zumba sessions that have helped health workers fighting COVID-19 to take care of their own mental and physical health.

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Seychelles: Nurses focusing on health promotion and disease prevention

Contributor: Winifred Agricole, Registrar, Seychelles Nurses and Midwives Council

At the start of 2020, the COVID-19 pandemic shook the world. At the same time, the World Health Organization (WHO) and the International Council of Nurses (ICN) had declared the year 2020 to be celebrated as the Year of the Nurse and Midwife, emphasising the importance of the contribution of nurses and midwives to bringing better healthcare to the world. The celebration was aimed at improving the visibility of the nursing and midwifery professions.

As such, the nurses of Seychelles coordinated their efforts to develop an activity plan which could reflect the role and importance of nurses and midwives in health promotion, provision and prevention of diseases. Unexpectedly, the COVID-19 pandemic provided nurses and midwives with overwhelming opportunities to be valued as important members of the healthcare team. Increasingly, nurses appeared on the media, in health and non-health establishments, in the community, where they engaged in activities to mitigate any potential for the spread of the coronavirus in the country.

As in most countries worldwide, nurses and midwives in Seychelles form the majority of healthcare workers delivering healthcare services to the community. Nurses are considered to be the backbone of the healthcare system and the role they play in health is essential to improving healthcare. Being the first point of contact in the healthcare system, the nurse plays a vital role in improving accessibility to healthcare services. Therefore, nurses must remain up to date with the most recent information, so they can be empowered and can support individuals, families and the community in maintaining their health. Due to their position in the healthcare system, they also have the advantage of being effective and influential at all stages of life along the healthcare continuum.

Nurses and midwives are delivering preventive and promotional activities to ensure that the population is protected from the spread of the coronavirus. The first step was to empower nurses and midwives and to embark on the process of community engagement through education using credible means of communication, such as the national media. Nurses were aware of the importance of remaining safe at the same time as protecting their patients through continuous training and monitoring.

Nurses in Seychelles felt they were in the midst of all the transitions that were taking place in an attempt to minimize the spread of COVID-19. An evaluation of the nursing population in the country was undertaken through a mapping exercise using the database of the Seychelles Nurses and Midwives Council. Nurses were re-allocated, as new health centres opened. Nurses working on infection control units participated in the training of nurses and other healthcare workers, refreshing their knowledge in infection control, including in basic hygienic measures. Health promotion activities were extended to the general public and work establishments.

Coincidentally, the Council managed to secure access to online continuous professional development (CPD) for nurses and midwives, which became effective in January 2020. The online CPD, sponsored by the Commonwealth of Learning (COL), provided learning modules on COVID-19, thereby widening the sources of knowledge on the subject for nurses and midwives in Seychelles.

General nurses also developed new skills in the process of working in private and government establishments, where they participated in the development of standard operating procedures, facilitating training for staff members, performing contact tracing, carrying out PCR screening, participating in media interviews, and monitoring implementation of infection control measures. Much effort has been put on the implementation of preventive health strategies, which has resulted in the containment of infection.

In conclusion, the health system and consumers of nursing services have valued the contribution of nurses and midwives who have helped enormously to reduce the potential spread of COVID-19 in the population. Nurses and midwives, being close to the community, can make a difference in the health of the nation, and can engage and support the community to remain in good health. Moreover, nursing as a profession can bring the health system to a higher standard through the quality of health services and rapid response to new changes when there are possible threats to the health of the world's population.

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South Africa: “One life at a time” – Improving the health and lives of poor communities

Contributor: Patience Shipalane, Democratic Nursing Organisation of South Africa

Patience Shipalane works for the Department of Health Western Cape Government in the township of Themabalethu, in Western Cape, South Africa. Themabalethu is a community that is confronted with poverty, diarrhoea, crime, poor quality of life and other social and personal challenges, such as parental neglect, child abuse and lack of documentation for proper identification. Due to delayed and missing immunisations, there are lots of diarrhoeal outbreak cases in the community.

In order to ensure immunisations are up to date, Patience personally calls the parents of the children, makes appointment for them in the clinics, and follows-up with them after the appointment. In some cases, she does home visits to establish whether the mother and child have attended the clinic, speaks to them about their experience and encourages visits to the nearest clinic. Often on her visits Patience discovers that there more serious social challenges in these families than just immunisation, such as parental neglect, child abuse, severe and extreme poverty and lack of proper legal documents like birth certificates.

At the clinics where she works, she created an Oral Rehydration Corner, where the parents of children could obtain a one litre bottle, salt and sugar to make their own rehydration fluid, which she would teach them to prepare. In order to combat the high prevalence of diarrhoeal disease, she teaches children and teachers in creches and churches proper hygiene and hand washing care.

Patience also decided on a new approach in service delivery, named the “Street Community Service”. Patience and other nurses check the status of the children’s “Road to Health” booklets to ensure their immunisations are up to date, and provide Vitamin A and Deworming medicines.

Women’s health is another area that Patience promotes in the community. She encourages women to stay well, gives them information about family planning, and motivates them to do cervical screening and a breast examination every month. On average, Patience meets 100 mothers in public meetings, encouraging them to take care of their health and stay well. She also prioritizes HIV screening to help people know their status. She arranged Wellness Days where participants were educated about health matters. On one of these days, 70 out of 120 participants opted to do an HIV screening. Those that tested positive were referred to the nearest health facility for follow up. The TB screening resulted in 303 new patients starting to take their TB treatment. These outreaches have resulted in a lot of referrals, which has saved many lives. Our monthly family planning programme at South Cape College prevents an average of 30 unplanned pregnancies every month.

As she travels to work on public transportation, Patience talks to the passengers about health issues and has earned massive respect for her approach. Patience is very appreciated and trusted by the community. She is regularly invited by the community to make presentations at churches, community events, graduations and municipality public events. The people that she encounters everyday feel freer and are more open to ask questions in an informal setting than they would in the formal clinic settings. The community members are so free with her that they report to her most of the cases that the department would never hear about.

Her belief is she may not change the whole community at once, but if she can make a difference in one person’s life a day, she is fulfilled. Her motto is “One life at a time,” – and if she happens to change two at a time, it is a bonus.

South Sudan: Nursing care during COVID-19 and the importance of mental health support

Contributor: Teresa Kloning, ICU nurse in Germany and HDU nurse in a Mobile surgical team within the International Committee of the Red Cross

The International Committee of the Red Cross (ICRC) has a strong team of staff who work in close collaboration with Ministry of Health (MoH) of South Sudan to provide free healthcare to the civilian population and wounded fighters. As an impartial and neutral organisation, the ICRC assists and treats every person equally, no matter what their background.

In the capital of South Sudan, in the third quarter of 2020, a total of 52 patients were admitted to Juba Military Hospital. The provided treatment included surgical care, nursing care, radiology, laboratory, mental health support, economic assistance, physical rehabilitation and restoring links between family members who have been separated due to conflict.

The nursing team is involved at all levels of treatment of patients. Three international nurses are working in the Operating Theatre, High Dependency Unit (HDU) and wards to support national and MoH colleagues in implementing the ICRC standards of safe healthcare and hygiene. Everywhere in the world, nurses are the closest contact for patients. They can assess and monitor if the patient's physical and mental conditions are stable, improving or deteriorating.

In June 2020, during the height of the global COVID-19 pandemic, GK, a 33-year-old man sustained a gunshot wound to his abdomen. He was left in his village for five days before going to a nearby hospital. He was transferred to the ICRC-supported hospital in Juba. After three operations, he tested positive for COVID-19 and was immediately isolated. He responded positively to treatment and was declared negative after 21 days.

Due to his injures and complications, the patient found it difficult to accept the long waiting time until his final operation. The mental health team were important in providing him with support. To make him feel closer to his loved ones, the ICRC team arranged a satellite call to speak with his family, which made him happier. Despite this, he was still worried that he may not be able return to a normal life after leaving the hospital. He started to refuse to eat and lost weight. The team observed that he barely got up from his bed and rarely interacted with other patients or staff.

The international HDU nurse decided to start an activity with patients, while wearing masks and physically distancing, to try to boost the mood of inpatients. Starting with the only admitted child and her caretaker, she gave the patients pieces of coloured chalk, and they began to draw cows, crocodiles and ICRC helicopters on the ground outside. The nurse asked GK - non-verbally, as they did not have a common language - to join her outside. To her surprise, he followed, sat on a distant chair and observed. The mental health colleague interacted with the patients and encouraged them to continue drawing. G was offered a piece of chalk. His first drawing was a fish, and the second a cow, which he then identified with his name. Soon afterwards, he went inside and brushed his teeth, and then smiled while eating.

The nurse arranged for him to receive a daily glass of a local hibiscus juice, which is considered to give strength. He would drink the juice and eat a little more every day. After boosting his social interactions and his resumption of eating, his physical and mental distress levels showed significant signs of improvement and he began to gain weight.
It was thanks to the gentle intervention of the HDU nurses, showing compassion with psychologically affected patients, supporting them in their needs and reapproaching them to reach out when they are ready, that GK started his road to recovery.

Tanzania: Nursing: a key role in rehabilitative services

Contributor: Aga Khan University

In Tanzania, 7% of the population has a disability. Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) is a Tanzanian health care organization which works to prevent disability, provide affordable medical and rehabilitative services, and aid empowerment of people with disabilities and their families. It also seeks to prevent disability through early identification by strengthening the maternal and newborn health system throughout Dar es Salaam.

The pre- and post-operative care is mainly conducted by the nursing team. Rehema Mahimbo is a Principal Nurse at CCBRT.

“When I report to work in the morning, as the head of my unit, I get reports from the nurses on duty,” says Rehema. “They update me on admitted patients, how they’re progressing and if there are any who need special attention. I make sure that the necessary tests are done, that patients are well-prepared for surgeries and that everything is well-documented in the patient’s file.”

Rehema often helps her patients, most of whom come from rural areas, to understand the holistic nature of health. “Through talking with a patient, you might discover that the root cause of their health issues is poor diet, so you have to advise them on that. I also educate them on childcare and reproductive health. Many of them are so happy and grateful that after they get well, they return with their babies so I can see how well they’re doing!”

Rehema has also improved patient confidentiality, by ensuring patient reports are not given openly in front of other patients, and medication adherence. “I made sure that every patient was given their medication as prescribed after I learnt that because of poor documentation, some used to miss their scheduled medication.”

Uganda: Nurses' concern for adolescents

Contributor: Juliet Kigonya

Juliet Kigonya lost her parents at a very young age. Her father died when she was one and her mother passed away three years later. Her mother had been ailing a long time, and at the tender age of four, Ms Kigonya was aware of the insurgence that plagued the country and made access to medical services difficult.

'There was no medicine, the healthcare facilities were broken down and there were no healthcare workers. Even at Lubaga Hospital, where I was eventually taken, almost all its structures had been torn apart,' she says.

Seeing her mother unable to talk or move on her deathbed was devastating. She would not know how much influence this would have on her career choice until years later when someone suggested that she be an accountant. That was when she realised she wanted to take care of the sick. She wanted to be a nurse

Mengo Nurses Training School was her first stop. She got her Certificate in Nursing two years later and then worked at Mengo Hospital. While there she decided to further her studies after a presentation by the Aga Khan School of Nursing and Midwifery. She did not expect what she found at the campus when she enrolled for a diploma in nursing:

'What surprised me was that you could relate with your lecturers as though you were old friends. They did not demand to be addressed in titles. That touched me so much. I also liked that you could work as you study because I didn't have the money for fees. Fortunately,
grants from Johnson & Johnson eased the burden somewhat.'

The courses were eye-opening. 'When I was doing my community studies module, I was touched when the lecturer described the sexual and reproductive health challenges different communities went through. I kept asking myself why we spent so much time in hospitals and not on the ground addressing these challenges.'

During one of the community visits, Ms Kigonya met a girl who had been sexually assaulted by a motorbike operator who infected her with HIV. Despite their interventions, she and her team were unable to save the young woman.

It was this event that filled her with a newfound passion and led to the creation of Nurses' Concern for Adolescents. Ms Kigonya wanted this organisation to address adolescents' sexual and reproductive health issues, and she was also very clear that nurses would do the work.

'Nurses were often perceived as rude and impatient. I wanted people to know that there are good nurses who can understand and share their problems.'

Since its inception in 2012, Nurses' Concern for Adolescents has gone into schools in Wakiso and Kampala to engage the youth in sexual and reproductive health education, and sensitise them on the dangers of drug abuse. The results have been encouraging.

‘I have had young people calling as early as 3.00am when they’ve had unprotected sex. I’ve been able to take them to hospitals where they are screened for HIV and put on post-exposure prophylaxis, and I give God the glory for that. Others tell us about the unsafe abortions they have gone through, and we offer counselling.’

School nurses have benefitted too.

‘With support from the Ministry of Health and the Uganda Nurses and Midwives Council, I have been organising school nurses’ workshops to reinforce levels of ethics and professionalism. We empower and equip nurses with skills to handle adolescents’ issues. Once the adolescents know that they can trust nurses, our work will be even more effective.’

In her first year at the training school in Mengo, Ms Kigonya was elected to serve as the national speaker for student nurses. Today, her resolve to reduce teenage pregnancies, HIV infections and drug abuse among adolescents is unshakable. Through her leadership other nurses have found a sense of purpose, and she encourages others to follow suit.

AMERICAS

Bahamas: Nurses' Stress: "COVID-19 is scary, just like a roller-coaster"

Contributor: Rosemarie L. Josey, Clinical Nurse Specialist, Bahamas

Clinical Nurse Specialist Rosemarie Josey had never imagined being faced with the possibility of battling a deadly virus and the amount of stress that would incur. One of her greatest fears was placing her family members at risk of contracting the virus because of her exposure to COVID-19 in the workplace. The limited amount of personal protective equipment made Rosemarie feel vulnerable and infuriated during the first wave of the COVID-19 pandemic, particularly because of limited training and knowledge of transmission.

Rosemarie is the "go-to" person, problem solver, counsellor, advisor and caretaker. Providing mentorship with a sense of humour when appropriate is what she does best to help patients and colleagues deal with stressful situations. Junior nurses, staff members and colleagues were reliant on her to advocate on their behalf, and to provide that strong leadership support to help alleviate their fears.

To reduce stress levels and fears among colleagues in the workplace, they had meaningful discussions on ethical dilemmas around protecting the confidentiality and rights of their patients and staff members, which resulted in developing critical thinking skills for good decision-making.

At times, Rosemarie felt hopeless in the work environment as she witnessed nurses, physicians, other healthcare professionals and custodians on home quarantine, self-isolating. Colleagues were on the frontlines with minimal protection, interacting with patients/clients with multiple illnesses, and not knowing if an asymptomatic patient was COVID-19 positive. The complex care and management of these patients involves a multidisciplinary approach.

In the words of one of the nurses in the Bahamas who succumbed to COVID-19 at home in self-isolation, "It's like a roller coaster. It is not easy having COVID-19. It is scary to breathe, you have no appetite. Everything is normal one minute and then you lie in bed struggling to breathe and face the reality that you may not survive this".

One of Rosemarie's family members experienced similar COVID-19 symptoms of mild to severe difficulty breathing, low oxygen saturation, fainting, diarrhoea, fatigue, body aches, headaches, and loss of taste and smell. His condition quickly deteriorated, and he was intubated and mechanically ventilated. He struggled for survival in a critical care facility assigned to managing critically ill patients who tested positive for the virus. During his hospital stay, he experienced acute respiratory distress syndrome, renal failure, elevated blood pressure and high blood glucose levels. His medical condition and extended use of the ventilator made it necessary for him to have a tracheostomy tube inserted. With expert care from the team of committed and dedicated physicians, nurses, healthcare professionals, and family support, he survived his ordeal miraculously after a month of hospitalisation. Many nurses who have tested positive for COVID-19 have survived the experience, while sadly a few have not.

It was reported by the Bahamian health officials during the second wave of COVID-19 in August 2020 that more than 400 healthcare workers were exposed to this deadly coronavirus. Rosemarie was also quarantined at home for 14 days after her exposure to a patient who tested positive for coronavirus. She was assessed as high risk after being interviewed by the doctor and answering the established protocol questionnaire. She described her experience as a “scary, hopeful, prayerful time”. She tested negative for COVID-19. About a week later she began experiencing flu-like symptoms of low-grade fever, headaches, joint pain, loss of taste, loss of appetite, cough, mild shortness of breath, and extreme fatigue. She was very anxious another time of self-isolation, taking her prescribed medications and adhering to the national protocols. Luckily, a second negative result was confirmed.

Nurses are working every day with their heart and soul, putting their lives in jeopardy while caring for patients. “The heartbeat of a warrior nurse lies within each of us,” says Rosemarie “Guided by our instinct between the art and science of nursing, the future of nursing will be determined by our collaborative approach to scientific data collection, sharing of information and experiences, making critical decisions not based on emotions but on science to influence national health policy and the Sustainable Development Goals. Nurses are powerful and resilient as we continue to work on the frontline and advocate for increased investments in nursing and midwifery.”

Canada: Nurse Practitioner led paediatric primary care clinic

Contributors: Minna Miller and Chantel Canessa

Primary care services provide the first point of contact and access to healthcare. For the paediatric population, the goal is to help children stay healthy and to help those who are ill to get better.

However, access to primary care continues to be a challenge. The Canadian Health Survey (2017) revealed that 4.6 million Canadians (15%) aged 12 years and older, do not have a regular medical doctor. With a declining number of family physicians caring for children, and only a portion of paediatricians providing primary care, it is becoming increasingly difficult for children and their families to access primary care services. Nurse practitioners (NPs) at the Child and Youth Primary Care Clinic (PCC) are filling the gaps and improving access to care.

The NPs at the Child and Youth PCC provide comprehensive, coordinated, patient-centred, holistic, longitudinal, primary care services to infants, children and youths up to 19 years of age. The outpatient NP PCC was established in 2009 adjacent to the Children's Hospital to address the gaps in care. At that time, there was limited access to paediatric-focused primary care services in the community, as well as an absence of comprehensive, ongoing care for high risk, vulnerable children and adolescents in foster care. Post hospitalisation and emergency department care follow up was also limited due to a shortage of primary care providers.

In addition, there was a need to streamline asthma care services within the organisation, and as a result, an interdisciplinary asthma care service was set up providing timely diagnosis, management, education and follow-up.

High patient satisfaction with the care provided by NPs increased demand for services and a high number of referrals to the clinic by subspecialist physicians resulted in NP service expansion to subspecialty areas. These included dermatology, high-risk allergy/asthma, complex care, and outreach for young people with mental, behavioral and neurodevelopmental disorders, including substance use and addictions.

The NPs have provided an average of 2,800 patient visits annually, and one fifth of the regular well-child visits have resulted in the identification of a secondary diagnosis requiring further management and follow up. The most common reasons for primary care visits at the NP clinic are: routine child health check, eczema, asthma, acute upper respiratory infection, contact dermatitis, constipation, iron deficiency/anaemia, anxiety, common cold and molluscum contagiosum.

Access to same day appointments has averted more than 80 emergency department (ED) visits each year, with a cost savings of approximately $32,000 Canadian Dollars annually. Calculation of the Return on Investment (ROI) for ED care versus NP care for the management of cold/flu-like symptoms over a period of two weeks, demonstrated a 143% ROI for NP care. Clinic data has shown that approximately 420 new patients who do not have a primary care provider are now attached to the NP PCC annually.

In addition to direct patient care, the clinic NPs, who are all masters/doctorate prepared advanced practice nurses, lead clinically relevant quality improvement and research activities. They disseminate findings and best practices via publications, national, regional and international conference presentations, community health fairs and hospital- based presentations.

The NPs are sought after expert consultants for national and international professional nursing networks, and the Canadian Ministry of Health, Health Authority and agency/ department specific committees. Their activities include the development of NP role advancement-related programmes, and their implementation and evaluation. As university affiliated adjunct professors, NPs support clinical education of NPs and medical students, paediatric residents (junior doctors) and nurses, and they are regularly invited to be guest lecturers for the university.

These NPs function as content consultants, case writers and as examiners for objective simulated clinical exams, which are a requirement for NP licensure in British Columbia, Canada. NPs at the Child and Youth PCC improve access to paediatric primary care for the populations they serve, and positively impact patient, organisational and healthcare system outcomes in both primary care and subspecialty consultative roles. To ensure the sustainability of NPs as valued members of the healthcare team, it is critical to ensure that permanent funding mechanisms are in place to that end.

Ecuador: Hand hygiene in Riobamba

Contributor: Yolanda Elizabeth Salazar Granizo

The COVID-19 pandemic has highlighted the importance of hand hygiene in preventing infections because, as the World Health Organization (WHO) has stated, clean care is safe care.

For this reason, hand hygiene is a fundamental element of nursing care that is essential for the prevention of diseases and reducing the transmission of infectious agents during care.

Following an increase in the incidence of infectious processes in the community, it became clear that health promotion and educational activities on hand hygiene needed to be promoted among health professionals and patients who attended local health units.

An educational strategy on hand hygiene was developed in health units involving 59 teachers and 321 students from the Faculty of Health Sciences of the National University of Chimborazo, in the city of Riobamba, Ecuador.

Handwashing knowledge and behaviour of nurses and the families they cared for was examined, including information about the transmission of germs, the perception of personal risk, the required frequency of hand washing, the use of alcohol gels and the specifics of handwashing technique.

Evidence-based updates on hand hygiene were provided that were intended to help health professionals reduce the incidence of cross infections during patient care procedures, and promote healthy behaviours in the local population.

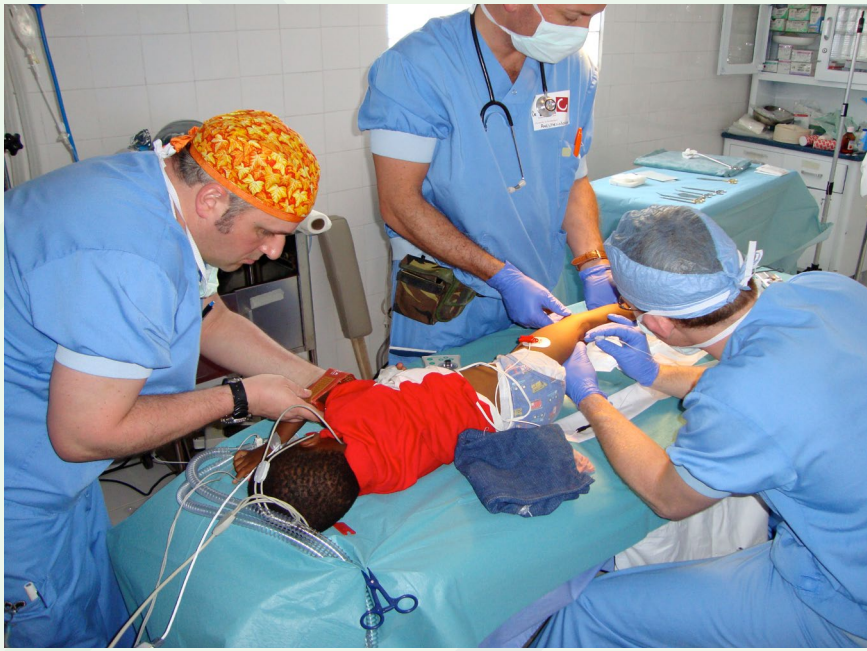
The project managed to reach 348 families and 96 health professionals in the health units in the Chimborazo province with the health personnel trained in their own work environments, which saved material and financial resources.

At the end of the project, the nursing staff involved expressed a high level of satisfaction with the training, and the patients stated that they were already implementing what they had learned in practice in their daily lives.

Haiti: Disaster relief after an earthquake

Contributor: Benedikt Van Loo

Benedikt Van Loo is a Dutch certified registered nursing anaesthetist (CRNA), qualified in anesthesiology, trauma care and deep propofol sedation. In his career, there have been many moments and patients that have touched him, but one particular experience was very special.



In 2010, there was a large earthquake in Haïti. The whole world sent aid in various ways, including medical and logistic personal, military aid, logistic aid, food and money. Benedikt's anesthesiology department was asked to provide a medical humanitarian team to fly in and organise medical aid. Benedikt signed up as a volunteer and was chosen to go with the first group to Port-au-Prince, the capital of Haïti.

One of the resident trauma surgeons had arrived a few days before the group and had set up 'base camp', a little old hospital that had been abandoned but was perfect for them. They organised a pre-assesment tent, two operating theatres, a recovery room, storage for equipment, a room for small interventions and, of course, a coffee room. Ready to go within 36 hours, the 'Notre Dame de Lourdes Hospital' could start receiving patients.

It took the people of Haïti some time to come to them. Right after the earthquake a lot of patients had undergone life-saving amputations, which meant people were afraid to go to hospital because of the chance they might lose an arm or leg. Once they realised that amputations were not undertaken unless absolutely necessary, there was a constant flow of patients. Fortunately, the people who lived around the hospital offered help in various ways, providing security, administration, cooking and cleaning services. Haitians are very resilient and the Dutch group was full of admiration for them.

The group helped many people but Benedikt remembers one patient vividly: a 15 year-old girl who had been in a collapsed house and whose leg had been crushed underneath in the ruins. Her father had been to a few medical teams asking for help but they all of them wanted to amputate.

As Benedikt spoke French, one of the trauma surgeons who saw the patient called him in to translate. The father begged them to try to save his daughter's leg. It was an almost impossible task. Finally, after careful consideration, they decided to give it a try. They placed an external fixator on the leg and kept the girl in the hospital to see if things would turn out well. It was a long shot, but technically the operation was a success. The question was how things would evolve. When the girl was in recovery, Benedikt talked to her father and explained to him that it had been difficult, but they had succeeded. They couldn't predict how things would turn out with the leg and there was only a very, very small possibility that everything would work out well for his daughter. Maybe there would still have to be an amputation, they couldn't say at that moment. If she recovered well, she would definitely have to walk with a stick.

The man looked at them, smiled and started to cry. He kissed the surgeon's and Benedikt's hands and said: 'Que Dieu vous bénisse - May God bless you.

After seven days, things seemed to be going well, and the man took his daughter to what was left of their ruined home. Benedikt says, "I don't know how things turned out, but I suspect that eventually she would have lost her leg. But I can still see and feel how the father took our hands and thanked us. The humanitarian mission in Haïti is one of the experiences I cherish the most in my career. We did some good work over there and helped people. The Haitian people touched our lives. 'Que Dieu vous bénisse', May God bless you, Haïti."

USA: Rapid development of COVID resources

Contributor: Terri Hinkley, CEO, Academy of Medical-Surgical Nurses

The impact of the COVID-19 pandemic on the public has been devastating, with over 32 million cases in the United States US at the end of May 2021 - the largest outbreak in the world. The COVID-19 pandemic has resulted in a significant volume of acutely or critically ill patients in many cities around the US and globally.

Many hospitals around the country were hit with overwhelming volume and many made calls for contingent or temporary staff to support their existing staff. Some of these staff are retired healthcare providers, others are students currently in medical or nursing school. In addition, hospitals cancelled elective surgeries or other outpatient activities and those staff were redeployed or 'floated' to medical-surgical units, intensive care units, emergency departments and special COVID-19 units designed and identified to care for these patients. The stress on healthcare facilities to find, hire, prepare and deploy these staff was significant at best, overwhelming at worst.

There are approximately 5,725 hospitals in the United States and four million nurses. Based on data from national nursing surveys, the Academy of Medical-Surgical Nurses (AMSN) estimates that there are approximately 600,000 medical-surgical nurses in the US.

In late 2019, the AMSN began to work on an innovative and comprehensive competency model for medical-surgical nurses. While all hospitals assess staff competencies, usually on an annual basis, the majority of these are independently created and not supported by evidence. In addition, the very fact that the pandemic has been straining the resources for hospitals, limiting their ability to easily assess nurse competencies, makes this model, which is backed by science and psychometrically developed, both innovative and necessary for the quality and safety of the patients we serve.

The reach of this programme is significant and potentially impacts upwards of one million nurses in the US when we consider all medical-surgical nurses, the contingent workforce and employers.

The AMSN recognised very quickly that registered nurse staffing was going to be an issue during the COVID-19 pandemic, especially in 'hot spots' seeing significant volume of cases. Recognising its ability to assist with the staffing challenges many institutions would face, the AMSN quickly identified an opportunity to leverage some related work it was doing to make three tools available to facilities and organisations to help them through the staffing crisis. All these products are provided free of charge.

The AMSN's self-assessment tool assists facilities in assessing the competence of this new workforce to assist employers with placing these staff in the right clinical area, and assigning them appropriately based on their individual levels of practice.

The AMSN also developed a staffing model and template to assist facilities in ensuring patient care can safely be provided while also balancing the staffing needs of individual units and hospitals. The staffing model includes instructions for use, implementation strategies and a staffing template that organisations could modify according to their own facility.

The last resource AMSN developed was a set of educational flash cards that contingent and float staff could use to familiarise themselves with common medical issues in medical-surgical nursing to ensure they had access to concise electronic references for the types of patients they would care for. It is mobile-friendly and accessible from any device.

The AMSN, in partnership with Assessment, Education, and Research Partners, and Naughton Consulting, quickly worked with volunteers to evaluate, modify and prepare the current competency model to meet the needs of healthcare facilities, contingent staff and float staff. The self-assessment tool was ready for deployment within three weeks. Volunteers from the AMSN, board members and staff, worked closely together to develop and launch the staffing model and educational product. Prior to launch, the AMSN was able to pilot the instrument with one of its corporate member organisations to test the product and make any necessary refinements. The self-assessment launched first on 6 April 2020, the staffing model launched on 17 April 2020 and the educational resources launched on 20 April 2020.

AMSN volunteers, made up of registered nurses around the country, were critical to the ability to quickly develop these critical resources. While volunteers are the lifeblood of every association, the AMSN volunteers truly went above and beyond at a time they were extremely stressed and overwhelmed within their workplaces to support their fellow medical-surgical colleagues. The ability of the AMSN staff to leverage their subject matter expertise and work with them to develop and deploy these products is truly commendable. Staff and volunteers partnered to work long hours and in some cases into the evenings and weekends because they understood the urgent need for these products. The AMSN is entirely grateful for the work of many committed partners in developing these products.

The AMSN COVID resources can be accessed here: https://www.amsn.org/business-solutions/workforce-solutions/covid-19-staffing-resources.

NURSES
A VOICE TO LEAD

Uruguay: Culturally appropriate healthcare for migrants

Contributors: Lourdes Balado & Katia Marina, Uruguay

According to data from the Uruguay Ministry of Foreign Affairs, immigrants now exceed the number of those who emigrate. This figure has quadrupled in the last four years, with immigrants coming in mostly from the Dominican Republic, Cuba and Venezuela, and to a lesser extent from Peru, Bolivia, Chile, Paraguay, Africa and the Middle East. Unfortunately, the members of the migrant population cannot easily access health services, and can find themselves socially marginalised.

Traditionally in Uruguay, the migrant movement was composed mostly of men, but now the percentage of men and women is almost the same. Women are the predominant group of migrants consulting healthcare services and women's health is the second most frequent reason for consultations. Migration increases the vulnerability of women and makes intercultural nursing advice essential.

Arriving in a foreign country is a vulnerable time in people's lives. In the first months of arrival, they must sort out their legal and housing situation, their entry into the labour market and their integration into the health system. Professional advice and support are extremely useful for these newly arrived migrants. The nurse case manager uses an intercultural approach to provide direct care, personalised advice, a link to the health system and support networks that facilitate the adaptation to a new environment - all with a humanised and person-centred approach.

A project has therefore been developed to facilitate access to the healthcare system for recently arrived migrants in Uruguay. The project was developed and implemented by the civil association "Idas y Vueltas" and the School of Nursing of the University of the Republic of Uruguay.

The project involved establishing a liaison between the migrants and the health services, and helping with translation and cultural mediation. This was carried out by nursing students and professors from the University School of Nursing by strengthening their competencies in intercultural nursing, formalising institutional links with the assistance centres and promoting accessibility for the migrant population. In addition, data and reflections on intercultural health were disseminated through academic publications working in teams with other disciplines.

The students and professors reflected on the problem of health for the migratory population and contributed to the development of national policies and strategies on migratory health.

As a result of the project, the health providers have seen more than 500 migrant patients in the last year for multiple needs. As well as increasing access to health, the project encourages migrants to remain in Uruguay. For the student nurses, there were many advantages, such as incorporating an intercultural approach, improving knowledge of human sciences (social anthropology) and cultural competency, and opportunities for Interprofessional Education and learning a new language.

This project provides updated data from the perspective of intercultural care, and can guide new public strategies in migratory health in order to improve the quality and efficiency of care for this vulnerable population.

About the International Council of Nurses

The International Council of Nurses (ICN) is a federation of more than 130 national nurses associations (NNAs), representing the more than 27 million nurses worldwide. Founded in 1899, ICN is the world's first and widest reaching international organisation for health professionals. Operated by nurses and leading nurses internationally, ICN works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.

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