

# Critical care nursing in Zambia: global healthcare integration

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In recent decades, international public health policy and clinical practice have been increasingly challenged by globalisation, even though international funding for health has increased dramatically. This commentary discusses globalisation and its health challenges from a perspective of political science, emphasising increased global flows driven by a global market integration. This integration requires a change in public health thinking from a singular focus on international health and the higher disease burden in poorer countries to a more refined analysis of global health in which health risks in both rich and poor countries are seen as having deep-rooted global causes and consequences.

Good health for all populations has become an accepted international goal and there have been extensive gains in life expectancy over the past century, although the health inequalities between rich and poor remain and the prospects for future health depend increasingly on the relative new processes of globalisation. In the past globalisation has often been seen as a more or less fiscal process. Nowadays it is increasingly perceived as a more comprehensive phenomenon, which is shaped by a multitude of factors and events that are reshaping our society rapidly.

Identifying priorities for any healthcare system remains a challenge and will be driven by international priorities and threats. In many low- and low-middle-income countries in Africa significant strides have been made, with reduction in child and maternal mortality, malaria and HIV care. However, other silent challenges on the horizon, including diabetes, obesity, hypertension and the impact on an increasing life expectancy and the long-term effects of anti-retroviral treatment (ART), are additional factors competing for healthcare (World Health

Organization (WHO), 2018). This is often referred to as the 'triple burden' of disease as non-communicable diseases (NCDs) add to communicable and socio-behavioural illnesses (WHO, 2014). This is all against a backdrop of an increasing public expectation of what healthcare systems should provide.

It is well recognised that nurses are at the heart of any healthcare system and need to respond to these changing demands. In our own experiences of working to capacity build critical-care nursing in Zambia, in partnership with key stakeholders including the Ministry of Health, General Nursing Council, Zambian Union of Nursing Organisations, Lusaka College of Nursing and the University of Zambia, these changes have been reported by nurses at all levels. Over the period of two decades critical care in Zambia has been growing. From the first intensive care unit being established in 1984 at The University Teaching Hospital, within a brief period the number of admissions doubled, and services are now available in every province and demand is increasing (Mwewa and Mweemba, 2010). Central to the provision of these services are nurses and they are seeing the rapid changes in healthcare provision, the types of patients admitted, and the increasing expectations placed on them. For example, critical care nurses now see a breadth of conditions ranging from neglected tropical diseases, NCDs, trauma and the need to provide postoperative care following highly complex specialist cardiac surgery.

In Zambia nurses and midwives have, over the years, been challenged by the changing health problems and the need to effectively respond to the changing healthcare needs and demands. Globally, nurses and midwives equate to half of the professional workforce and provide 90% of

the care given by a professional, yet they are often under-represented at strategic level and in many countries may have limited access to ongoing professional development opportunities (Crisp, 2017). Zambia is fortunate to have several post-registration courses including critical care nursing. While the introduction of these programmes has provided specialised nurses, educational courses may become outdated quickly, due to the changing health problems and the need to safely and effectively respond to the changing healthcare needs and demands of patients. In consequence, once established, programmes may not get the opportunity to change due to regulatory and statutory requirements or a lack of funding to review programmes. This widens the gulf between education and practice and is a similar challenge of varying impact for many countries regardless of wealth.

There are many partnerships between education providers and it is recognised as a collective responsibility to address global health inequalities. These multi-level, long-term relationships and open communication between organisations and specialties to 'build synergy of results' rather than duplication of efforts is what is needed (Ng-Kamstra et al, 2016). Establishing any new programme will have an impact on practice and should be celebrated and the ongoing impact should be shared. The sharing of best practice and evidence also needs to be considered. Activities may involve publications to raise professional, public and political awareness of the ongoing issues facing nursing. This in turn will strengthen the quality of research conducted and encourage co-authoring from peers in low-middle-income countries and start to fill the void in evidence-based nursing (Ng-Kamstra et al, 2016).



These activities will help with sustainability and prepare for the changes in response to the future workforce and healthcare demands. Without consideration for the longer term, survivability of specialist courses poses a risk, as Ministry of Health and funders may not continue to fund programmes that are deemed outdated and not responsive to the needs of the nation. In consequence, this may lead to the implementation of short-term training programmes to 'fill the gap' in practice. We propose for partnerships as this is perhaps where some activities could now focus.

For many nurses in developing countries, accessing education and current research are significant factors that inhibit care delivery and can impact on professional advancement. These factors can contribute to nurses feeling undervalued, demoralised and not listened to, leading to them leaving the profession or migrating to other countries where conditions are deemed better. Without investing in nursing, a perpetual cycle of loss of talent and resources and healthcare organisations not reaching their full potential will continue. It is not only important to increase educational opportunities but also consider the longer-term opportunities for nurses. This includes supporting nurses who choose to remain at the bedside as well as growing more nurse educators, researchers and leaders. For many countries specialist nurses will be the pioneers within their specialty who will shape the short-, medium- and long-term developments of the nursing profession.

The UK Department for International Development (DFID) Health Partnership Scheme in conjunction with the Tropical Health and Education Trust, realise the importance of long-term sustainable projects and through the Health Partnership Scheme have funded the Advancing Access to Critical Care Education (AACCE) project. The AACCE project is helping to capacity build critical care nursing education in Zambia and in partnership with the main stakeholders in Zambia and Birmingham City University (BCU), the project is reviewing the existing critical care nursing curriculum and developing a career framework (pathway) to advance critical care nursing in Zambia. The International Council of Nurses (ICN) (2015; chapter 6, page 39) have indicated that nursing is often described as a 'sleeping giant' that needs to be awakened to release its full potential and the recent launch of the Nursing Now campaign aims to do just that. Due to the sheer numbers of nurses working around the globe and their multiple roles in varied settings, the decisions that every nurse makes multiple times a day in their everyday practice makes a significant difference in the efficiency and effectiveness of a country's healthcare system (ICN, 2015; Chapter 1, page 1).

The potential benefits of realising this nursing contribution is not only relevant to nursing academics and clinical staff in Zambia, but also for the volunteers from BCU, the UK Defence Medical Services and NHS, who also benefited from the experiences of

working overseas. This includes developing resilience, improved communication and leadership skills, developing life skills and the holistic experience of a different culture. These experiences often last long after having returned to the UK and can help nurses when working in a multicultural healthcare system with the relative challenges associated with resources and staffing.

As the Nursing Now campaign starts to gather momentum and the 'sleeping giant' awakens, this is the opportunity for nurses to tell the world what a difference they are continuing to make and to share the opportunities available to all to make better nurses. If the energy of these millions of nurses is truly awakened with the full support of managers and policy makers, and with their full involvement in policy, then nurses will be a force for change to transform international healthcare systems. **BJN**

- Crisp N. Nursing now update. 2017. <https://tinyurl.com/ya5vdjw> (accessed 25 April 2018)
- International Council of Nurses. Nurses: a force for change: care effective, cost effective. 2015. <https://tinyurl.com/kcju6s3> (accessed 25 April 2018)
- Mwewa B. Mweemba P. Knowledge and utilization of ICU admission criteria and guidelines, Lusaka, Zambia. *Medical Journal of Zambia*. 2010; 37(3): 143-152
- Ng-Kamstra JS. Greenberg SLM. Abdullah F et al. Global surgery 2030: a roadmap for high income country actors. *BMJ Global Health*. 2016; 1(1): e000011. <https://doi.org/10.1136/bmjgh-2015-000011>
- World Health Organization. Zambia: WHO statistical profile. 2018. <https://tinyurl.com/y8wbkag2> (accessed 25 April 2018)
- World Health Organization. Global status report on non-communicable diseases 2014. <https://tinyurl.com/laj7nou> (accessed 1 May 2018)