

Article

International health cooperation: to leave or not to leave

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Abstract. *Background:* Disaster or emergency is a situation in which a community, region or country, often in a sudden or dramatic way, is no longer able to meet some or all of its needs and which requires an external assistance. The Center for Research on the Epidemiology of Disasters reports that on average, 350 to 400 disasters occur annually worldwide, involving approximately 300 million people, resulting in the death of around 100,000. International health cooperation is therefore one of the areas of greatest commitment for the international community.

Methods: The aim is to identify the characteristics and motivations of those who would participate in a humanitarian cooperation mission. A cross-sectional observational study was conducted through the administration of a questionnaire of 20 items, to investigate areas: personal data, training and employment, specific knowledge and personal motivations, in a convenience sample of nurses, pediatric nurses, and midwives reached among students enrolled in the master's degree course in "Nursing and Midwifery Sciences" of the University of Rome "Sapienza".

Results: 88 professionals (77.3% female): 84.1% nurses, 12.5% pediatric nurses, 3.4% midwives. The mean age of the sample is 30.61 years (SD \pm 8.622). 77.3% of the sample is female, and 80.7% currently employed. 56.8% of the sample is engaged/married and 79.5% declares that they have no children. 95.5% of the sample never attended courses on international cooperation. 51.1% would leave for a humanitarian mission. At the X²-test (p=0.05), having children (p=0.026), participation in courses on cooperation (p=0.045), language knowledge, in particular, French (p=0.026) and Spanish (p=0.047) are statistically significant.

Conclusions: There was no particular tendency to leave. There was a low level of training regarding humanitarian cooperation. Courses and training could be a strategy both to improve knowledge and skills and to spread the culture to be part of an international health professional community.

Keywords: Nursing, International Health Cooperation, Low-income countries, Disasters.

Introduction

Disaster or emergency is a situation in which a community, region or country, often in a sudden or dramatic way, is no longer able to meet some or all of its needs and which requires an external assistance [1]. Generally, disasters and humanitarian emergencies are caused by atmospheric phenomena, geological catastrophes, epidemics and pandemics, or human factors. As a result of these events, real humanitarian crises are generated, situations in which the populations concerned experience a multitude of resource limitations simultaneously, such as loss of home, lack of drinking water, food, connections and transport, safety and health care [1].

The Center for Research on the Epidemiology of Disasters reports that on average, 350 to 400 disasters occur annually worldwide, involving approximately 300 million people, resulting in the death of around 100,000 [2].

International health cooperation is therefore one of the areas of greatest commitment for the international community. It works to help promoting human development, to overcome poverty, to promote the resilience of populations in greatest need, and to mitigate the imbalances existing both within and states.

The international system for organizing the response to the humanitarian emergency is the United Nations (UN) Cluster Approach [3]. In particular, the UN Office for Coordination of Humanitarian Affairs organizes groups of specialized areas in collaboration with local and national agencies.

All domestic and foreign non-governmental humanitarian organizations (NGOs) should coordinate themselves with specialized UN agencies in areas relevant to the purpose of their missions [1].

In 2006 the World Health Organization (WHO) had identified six specific core competencies for nurses and midwives who operate in humanitarian emergencies [4].

However, most volunteer health professionals do not have cross-cultural training and clinical experience that prepare them to operate effectively and safely in humanitarian crisis scenarios [1,2,3,5].

Each NGO usually prepares its volunteers at the same time for the purpose of their mission. For this reason, the training of health personnel does not appear homogeneous and standardized [1,2,6]. It would be appropriate to structure a standardized training that provides the volunteer with the appropriate tools and skills to operate efficiently and effectively in any humanitarian emergency scenario [1].

Moreover, healthcare personnel are often required to make an independent effort to prepare themselves professionally to operate in emergency contexts and this makes the training of the individual operator highly variable [1,3,7].

In addition, other aspects should be included in the training of the outgoing volunteer such as personal health and safety, vaccination for international travel, organization and supply of personal medicines, knowledge of the socio-cultural, economic and political aspects of the region visited [8,9,10,11,12]. Different methodologies could be used to train volunteers such as frontal lessons, e-learning class as well as short experience on the field [10,13,14].

Objective

The aim of the study is to identify the characteristics, which best describe the propensity to actively participate in a humanitarian cooperation mission, including training.

Methods

Study design, setting and participants

A cross-sectional observational study was conducted through the administration of a questionnaire of 20 items, to investigate the following areas: personal data, training and employment, specific knowledge and personal motivations, in a convenience sample of nurses, pediatric nurses, and midwives reached on the territory of Rome.

The convenience sample identified consisted of students enrolled in the master's degree course in "Nursing and Midwifery Sciences" of the University of Rome "Sapienza".

Survey was conducted through an online platform (<https://www.surveymonkey.com>). The participation to this study was on a voluntary base and strictly anonymous, and the data were analyzed in aggregate form. Data were collected during the period from July to August 2019.

The questionnaire used in this study was structured ad hoc and validated on a similar sample of 20 subjects.

Statistical analysis

Descriptive statistical analysis was performed such as percentages, averages and standard deviations, as well as inferential statistical analysis with the chi-square test, and statistical significance was set at $p < 0.05$. SPSS 25 statistical program was used to perform data analysis.

Results

The sample, 88 professionals (77.3% female) is composed as follows: 84.1% nurses, 12.5% pediatric nurses, 3.4% midwives. The mean age of the sample is 30.61 years ($SD \pm 8.622$) in age range 23-55 years. 80.7% is currently employed and the average work experience is 6.933 years ($SD \pm 8.4922$) in a range 0.5-38 years. 56.8% of the sample is engaged or married and 79.5% declares

that they have no children. About language skills, English and Spanish are spoken at a good/excellent level in 55.6% and 15.9% of the sample, while French reaches a good level in 9.1% and Portuguese an excellent level in 2.3%. 44.3% participated to activities as volunteer. 51.1% would leave for a humanitarian mission for one month (15.9%), three (19.3%) and up to six months (13.6%) and the 28.4% should know at least one month in advance. 43.18% would leave for geological catastrophes, 19.31% for humanitarian projects, 14.77% for epidemics and pandemics, and 13.63% for war.

Professional and humanitarian reasons emerged as "extremely high priority" in taking part in international cooperation for the 15.9% of the sample, while religious reasons are considered "not relevant" for 34.1%. Finally, 95.5% of the sample never attended courses on international cooperation.

The main outcome, that is the dependent variable "Would you leave for a mission", considering only two ways of answering (No, Yes), was crossed with all the other independent variables such as: Gender, Age, Nationality, Region, Marital status, Children, If currently employed, Working experience (in years), Language knowledge (English, French, Spanish), Cooperation courses, Voluntary activities (**Table 1**).

Table 1 – Chi-Square Tests

CHI-SQUARE TESTS		WOULD YOU LEAVE FOR A MISSION?		
		NO	YES	p
GENDER	Male	60.0%	40.0%	0.257
	Female	45.6%	54.4%	
AGE	20-30	41.8%	58.2%	0.370
	31-40	63.2%	36.8%	
	41-50	60.0%	40.0%	
	51-60	50.0%	50.0%	
REGION	North	53.3%	46.7%	0.914
	Center	47.4%	52.6%	
	South	50.0%	50.0%	
MARITAL STATUS	Married/Living together	58.3%	41.7%	0.362
	Divorced	50.0%	50.0%	
	Engaged/Not living together	34.6%	65.4%	
	Single	52.8%	47.2%	
CHILDREN	No	42.9%	57.1%	0.026
	Yes	72.2%	27.8%	
CURRENTLY EMPLOYED	No	35.3%	64.7%	0.213
	Yes	52.1%	47.9%	
WORKING	0.5-10	50.0%	50.0%	0.735

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EXPERIENCE (IN YEARS)	11-20	62.5%	37.5%	
	21-30	75.0%	25.0%	
	31-40	50.0%	50.0%	
ENGLISH	Good	45.9%	54.1%	0.820
	Very Good	58.8%	41.2%	
	None	66.7%	33.3%	
	Excellent	50.0%	50.0%	
	School	42.1%	57.9%	
FRENCH	Good	25.0%	75.0%	0.026
	Very Good	33.3%	66.7%	
	None	66.7%	33.3%	
	School	36.8%	63.2%	
SPANISH	Good	20.0%	80.0%	0.047
	Very Good	100.0%	0.0%	
	Mother tongue	0.0%	100.0%	
	None	54.8%	45.2%	
	Excellent	0.0%	100.0%	
	School	55.6%	44.4%	
COOPERATION COURSES	No	51.2%	48.8%	0.045
Yes	0.0%	100.0%		
VOLUNTARY ACTIVITIES	No	51.0%	49.0%	0.650
	Yes	46.2%	53.8%	

At the X²-test (p = 0.05), having children (p=0.026), participation in courses on cooperation (p=0.045), language knowledge, in particular, French (p=0.026) and Spanish (p=0.047) are statistically significant.

Discussion

The professionals reached in this study had on average the minimum requirements to leave for humanitarian health cooperation according to the principal ONGs such as professional experiences (on average 6.933 years), good/excellent English knowledge (55.6%), some voluntary experiences (44.3%).

The 51.1% of the sample would leave for a humanitarian mission. Who would leave has the following characteristics: an age range 20-30 years (58.2%), work experience ≤10 years (50%) or ≥ 31 years (50%), mainly female (54.4%), engaged/not living together (65.4%), he/she has no children (57.1%), not currently employed (64.7%), with voluntary experiences (53.8%), and finally he/she would be motivated to leave after a training course (100%). The reasons why subjects decide not to leave are mainly family, feelings of fear and linguistic difficulties.

Qualitative studies have been conducted in order to explore motivation behind the will to leave. Motivations of humanitarian health workers has been evaluated mainly in subjects who has already participated to missions (16,17,18). In particular, the willingness to go on further missions are encouraged by a combination of personal goals and the principal of assisting others [16]. Necessity of training courses to provide professionals with appropriate knowledge and skills to leave has already declared by the World Health Organization (WHO) in the 2006 [4]. In addition, global health issues and preparation for greater cultural diversity should be integrated to benefit nurses at all levels and in all areas of practice [15].

The study has some limitations, such as the low sample size and the choice to use a convenience sample. In addition, the subjects were enrolled in a master's degree course, and they could be very motivated about education and training courses. Therefore, it would be useful to expand the sample size and use another sampling technique that guarantees greater representativeness of the reference population.

Conclusions

In this study, there was no particular tendency to leave. The reasons why subjects decide not to leave are mainly family, feelings of fear and linguistic difficulties. There was a very low level of training regarding humanitarian cooperation.

Since international health cooperation is one of the areas of greatest commitment for the international community, offering courses and training could be a strategy both to improve knowledge and skills necessary to operate efficiently and effectively in any humanitarian emergency scenario and to spread the culture to be part of an international health professional community.

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Conflict of interest

None

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