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NURS 501: Theoretical Foundations of Advanced Nursing

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Helping Hand for Health Equity in Nabwendo, Uganda

Description of a Critical Issue

Uganda is nicknamed the “Pearl of Africa”. It was a term of endearment from an early explorer named Henry Morton Stanley. Winston Churchill visited Uganda and was so impressed by the flora and fauna that he authored a book about it. There is wealth in the Pearl of Africa that does not get translated to meeting the needs of its people.

Many Ugandans struggle to acquire basic needs for day-to-day survival. Health equity and access to care remain a genuine problem. There is an abundance of water, but a scarcity of clean water that is safe to drink. Poor farming practices require large energy input and result in low yields. There is a lack of necessities: safe drinking water, adequate nutrition, and education. The typical income amount in Uganda is \$2574 not per month, but for an entire year (The Heritage Foundation, 2022). This country has one of the youngest populations; 52% of the population is less than 15 years old and 70% are twenty-four or younger. HIV/AIDS and malaria are two main diseases affecting Ugandans. Approximately 1.6 million citizens have a diagnosis of HIV/AIDS and 176,000 of those affected are children under the age of 15 (UNICEF, 2020). There can be up to 16 million cases of malaria a year and out of those infected, about 100,000 die (Carmack, 2018). More Ugandans are infected with HIV, but malaria results in more deaths.

My friend, John, lives in Nabwendo, Uganda. He and his wife Beathy are survivors of the 1994 genocide in Rwanda. They and their five children: Didier, Laeticia, Leah, Ruth, and Samson, moved to Uganda after threats and persecution in Rwanda, where they had lived in the slums of Kigali, amidst other survivors of the genocide. An enterprising man, John speaks six languages.

I met John when he lived in Rwanda, where he had started a small school in a house to benefit the children of surviving widows of the genocide who lived in his neighborhood. The cost of school kept these children roaming the streets, to the distress of the widows. Subsequently, John charged no fees at his school and provided free schoolbooks, paper, and pencils. Eventually, the threats and persecution caused John and his wife and children to flee the country. They relocated to Nabwendo, Uganda, where he started another school to help disadvantaged children. This time, John gained support in the USA and purchased a plot of land and began to build an elementary school from the ground up. Again, against the norms of the country, he charges no fees and provides books, supplies, and tests, free of cost. He has hired teachers and cooks for the growing school. Currently, approximately 450 elementary students attend this school. Each student is provided with one meal a day, while teachers are given breakfast and lunch. A group of my friends have joined me in supporting John in his efforts to maintain the school. He also began construction on the property for an orphanage to provide shelter and provision for approximately sixty-five orphaned, school-age children. He hopes one day to build a small health clinic on the remainder of his acreage to provide health care for the students, orphans, and village members.

During the Covid-19 pandemic, Uganda had the longest school lockdown in the world. Schools remained closed for 77 weeks (AfricaNews, 2021). Many school age children had to get jobs to help support their families. The AfricaNews (2021) article states that many children went to work in mines, where they could earn up to \$2 a day. When schools did reopen, fewer students returned to school due to their jobs, affecting their basic educational requirements. Another factor affecting female students is that during the lockdown many got married, or pregnant, and thus were unable to return to school. It is my desire to continue to support this

school, to help build the orphanage, and in the future to assist by helping to raise their nutritional awareness and overall health outlook through the clinic.

Braveman et al., (2017) define health equity as “everyone has a fair and just opportunity to be as healthy as possible”. Obstacles to equity of healthcare include poverty, discrimination, lack of educational opportunities, polluted environments, inadequate nutrition, and deficiency of health care provisions. I want to research increasing health equity for the children attending the school that my friend John founded. My hope is that integrating a nursing theory and incorporating it with the goals of the United Nations will help to provide a basic education, safe drinking water, and future access to healthcare via the clinic, thereby helping to alleviate a fraction of the health inequalities that they face in the area.

Theory Introduction

In 1979, Jean Watson developed a nursing theory called “The Philosophy and Theory of Transpersonal Caring” (McEwen & Wills, 2019). She revised the theory in 1985 and 1988. Recently she changed the name to “Human Caring Science: A Theory of Nursing” to portray a more profound depth of human connection. She founded the international, nonprofit Watson Caring Science Institute, located in Boulder, Colorado. Watson states of her theory, “Care and love are the most universal, the most tremendous and the most mysterious of cosmic forces: they comprise the primal universal psychic energy... Caring is the essence of nursing and the most central and unifying focus for nursing practice” (Watson, 1988). Her theory was the only theory that addressed spiritual nature when it was devised. Watson’s inclusion of the spiritual aspect grabs my attention. The spiritual aspect of human nature is frequently underdeveloped or ignored.

Jean Watson's has enjoyed a long and illustrious career in the field of nursing. Her story begins with her birth in 1939, in the Appalachian Mountain area of West Virginia. She obtained a bachelor's degree in nursing from the University of Colorado. Watson furthered her education by earning a Master of Science degree in psychiatric-mental health nursing and sociology and then a doctorate in educational psychology and counseling from the University of Colorado (McEwen & Wills, 2019). Dr. Watson was a dean of the School of Nursing at the University of Colorado. She has written or coauthored over eighteen books about nursing theory and has received international awards for her research and writings. Dr. Watson has been proclaimed "a living legend in nursing" by the American Academy of Nursing (University of Colorado, 2013).

She drew from diverse roots of psychology, philosophy, and former nurse theorists Florence Nightingale and Martha Rogers, to form her Human Caring Science theory. Her theory imbues the wonder and mystery of life, love, and caring. She expands her theory to include care of the planet and recognition of ethical and spiritual aspects of caring.

Assumptions from Dr. Watson's theory includes new premises for caring science with beginnings in relational human caring ethic and ontology, assumptions of the ethical and spiritual integration with science, epistemological assumption of many ways of knowing, thus allowing for the inclusion of different forms of evidence, and ontological assumption of unity and connectedness. Relationship ideals contained in Watson's Human Caring Science theory include a transpersonal caring field that lives in the universe and energy construct that transcends time and space, a relationship that surpasses the caregiver and patient to create a new caring environment filled with new possibilities, and transpersonal caregiving endorses self-knowledge, self-healing, and self-control.

The foundation of her theory is ten curative concepts. These ten concepts are pictured in figure 1 flowchart. The ten caritas ideals are practices of loving-kindness, installation of faith and hope, sensitivity to self and others, helping-trust relationship, expression of negative and positive feelings, creative problem-solving, teaching-learning, soul care for self, assisting with basic needs, and creating a healing environment (McEwen, 2019).

I chose Jean Watson's Human Caring Theory to help illuminate the health equity crisis for the school children in Nabwendo because it involves the concept of caring for others. Care for others is not unique to the nursing community, but Watson's theory embodies the essence of what it can mean to help or provide care for others. A diagram of Watson's ten curative concepts is pictured in figure 1.

Figure 1

Jean Watson's 10 Curative Concepts

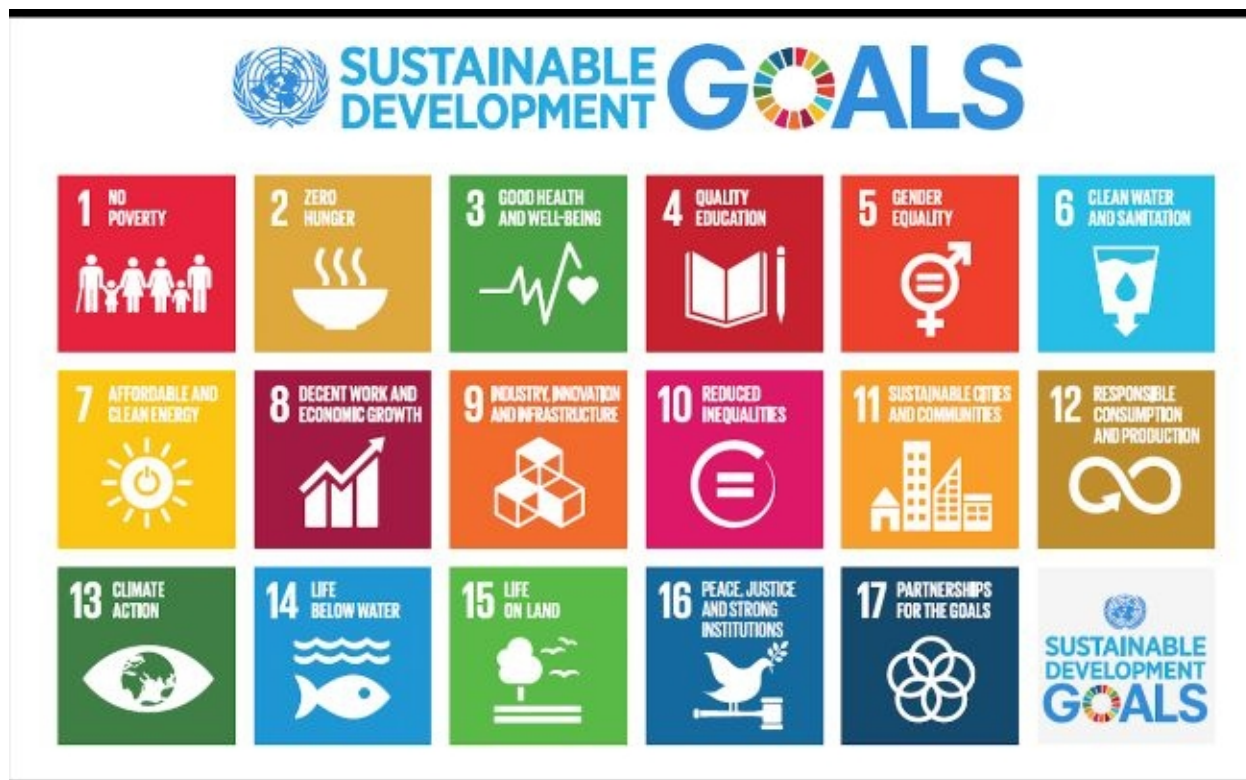


The Sustainable Development Goals created by the United Nations (n.d.) also help to address the issue of health equity. The goals were formed from previous works at the United Nations and other countries. There are seventeen goals that include the areas of : overcoming poverty, zero hunger, good health and well-being, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth; industry, innovation, and infrastructure; reduced inequalities, sustainable cities and communities,

responsible consumption and production, climate action, life below water, life on land; peace, justice and strong institutions; partnership for the goals (United Nations, n.d.). A diagram of these goals is displayed in figure 2. These monumental goals were ratified by all member states of the United Nations in 2015. There are yearly progress reports detailed on the United Nations website about the sustainable development goals. The seventeen goals represent a shared commitment for healing the world's people and the planet. That undertaking began in 2015 and extends into the future. These goals provide a roadmap address health equity in Nabwendo, Uganda, and the entire world. The deadline for meeting the endpoints is set for 2030. The goals that strongly apply to helping health equity in Uganda are the goals of no hunger, good health, quality education, and safe drinking water and sanitation. The remaining goals aid the construction of health equity but are beyond the scope of this paper.

Figure 2

United Nations 17 Sustainable Development Goals



Theoretical Application to Nursing

The concepts of caring created by Jean Watson and the goals proposed by the United Nations can be implemented in the village of Nabwendo to increase health equity for school children. The school in Nabwendo was started on the premise that people care about the children there and want a brighter future for them with increased opportunities. This embodies the idea of loving kindness. The citizens of Nabwendo and their supporters wanted to make a difference in the lives of the children.

St. Anthony's Community Hospital in New York enacted a process to acknowledge the *caritas* of loving kindness (Sitzman et al., 2014). The project involved four parts: a questionnaire to ascertain the staff level of knowledge regarding this *caritas*, a badge placard with the definition of loving kindness, placement of artwork in the workplace about this *caritas*, and a

follow-up questionnaire seeking staff interpretations of what it means to practice loving kindness.

One might ask why a nursing student would focus on education to help alleviate the effects of health inequalities? The answer is that this creates an environment of faith-hope that Jean Watson espouses. Much like the adage of give a person a fish, then they have only one meal, but teach a person to fish, and then they can obtain several meals; providing the ability to read, write and to know how to learn gives a child the opportunity to become a lifelong learner. Even if a child only makes it through the equivalent of sixth grade and must quit school to help provide for their family, they still have gained the valuable ability to read, write, and to continue to learn when possible. This instills faith and hope that they can live a good life.

A previous example of the application of Watson's faith-hope and honoring others is a project that took place at Kaiser Oakland Medical Center in California (Sitzman et al., 2014). The outcome of the project was to encourage nurses in various units to gain understanding and appreciation of the work performed by their colleagues in other areas. Nurse educators and nurse specialists received training about Watson's second *caritas*. These nurses were then assigned to nurses who worked in different units but who had similar credentials. It gave nurses insight into their coworkers and an opportunity to reflect on how their work was different and how it was similar.

The creation of a school building and program also coordinates with Watson's *caritas* of helping-trust relationships and teaching-learning. The students get to learn the educational basics of reading, writing, and math. Occasional field trips to destinations like a zoo or wildlife preserve enrich the educational experience. The helping-trust relationship is fostered between the teachers and care providers at the school. Providing a school that does not charge tuition or fees enables a

learning environment and helps to construct a trust that the school will remain open and available.

The school addresses basic needs for living by providing safe water to drink via wells that have been dug, sanitation via outdoor toilets, stations with handwashing supplies, and one simplistic meal a day. Creating a foundational environment that covers basic human needs allows for the capacity to learn. The formation of this environment combines Watson's concept of providing for basic needs and creating a healing place.

The school provide an education for children of Muslim, Christian, or any faith. There is room for the mysterious forces of different faiths to act in this area. They do not discriminate for ethnicity, race, or gender. This expresses sensitivity to other thoughts and beliefs and creates an atmosphere in which the unexpected and unexplained can occur. A nurse at a hospital in Santa Rosa, California had submitted an idea that demonstrated the concept of Watson's tenth caritas of being receptive to mystery and permitting miracles to happen (Sitzman et al., 2014). The nurse presented the idea of having a battery-operated flameless candle available on the medical/surgical unit for a patient, staff, loved ones/family to come together for a moment of meditation, prayer, silence, or song, whatever the patient desired. This practice could be used for reflection or celebration. This practice also allows for expression of positive or negative emotions and emulates the intention of soul care for self.

Watson's sixth caritas process of creative problem-solving was demonstrated by school leadership. When construction of the school began, they personally formed the bricks to build the school. They made their own soap and placed hand-washing stations around the school grounds when the Covid-19 pandemic hit. The school promotes the idea that the children can help each other, the school, and the community in the present and future circumstances.

A creative approach using Watson's sixth *caritas* involves the formation of a plan to educate nonmedical caregivers about end-of-life issues (Sitzman et al., 2014). The developers saw a need for teaching in the community about what happens as a patient is dying. They authored and outlined training materials and offered an end-of-life training certificate. It was proposed to conduct the learning sessions at senior centers, home health care businesses, and hospices.

One limitation of Watson's Human Caring science is that it does not address political corruption in Uganda. It is not necessarily that government personnel do not care about the citizens and students of Uganda, but some substandard practices are embedded in learned ways of conducting business. Another weakness is that nurses do have caring and loving intentions, but there are days when they do not have enough of that consideration to give out to others. In this current era of conservation of resources, it might be difficult to advocate for and implement processes that go above and beyond basic nursing care. Staffing levels and ratios factor into the ability to create a caring environment for a patient.

Strengths of Watson's Human Caring Theory include that it is congruent with current nursing standards and interventions, as evidenced by the nursing projects based on curative concepts mentioned above. Goodwin University (2022) lists practices promoted by the American Nurses Association as the encouragement of safe and ethically sound work environments, reputable standards of practice for nurses, aid for nurses' well-being, and voicing concerns about topics that currently affect nurses. Watson's ten *caritas* work in tandem with the above practices. Jean Watson's theory holds value cross-culturally, the Watson Caring Science Institute conducts *caritas* trainings in the United States, Portugal, Spain, and the Middle East (Morrow & Watson, 2022). Researchers in Slovenia examined levels of education of nurses and caring

behaviors and the correspondence to caritas tenets and patient satisfaction levels (Pajnkihar et al., 2017). They gave questionnaires to nurses and patients. They concluded that the culture created by a health care organization affects how perceive and provide satisfactory care. They state nurses need quality education about caring nursing theories and resources to implement such care (Pajnkihar et al., 2017).

The Sustainable Development Goals (United Nations, n.d.) of no hunger, good health, quality education, and safe drinking water and sanitation tie into the practical aspects of leveraging health equity in Nabwendo, Uganda. The United Nations partners with multiple countries and world leaders to help bring the envisioned goals to fruition. The goal of no hunger encompasses zero stunted children under the age of two, access to a sufficient food supply, and methods of sustainable food production (United Nations, n.d.). Good health goals focus on reducing maternal deaths, finding ways to stop deaths of young children from preventable causes, and eradicating AIDS (United Nations, n.d.). Educational goals include the provision of primary education for children worldwide. Water and sanitation measures aim to help the 2.2 billion people that do not have safe drinking water and the 4.2 billion people that do not have a means to process bodily wastes (United Nations, n.d.). The strength of these developmental goals is that they are worldwide and inclusive of all peoples. A weakness is that there is a lack of agencies in countries to implement interventions.

Conclusion

In conclusion, Watson's Human Caring Theory and the Sustainable Development Goals of the United Nations can be applied to help increase health equity for the school children in Nabwendo, Uganda. The want of safe drinking water, sustainable food supplies, and educational opportunities make for harsh living conditions for school children in Nabwendo. It is noteworthy

that Watson's 'caritas' and the Sustainable Goals initiative both include provision of basic needs and learning.

The natural wealth and beauty should include prosperous and healthy school children. Since Uganda is composed of young children and young adults promoting health equity for children through the avenues of education, basic health care, and clean water help children now and enable the future generations to create better solutions for their peers.

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