

Linking Nursing Education with Social Inequity Awareness: the Dominican Experience

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Abstract

This narrative style article presents a nurse-educators' personal perspective of an experiential education trip to the Dominican Republic. This model of participatory teaching heightens the nursing students awareness of the social determinants of health and the related negative health outcomes, broadens perspectives of culturally competent care, enhances student's ability to adapt in difficult situations, integrates their knowledge with compassion, improves physical assessment skills, communication techniques, and demonstrates excellence in professional practice. Students begin to recognize the crucial role that partnerships play in community health, policy development, health promotion, and environmental sustainability.

The memories are real

The large open-air balcony was our place of refuge and reflection at the end of the day. We were sitting together in a circle, quietly, in the darkness, with the glow of a few candles intermittently highlighting our faces. Some students were crying. Some were nervously twiddling at their hair, now pulled up into ponytails to help dismiss the heat of the evening. A few were curled up, almost in fetal position, yet intensely journaling into notebooks; while others were rhythmically moving, yet silent, in the large wicker rocking chairs that adorned this space. This was a new life experience for most of the students in our group, and each waited patiently for their turn to speak. Emotion poured out, as the reality of the day's itinerary was consciously realized and communicated, within this trusted circle of reflection. Today's journey had been a walking tour through a 'shanty town' in the Dominican Republic: a community existing on a garbage heap of other's discarded trash. The reactions expressed were similar to my own feelings, the first time I came here eleven years ago: disbelief, horror, guilt, and sadness.



The main street of Barrio 41: life on a garbage dump.

An Opportunity

Certainly, this village is a distant cry from the “all inclusive” resorts that most tourists visit. But we are not tourists. We are nursing students and faculty from Georgian College in Barrie Ontario, who have voluntarily given up our winter break and the comforts of home, to have the opportunity to participate in a cultural nursing awareness trip. Since 2002, nursing students, registered nurses from the community, and faculty members have recognized that this international experience integrates a level of cultural and community awareness, that is unachievable in the classroom setting. Our goal is to facilitate the students’ learning by providing culturally competent health care and related health education to impoverished families in the poorest regions of the DR; in conjunction with, and directly alongside, the valued community health leaders. Our experiential and less traditional style of learning has two outcomes: it allows

DOMINICAN EXPERIENCE

the students to fully integrate health and well-being theory with public health nursing practice, while demonstrating the crucial importance of partnerships in community health and sustainability. Secondly, the direct engagement and involvement of the students with impoverished people, facilitates the students understanding of the impacts of social inequity on health outcomes. It is well documented that the chronic stress of social inequity (lack of nutrition, clean water, clean air, shelter, education, healthcare, and employment) can negatively affect both physical health (cardiovascular, immune disease, and late onset diabetes) and mental well being (anxiety, hopelessness, and isolation) (Mikkonen & Raphael, 2010, WHO, 2008). Our educational model follows profession standards for excellence in clinical nursing practice as it “involves caring in action and is fundamental to the achievement of optimal health outcomes for the patient, registered nurse, and system” (RNAO, 2012, p1).

Our placement is made possible through a strong collaboration with RayJon Share Care, a non-profit organization from Sarnia Ontario, who partner both Haitian and Dominican medical, educational, and awareness programs. Their mandate is to provide a sense of empowerment and positive change, assisting people to reach their full potential; increasing quality of life by building community capacity and sustainable programs (RayJon, 2012). Through RayJon’s leadership and expertise, our connections with the community health advocates in the Consuelo area are facilitated; Sister Lenore Gibb (an 80 year old nun originating from Pembroke, Ontario) and Sister Nativad Rosa, Grey Sisters of the Immaculate Conception; skilfully play a key role in this community’s health as they oversee a nutrition program, transportation for education program, a seniors residence, and several schools (elementary, secondary and most recently, a technical school).

DOMINICAN EXPERIENCE

The Sisters have a close working relationship with Dr. Francesca Vasquez Santana, director of 'The Divine Providence Health Centre'; a simple, but robust, community health care hub in Consuelo. It is encouraging to recognize the distinguishing characteristics of a primary health-care framework being utilized at the clinic (person- centeredness, comprehension and integration of services, and continuity of access to care: WHO, 2008). When a patient seeks care at this clinic, a relationship is initiated to discover who the person is, and to evaluate the impact of their social reality, as the context of family is very important to both the Dominican people and primary healthcare framework. Trust is developed through consistent communication, fostering continuity of care, and permitting educational possibilities with the family. With a blend of inter-professional services available on site, both accessibility and integration of service care is facilitated within this familiar setting, effectively and efficiently. A general practice doctor is present daily and variety of specialists, rotate through the clinic on a biweekly schedule, for referrals on site. Select laboratory services, optometry, and dentistry are available intermittently.

As many of the extremely vulnerable and impoverished persons living in the rural villages, can not afford transportation to the clinic; the clinic now comes to them. With funding from global partners, such as ourselves, the Mobile Health Team was established to provide health care and medication. The team, consisting of a physician, a nurse, and community health worker follow a set rotation schedule through the 47 communities, ensuring that medical care is available at least once a month. The capacity of this mobile health team averages 10 to 12 patients per day. It is noteworthy to mention that during the eight days in May of 2018 when we collaborated with the mobile team, this number increased to over 500 assessments completed.

The Dominican Facts



The main street of Consuelo, Dominican Republic.

The Dominican Republic is geographically situated 19 degrees north of the equator on the Caribbean Island of Hispanolia, which it shares with Haiti. The climate is consistently warm and humid, with the threat of hurricane activity from June to October. The recent statistics, provided by WHO, describe a total population of 10 million people; one third of whom are under the age of 14 years. More than one third of the population (34%) live below the poverty line and similarly, one third of the population (29%) live in rural areas. The stated unemployment rate is high, at 14.6%. In 2005, only 20% of the population had sanitation services. These disparities, combined with the adversity of weather, promote the spread of diseases such as typhoid fever, malaria, bacterial diarrheal, parasites, and malnutrition, especially for the children under 14 years. One of the key indicators of this population's health is the infant mortality rate, which is

DOMINICAN EXPERIENCE

high at 21.3 deaths per thousand live births, confirming that this country is enduring severe income inequality and related health issues.

The medical system is managed in two sectors: public and private health care, however funding is very limited and unequally dispersed. Medical care is not easily accessible or affordable for those persons who live in the rural areas and/or who live below the poverty line: being one third of the Dominican population! In addition to the published facts, it is known that roughly 100,000 Haitians, without registration, and thus without an identity; have migrated to the rural areas to find work in the sugar cane fields. Their impoverished community dwellings called ‘bateys’ are tiny strip-row housing consisting of one or two rooms, and many have no hydro or potable water.



Batey life in Cambalachie.

DOMINICAN EXPERIENCE

In the batey, it is expected that every able-bodied person will work 10 to 12 hours per day in the cane fields, making the equivalent of \$3.00 per day. Parents quite often do not have enough food for the entire family and it is the males who are fed first; the children and mother, last. There is no money available for the necessary school uniform, shoes, or for transportation to school and because the children are not registered citizens of the Dominican, they are denied the opportunity to attend school past grade three. Teenage marriage and pregnancy is common, thus perpetuating the cycle of poverty with lack of medical care, education, and opportunity.



A Mom, with three of her 5 children, in front of their home in Cambalachie.

Incidentally, the word 'batey' is derived from the indigenous people's (the Taino) word for 'slaves'. Presently the communities that house the sugar-cane workers, the Haitian's, are comparable to slavery.

DOMINICAN EXPERIENCE

Preparation takes months

Advance preparation for this trip begins every fall, with the application process. Each student must articulate both their professional and personal goals for visiting a developing country, and their expectations of this global nursing experience. A personal interview process then follows, which allows the trip leaders, a more personal glimpse of each applicant. As team work is crucial to the functioning of our group while in the Dominican, it is important for the group leaders to know the strengths and weakness of the group members. This sense of knowing and trusting others is accentuated at monthly meetings that are held to introduce and orientate the students to the “house-keeping” elements of this adventure (dates of travel, accommodation, immunization, passports, fundraising, the donation process, insurance, Spanish language course electives, and personal code of conduct while travelling with our group). Additionally, the monthly sessions allow the students to articulate their research on relevant Dominican elements: geography of the area, climate, overview of the Consuelo community partners, common disease processes of the Caribbean, and Dominican culture, customs, and religion. Viewing of the documentary “The Price of Sugar” (2006) is assigned as home-work. To prepare the students for community nursing practice, practice clinic situations are modelled and problematic queries are brought forward to highlight situational critical thinking and solutions: to expect the unexpected, and be adaptable.



Ashley Bourne, Myrna Jones, RN., & Brittany Berthianume sort medications for the day's use.

Discussions and experiential circumstances are facilitated (such as a poverty dinner where there is not enough food for everyone at the table), that allow the students beginning thoughts of social inequality. It is crucial to prepare the students ahead of time, for what lies ahead of them, as their perception of the situation will have a major impact on their ability to cope and adapt. “When people believe they can do something that will make a difference, when they believe they can successfully cope with a situation, the stress is reduced” (Brannon & Feist, 2000, p119).

Each participant, student and leader alike, is responsible for funding of their own trip and to supply a hockey bag (how Canadian) full of medications and/or medical supplies for use in

DOMINICAN EXPERIENCE

our clinics; some of which has been donated and some purchased with fundraising dollars. In the past years, students have sold poinsettia plants at Christmas time, arranged bake sales, dances, pub nights, bingos, and arranged yard sales to raise money. Most recently, a GoFundMe site was quite helpful, as were donations from family, friends, and community groups such as Rotary, Kiwanis, and church congregations.



Georgian teachers and students at the airport with all the donations.

Our mobile clinics: meeting the people

Weeks before we arrive, the Consuelo health team partners, Dr. Francesca and Sister Nati, chose the destination of our community health care clinics and spread the news; the

DOMINICAN EXPERIENCE

Canadian nurses are coming! We go wherever the need is greatest, and to villages that are the furthest away from any medical centers, as we have transportation; the people do not. Today we are going to a batey 90 minutes away.

Our stubby bus arrives before nine a.m., full of eager yet anxious students, nurse educators, several translators, a doctor, a Dominican nurse, and a community worker. On board also, are the well prepared supplies of our nursing practice here in the Dominican: plastic table cloths, zip-locked bags of pre-labelled medications, prepped in single dose dispensing form; topical treatments organized alphabetically in a plastic closet shoe-organizer; enough parasite medication and vitamins for the entire village; ample supplies of over the counter meds (analgesics, vitamins, and cough medication), small disposable cups, a jug of water, and sun block. The temperature of the day is already 30 degrees. The humidity is causing our scrubs to stick to our back. Our team work expedites the assembly of a rough facsimile of a clinic, positioned amongst the dilapidated row-houses. There is little shade from the heat, yet there are awaiting villagers everywhere.



Waiting for healthcare: outside our clinic.

Each student is assigned to a specific position for that days' clinic and during the length of our stay, rotate through all tasks. The "Greeter" position, while acting as a gateway into the clinic, documents the demographics of the person's name, age sex, and specific reason for their visit. This position importantly maintains crowd control for entry into the clinic, as many curious onlookers attempt to get a close-up look at what is happening inside. Families enter together which affords the student an opportunity to become more familiar and intimate with the Dominican family culture. Secondly, all villagers go to the "assessment" area where the students, under the supervision of the leaders, carry out a health and physical assessment based on the

DOMINICAN EXPERIENCE



Georgian student Kristine MacDonald taking a health history.

complaint voiced at intake. Each student brings their own health assessment kit from the college, and thermometers, glucometers, BP cuffs, stethoscopes, an eye chart, weight scale, gloves, masks, and hand cleaner are all part of our pack.

Depending on the result of the assessment and the patients' needs, "treatment" is provided at the next station, where wounds are cleaned, bandages are wrapped, or antifungals are applied.

DOMINICAN EXPERIENCE



Student Caitlyn Bell applying topical treatment; while infant receives anti-parasite med.

Other students will be supervised at the “medication” table, where both ‘over the counter’ and prescription meds (as ordered by the Doctor) are dispensed. All patients receive parasite medication and vitamins, along with the appropriate health education.

Our Spanish language deficient is at times a challenge, and without the aid of the translator, would be impossible. The greatest prevalence of ill health assessed today is related to impoverished conditions: parasites, dehydration, malnutrition, tooth decay, and congestion are common in the children; while hypertension, infected skin wounds, chronic pain, and vaginitis is prevalent in the adult population. At the end of the day, after providing free medical care for everyone who came, 128 people, we pack everything up and journey back to our dormitory: tired, dirty, hungry, and emotionally exhausted.

“Information is useful only if it is shared” (UNICEF, 2012, p.2)

The task now, was to reflect and share. Reflective practice, and the feelings that are associated with it, play an important role in personal growth and character building. Emotion affects learning, allowing for a deeper understanding of one’s place in the world, and we as educators, hope that new leaders for social change will be stimulated through this experience (MacDonnell & Macdonald, 2011). After only one community clinic, the students in our circle of reflection are expressing that they, like me, are changed forever.



Our site for reflection at the dormitory.

How can I ever fully describe the emotion I felt when a malnourished child, clothed in rags and without shoes, ran up to me and wanted to hold my hand? And how can I express the stench of the toxic smoke from the burning garbage; still so strong a memory that the back of my

DOMINICAN EXPERIENCE

throat burns at the thought of it. I am almost ashamed to recognize that entire families, with all their worldly possessions, find refuge in one 12 by 12 foot concrete block room with no screens in the window, and the only toilet is a roughly dug hole, partially covered by a splintered board. I find it very difficult to appreciate that the fresh water for the entire village is only available through three 1” pipes, poking out of the ground. There are memories of dogs running wild in the street and tangled webs of poaching hydro lines scattered overhead. In a fenced yard comprised of recycled swimming pool siding, a bone-thin cow is tied up and munching on the garbage in the dirt, yet producing milk for the children. There are no birds singing here. Instead, the constant beat of Latin dance music attempts to drown out the misery of this community. It is clearly apparent to me that the collaborative effort of the Consuelo health partnership is keeping this batey community alive.

Being in the midst of this inequity has opened a window to these 20 students’ minds and souls; allowing them to see ‘first hand’, the injustice of our world. I understand that both the students’ attitude toward social inequity and their understanding of how poverty relates to negative health outcomes, will greatly influence their strategies to support the community and advocate for better public policy (Reutter, Sword, Meagher-Stewart, & Rideout, 2004). The students are frustrated to realize, that although the Dominican government has signed global environmental protection documents such as Change-Kyoto Protocol and Ozone Layer Protection (CIA, 2012), garbage still constantly burns in the villages, and human waste flows directly into the water supply. They begin to comprehend the correlation between strong government policy and the health of the community.

Our reflection and discussion change to include how **we** can help to support this community in its struggle for some quality of life. We decide to donate all surplus funds that are

DOMINICAN EXPERIENCE

left over after our trip expenditures to support the Consuelo health partners; for the school breakfast program, the school bus transportation program, towards the completion of a school, sustain the Mobile Medical Team for a few more months, and to augment a program that assists Haitians in obtaining identity Dominican papers, and thus, an opportunity for education and health care. A special donation is arranged to cover the cost of transportation, treatment, and associated medical expenses for a nine year old boy, Manuel, who has a cardiac abnormality. His heart murmur was picked up by our students during assessment at our clinic. Yes, the memories are real, and they last forever.

Awareness, Lead, & Advocate

Although the duration of this global nursing experience is only one week, its influence is powerful and long-lasting. The students' ability to adapt in difficult situations is enhanced, while they learn to integrate their knowledge with compassion, all the while building both personal and professional resilience that will benefit their creativity and innovation in the future (Benner, Sutphen, Leonard, & Day, 2010). They benefit by improving physical assessment skills, communication techniques, cultural competence, team building, and they begin to recognize the crucial role that partnerships play in community health, policy development, health promotion, and environmental sustainability. Also, the importance of visual awareness is emphasized, as facial expressions and body language cues become health indicators when verbal communication is not clear. At times in our computerized hospital culture in Canada, this skill seems to have been forgotten. And certainly participating in a nursing adventure such as this, is not suitable for everyone: examining people, literally in the dirt, is definitely a contrast to the controlled sterile fields and infection control measures taught in most nursing curriculum. Yet consider the possibilities for social change, if all nursing education in Canada included a global experience!

DOMINICAN EXPERIENCE

As Professional Nurses we have a responsibility to encourage an awareness of social inequality and its negative affects on the health of the global community. The code of ethics states “Nurses should endeavour as much as possible, individually and collectively, to advocate for and work toward eliminating social inequities” (RNAO, 2012, p. 2). We need to lead for change, mentoring novice nurses in both practice and responsibility, personally demonstrating that nursing is truly both a science and an art; and to demonstrate participatory empowerment by advocating for support of disadvantaged populations, speak out for responsible government policy, and partner with global community health projects. Experiences such as this Dominican cultural nursing trip provide a powerful example of the complexities of professional nursing practice and additionally, highlight the role of nursing in global health. Social responsibility may be a personal passion, but it **is excellent** professional practice.



Trip leaders: Sue Vodarek, Jane Barnes, Sylvia Vanderweg, & Myrna Jones

DOMINICAN EXPERIENCE

Comments about the Trip from Past Students

“A true learning experience! I enhanced my assessment skills immensely-from assessing the signs of dehydration in an infant, observing the devastating effects of Leprosy to assessing a third degree burn.”

“On this trip, I got to practice all my nursing skills, especially problem solving and creativity.”

“Thought provoking and spiritually invigorating experience! It refreshed my soul and my nursing care will be more compassionate.”

“The trip helped change the way I will look at all the privileges I ever took for granted. This week changed my life!”

(Rayjon, 2012)

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