Building clinical practice in the Palestine Red Crescent operation theatres in Lebanon: reflections from the perspective of an expatriate nurse

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Aim: This paper, based on the experience of the first author as an expatriate nurse, aims to describe and discuss some aspects of collaboration that contributed to the building of clinical practice when implementing an operating theatre programme in the Palestine Red Crescent Society (PRCS) hospitals in Lebanon.
Background: The operation theatre programme lasted for 8 months: 6 months in 2008 and 2 months in 2009. The programme was part of the partnership project 'Quality of care in the five PRCS hospitals in Lebanon' between the International Committee of the Red Cross and the PRCS Lebanon (PRCS-L) branch.
Findings: The essential aspects that may have contributed to the building of clinical practice in the operation theatre programme included the expatriate nurse and the Palestine Red Crescent operating theatre nurses working together over time as colleagues, the socio-cultural pedagogic perspective selected for the implementation and the collaboration with the management of the hospitals and counterparts in the PRCS-L branch. One should also note the human and structural issues that seemed to influence the implementation of the programme in a more negative way.
Conclusions: This experience may provide insight for other nurses into the importance of working as colleagues, selecting an appropriate pedagogic perspective and establishing productive collaboration with all partners when building clinical practice during a humanitarian mission.

Keywords: Building Clinical Practice, Humanitarian Mission, International Committee of the Red Cross, Lebanon, Nursing

Introduction

This paper describes the first author's experience working as an operation theatre (OT) expatriate nurse for the International Committee of the Red Cross (ICRC) in Lebanon. The experi-ence is intended to describe and discuss some aspects of collaboration that contributed to the building of clinical practice when implementing an OT programme in the Palestine Red Crescent Society (PRCS) hospitals in Lebanon. The OT programme was supported by the ICRC. In the following sections, reflections on the experience of building clinical practice will be highlighted and discussed. One should note that the description and discussion do not refer to any specific hospital or to any specific persons working in the hospitals. The author secured written consent from the ICRC to use the experiences from the mission in this paper.

Background

Based on an independent assessment of health care for Palestinian refugees in Lebanon in 2007, the ICRC, in partnership with the PRCS Lebanon (PRCS-L) branch, embarked on the implementation of a 2-year project (2008–2009) entitled 'Quality of care in the five PRCS hospitals in Lebanon' (International Committee of the Red Cross 2007 internal documents). One objective of the project was to provide OT nurses in the five PRCS hospitals with upgraded theoretical and practical knowledge in perioperative care. Another objective was to support the OT nurses in the implementation of practical changes to build their clinical practice.

The ICRC's OT programme lasted for 8 months. The first 6 months of the project in 2008 included three phases: preparation, implementation and preliminary evaluation. The objective of the follow-up programme during the second mission, in 2009, was to reinforce the areas worked on in 2008 and to conduct a final evaluation of the OT programme. In between the two missions, the present ICRC nursing team working in other parts in the hospital occasionally visited each OT, supporting the PRCS OT staff in the practical changes without conducting any practical teaching.

Surgery was performed at all five PRCS hospitals, and the number of OT rooms in different hospitals varied between two and four. One hospital had problems with humidity, leakage, water and an erratic electrical supply. Some hospitals had difficulty separating clean and contaminated goods due the construction of the OT and because the facilities were not built to serve as hospitals.

The total number of PRCS OT nurses was 33. Many had more than 20 years of experience working in the same hospital. They were all hard-working individuals, and several had two jobs. The nurses were mainly trained as OT nurses by working in the OT. Some of the nurses lived in the 12 official Palestinian camps established in 1948 and faced very little possibility for further career development or continuing professional education. Additionally, their salaries were low. Generally, the PRCS OT nurses were task oriented and did not want to implement changes without a direct order from the director of the hospital. The first author, who was responsible for the ICRC OT programme, had considerable professional experience working for the ICRC in different missions in conflict zones around the world, but this was her first time working in Lebanon. She was selected to play an expert role in the ICRC OT programme. However, she was a novice in how to use her professional competence in a context about which she knew little. A similar experience is described by Tjoflåt et al. (2000). Before her departure for the mission, the author received information about the project through a written project plan and relevant documents as well as oral briefings at the Norwegian Red Cross, at the ICRC headquarters in Geneva and upon arrival in Lebanon.

The implementation of the OT programme emphasized the importance of partnership in humanitarian work. Such a partnership reflects a participatory attitude built on sensitivity, shared understanding and local knowledge. An essential step towards a participatory approach is the dialogue encompassing mutual respect and willingness to listen and to understand other people's perspectives (Foronda 2008; Girgis 2007; International Committee of the Red Cross 2004; Jose 2010; Parfitt 1999; Participation Crisis-Affected Populations in Humanitarian Action 2003; Walsh 2004).

Moreover, the implementation was based on the socio-cultural perspective of learning, which was selected as the pedagogic model in the OT programme. This perspective emphasizes that knowledge is gleaned through interactions and not only through individual processes. Learning is viewed as a result of an individual's participation in activities with others and in cultural context. A central part is the constitution of the activity regarding what is possible to learn, and communication with others is essential (Saljø 2001, 2006). Learning and cognitive development will thus be dependent on the individual's participation in practices where the development takes place (Wenger 1998).

The implementation of the OT programme in the PRCS hospitals

Preparation phase

The ICRC OT nurse did not know the hospitals and the PRCS health system, and spent 3–4 days visiting each hospital to prepare for the implementation of the OT programme. During these visits, the ICRC OT nurse met with the hospital directors, the head nurses and the OT nurses. She also spent time in the OT where the OT nurses were working. The main objectives of the visits were to understand the nurses' expectations of participation in the ICRC OT project and to build trust and personal relationships. Because the programme was built on partnership, it was important to have knowledge of each OT and the system in the hospital as well as building on the PRCS OT nurses' knowledge and experience. Additionally, a plan of action was developed through brainstorming with the PRCS OT nurses about what they wanted to change in their OT.

Implementation phase

During the two missions, the ICRC OT nurse visited each OT for an average of 20 times, approximately 4 days per week in each hospital in the first mission and 2–4 days per week in the second one. The ICRC OT nurse never felt like an outsider and was always welcomed by the PRCS staff.

The teaching activities mainly took place in each OT, except for three workshops with the OT nurses-in-charge from each hospital and their counterparts from the PRCS-L branch.

Based on the brainstorming and due to limited time, and thus rather few possibilities to achieve change in clinical practice in all areas, the ICRC OT programme focused on five main topics within perioperative care: (1) sterilization of surgical material including decontamination of instruments; (2) packing and storage of the surgical material in the OT; (3) counting and documentation of sponges, sharps and instruments; (4) use of diathermy and cleaning and disinfection of the OT; and (5) staff safety.

As mentioned previously, the implementation phase was driven by the socio-cultural pedagogic model. Consequently, the didactic methods chosen were based on this model. Each topic included a theoretical interactive presentation. This was mainly carried out in a separate room in the OT using a flip chart, and relevant handouts translated into Arabic were provided. The theoretical presentations resulted in discussions among the PRCS OT nurses and ICRC OT nurses about the current strong and weak points in the present practice and how to improve this based on international guidelines. At the end of each theoretical session, the OT nurses in each hospital agreed upon which points to improve in each topic. These points were recorded as indicators and provided to each OT in Arabic. A copy was given to the nursing director and the general director of each hospital, and to the counterpart in the PRCS-L branch.

Decontamination of the instruments after each intervention was one example of the improvements the PRCS OT nurses wanted to make as the existing practice was poor. The point was recorded both as a specific objective in the programme and as an indicator, which was monitored by the ICRC OT nurse using direct observation during each visit to the OT. This continuous monitoring, which was communicated to the PRCS OT nurses during each visit, gave the ICRC OT nurse the opportunity to assess the work of the PRCS staff in implementing the changes agreed upon and to repeat essential theoretical knowledge in various ways. Moreover, the continuous monitoring of practice using the indicators proved to be a good tool, demonstrating how the OT nurses were adopting the recommendations and teaching standards in their clinical practice.

Throughout the implementation of the programme and the many visits to each hospital, the ICRC OT nurse held regular meetings with her counterpart in the PRCS-L branch as well as the director and nursing director of each hospital. The aim of the meetings was to exchange information about the planned activities, the changes each OT wanted to make, the progress in the programme and the consumable equipment needed to implement changes to OT policy guidelines. Additionally, the ICRC OT nurse transmitted information from the OT staff to the management of the hospitals and to her counterpart in the PRCS-L branch and vice versa. The priorities of the ICRC project did not include any consumables, but OT equipment that needed to be replaced or renewed was identified in close collaboration with the hospitals and the PRCS-L, and donated.

Reflections on the experience of building clinical practice in the PRCS OT programme

The final evaluation of the OT programme showed that the PRCS OT nurses gained theoretical and practical knowledge in the topics taught in the OT programme. They also seemed to adjust well to the recommended and taught standards in their clinical practice. Returning to Norway after the mission, the first author reflected on the experiences of building clinical practice by implementing the OT programme. In the next section, the main aspects of importance for building such a practice will be discussed.

First, an essential element for achievement in the OT programme was the *time spent* in each OT, working together as colleagues during both the preparation and the implementation phases of the programme. It takes time to establish a participatory attitude as well as a dialogue encompassing mutual respect and willingness to listen and to understand other people's perspectives. The ICRC OT nurse tried to integrate this participatory attitude in her work over time, and this could be the reason why she never felt like an outsider and was always welcomed by the PRCS staff. One key element in a cross-cultural encounter is that a team consisting of participants from different countries can communicate with each other in order to build trust and constructive relationships, and thus work well together (Tjoflåt & Karlsen 2012). According to Girgis (2007), it is important to develop a constructive relationship with others in humanitarian work. She has stated that working relationship is essential in building the capacity of others and, subsequently, the organiza- tion and the community. This is also in line with other literature emphasizing the importance of building trust and relationship in humanitarian work (Foronda 2008; International Committee of the Red Cross 2004; Jose 2010; Parfitt 1999; Participation Crisis-Affected Populations in Humanitarian Action 2003; Walsh 2004).

The *pedagogic perspective* selected in the OT programme was another important aspect of collaboration for building clinical practice. In the implementation of the OT programme, the selection of the didactic methods used for theoretical as well as practical learning was driven by the above-mentioned socio-cultural pedagogic model. As this model emphasizes that learning is regarded not only as an individual process but also constructed through interaction and a dialogue with colleagues, the PRCS OT nurses learned how to improve their practice through working together with the ICRC OT nurse in common activities (Lave & Wenger 1991; Saljø 2001, 2006; Wenger 1998).

Although an organized allocated time for the theoretical session was established, it was sometimes difficult to gather all of the PRCS OT nurses due to unforeseen emergency operations and staff working shifts. However, working together as colleagues in the different OTs generated numerous opportunities to stimulate the learning process and the integration of theoretical knowledge into practice. Through such methods, a constructive partnership might be established, reflecting a participatory attitude (Lave & Wenger 1991; Saljø 2001, 2006; Wenger 1998).

The indicators in this OT project were based on agreed-upon points to improve in each topic, concentrating on the improvement of individual professional practices rather than the overall clinical performance in each OT (Participation Crisis-Affected Populations in Humanitarian Action 2003; Roberts 2007). However, the indicators were essential tools to describe well how the PRCS OT nurses were adopting the recommended and taught standards in their clinical practice. Moreover, the indicators were used to appraise the good work of the PRCS OT nurses, to repeat theoretical knowledge and to reinforce areas for improvement, which are the essential elements for learning. By working together over time, the expatriate OT nurse also gained an understanding of how to implement her expert knowledge in an unfamiliar context. Through this work, she developed an understanding of the PRCS OT nurses' situation and she learned to respect the PRCS OT nurses for their knowledge and practice (Tjoflåt & Karlsen 2012). According to Parfitt (1999), it is essential to value others' knowledge when working in another culture. This is also a core element in partnership (Foronda 2008; Girgis 2007; Jose 2010; International Committee of the Red Cross 2004; Participation Crisis-Affected Populations in Humanitarian Action 2003; Walsh 2004).

Some *human and structural issues* seemed to influence the result of the programme in a more negative way. Human issues are related to the fact that it was challenging for many PRCS OT nurses to change 'old habits' (Nilsen et al. 2012). This could be due to a long work experience in the same hospital with few possibilities for further career development. Additionally, several nurses had unstable living conditions in the Palestinian camps, and this may have affected their motivation to change practice. Moreover, a weak link between the PRCS OT nurses' theoretical knowledge and its application in practice was also observed and could be due to the fact that they were task oriented and not used to apply theoretical knowledge in practice. This could also have influenced the result of the programme more negatively.

Structural issues should also be mentioned. The PRCS OT nurses frequently experienced pressure at work. They had to complete the OT schedule quickly, and the number of operations compared with the availability of instruments was sometimes too high. There was not sufficient time to sterilize the instruments in the steam autoclave between operations. From time to time, they had to use a dry heater or disinfecting solutions to sterilize the instruments in order to keep up with the operations in the OT schedule. The structure of each OT also influenced the outcomes of the programme. The OT in one of the hospitals had a problem with leakage and humidity. Under these conditions, it was nearly impossible for the staff to carry out the sterilization, cleaning and disinfection of surgical material according to standards.

Nevertheless, the impact of the OT programme would have been limited without *collaboration with the management* of each hospital and the counterparts in the PRCS-L branch. Through regular meetings with the management, the ICRC OT nurse had good opportunities to keep the management updated about the progress in the programme and discuss important issues in the implementation of the OT programme. The lack of necessary equipment to implement the changes was included among the issues discussed and agreed upon during these meetings with the management. The ICRC OT nurse could address these matters, but reporting was difficult for the PRCS OT nurses due to the hierarchical system of management in place.

Conclusion

This paper highlights and discusses some reflections based on the first author's experience of building clinical practice when implementing an OT programme in the PRCS hospitals. The essentials for achievements in the OT programme included the time spent when working together, the pedagogic perspective selected, the many visits to each hospital where the ICRC OT nurse and PRCS nurses worked together, and the collaboration with the management of the hospitals and counterparts in the PRCS-L branch. One should also note the human and structural issues identified as elements that influenced the implementation of the programme in a more negative way. On the other hand, little is known about the long-term impact of such a programme. However, based on the information from some of the PRCS OT nurses after finishing the programme, their clinical practice is still advancing, despite their difficult and challenging working context.

Overall, the reflection on the experience of building clinical practice may provide new insights for nurses engaging in this work as well as humanitarian organizations working overseas (Anderson 1999; Girgis 2007). Finally, we suggest that the experience may also provide insights for the PRCS OT nurses about essential aspects for building clinical practice in the OT.

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Author contributions

IT drafted and wrote the entire manuscript; BK provided critical revision and constructive feedback on the manuscript.

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