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Global palliative nursing partnerships in the face of COVID-19

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Abstract

Background: Mutually respectful and long-term global partnerships are critical to increasing hospice and palliative care access as a key component of universal health coverage. The importance of sustained, transnational palliative care collaboration has become more urgent since the COVID-19 pandemic.

Aim: To provide an overview of characteristics for successful global palliative nursing partnerships.

Method: The authors highlight the need to adapt approaches to meet the challenges and demands of COVID-19 in both clinical and academic spaces. Exemplars of thriving global partnerships are provided, alongside palliative nursing considerations and strategies to advance and sustain them.

Conclusion: The role of nursing to drive and enhance palliative care partnerships, especially with equitable input from low- and middle-income country stakeholders, must be leveraged to advance shared goals and reduce serious health-related suffering around the world.

Keywords

Palliative care; Palliative nursing; Global health partnerships

Global health partnerships have been a critical component of social and economic survival throughout the COVID-19 pandemic (World Health Organization (WHO), 2020a). The WHO (2009:2) defines partnership as ‘a collaborative relationship between two or more parties based on trust, equality, and mutual understanding for the achievement of a specified goal.’ Partnerships within and between nations, and across disciplines, cultures and sectors, are also foundational for nurses to contribute to achieving the Sustainable Development Goals (SDGs), specifically SDG 17: ‘Revitalize the global partnership for sustainable development’ (United Nations (UN), 2016; Rosa et al, 2019). Leveraging nursing’s contributions to realise universal health coverage (UHC) is only possible through the development of fully engaged partnerships with health and social care colleagues, as well as policymakers and leaders in diverse fields (All-Party Parliamentary Group on Global Health, 2016; International Council of Nurses (ICN), 2017; UN, 2016; Crisp et al, 2018; 2020; WHO, 2020b; 2021). Universal palliative care access is a critical component of UHC as articulated by SDG target 3.8 (UN, 2019).

Equitable participation from all nations, regardless of socioeconomic status, is essential to address serious health-related suffering exacerbated by the COVID-19 pandemic.

However, the voice of nursing from low- and middle-income countries (LMICs) often goes unheard in partnerships, as issues of unequal power and lack of reciprocity are unrecognised and therefore, remain unchallenged by all partners in the relationship. Recognising the fluidity of partnerships and distribution of power within the social contexts of all partners is key.

Nurses from LMICs can no longer be considered silent partners in a collaborative relationship because their active participation is critical to the outcomes of the partnership endeavor. They are a dynamic element involved in every phase of the partnership process, beginning with conceptualising the meaning of partnership (Upvall and Leffers, 2018).

There are well-documented elements that often constitute effective partnerships and common pitfalls to ineffective partnerships (Table 1). How nurses define and ultimately engage in partnership will be strong predictors of achieving stated outcomes. The ethos of partnership is particularly relevant in the palliative care field, where nurses are tending to those with serious illness and during the time surrounding death. Palliative care is inherently interdisciplinary in nature (National Consensus Project, 2018; Radbruch et al, 2020), often calling for engagement of diverse stakeholders, services and communities, and requiring nurses to feel confident with the skills needed for trust and partnership building. International efforts to improve universal palliative care and pain relief access for all people

and populations will require palliative nurses to include partnership development as a core component of their practice (Rosa WE et al, 2021a; 2021b).

The purpose of this article is to highlight the need to adapt global palliative nursing partnerships in clinical practice and academic arenas in light of COVID-19. Sustained, trusting, and engaged partnerships in the field will be needed to effectively alleviate the global burden of serious health-related suffering. A brief background will be provided on what has been learned through global palliative nursing partnerships, emphasising how partnerships must evolve during COVID-19 and beyond. This will be followed by exemplars of palliative nursing academic partnership innovations and outcomes and strategies moving forward.

The changing nature of global nursing partnerships

Mutuality and continuity are the primary principles that differentiate effective partnerships from those considered to be ineffective (Table 1). Shared power and reciprocity are the hallmarks of mutuality, while continuity refers to sustainability and ongoing partnership support that evolves with the needs and desires of the partners (Lasker, 2016). Adhering to the principles of mutuality and continuity requires extra vigilance during a global crisis. However, the outcomes of partnerships can be strengthened through attending to transparent and respectful communication, clarifying personal and professional boundaries and intentions, and using technology to the highest level possible in resource-limited settings.

Poor communication can undermine mutuality and threaten continuity of partnerships. Lessons learned through the previous pandemics can provide a framework for COVID-19. Three pillars of communication during any crisis include being proactive, planning while recognising the fluidity of the situation inherent to the crisis, and focusing on people (Ratzan et al, 2020). Importantly, global partnerships require time to develop trusting working relationships rooted in cultural humility.

Providing accurate information as quickly as possible to everyone within the partnership is key to maintaining a proactive stance. Negating false information and dispelling rumours requires trust among all partners, especially those in leadership positions. Leadership will also be required to acknowledge the uncertainty of the situation and make a conscious effort to be flexible as new information arrives that may affect the partnership. Leadership partners have the opportunity to strengthen the partnership through principles of effective communication during COVID-19 and beyond (Ratzan et al, 2020): setting clear goals; establishing coordinated responses for all partners to follow; creating a communication strategy; and implementing the plan among all stakeholders. A shared understanding with internal partners and external stakeholders through effective, transparent communication is essential to build and maintain trust.

Partnerships are only as strong as the integrity of the engaged parties. During times of crisis, all partners must consider their personal and professional constraints. The American Nurses Association (ANA, 2020) provides guidance for all nurses which is relevant to local,

regional, national and global partnerships. For example, the direct effects of the COVID-19 pandemic may require nurse partners to consider the needs of their immediate family members or themselves, if either are in a high-risk group. These decisions are particularly significant when individuals are working across borders. Depending on government and legal constraints, the activities of the partnership may need to be suspended for a certain period. Partnership leaders have an obligation to listen and respect the decisions of all stakeholders without judgement.

Technology can strengthen partnerships during COVID-19 by facilitating ongoing partnership outcomes without a physical presence. Online communication platforms offer real-time opportunities for teaching, learning and consulting. While standards for nursing education and practice are becoming increasingly common across the globe, expanding technology and knowledge of the digital determinants of health requires more attention. Digital determinants conducive to effective partnerships include digital literacy, access to technological equipment and infrastructure to support technology (WHO, 2020b). Assessing the capacity for technology within a partnership becomes even more crucial during a pandemic.

Partnership settings with limited technological resources may experience more strain on relationships and outcomes. However, exemplars from Nicaragua and Uganda (McDermott-Levy and Estopinan, 2014; Leffers et al, 2014) illustrate nursing's capacity to learn new technologies and teach patients and other healthcare providers to effectively use technology. Technology also provides a mode of continuity in partnerships. Partnerships can evolve into long-lasting friendships, when project outcomes are realised by using social media and platforms such as Skype and WhatsApp. Organisations are also using e-volunteering or distance mentoring to bridge boundaries with partners who cannot be physically present (MacNaim, 2019). Innovations in technology will continue to forge new pathways in partnerships.

Global North-South partnership and international education initiative exemplar

The End-of-Life Nursing Education Consortium (ELNEC) project is a national and international education initiative to improve palliative care (American Association of Colleges of Nursing (AACN), 2021). Since 2000, ELNEC is a collaboration between City of Hope, Duarte, CA and the American Association of Colleges of Nursing (AACN), Washington, DC. The project, administered by City of Hope, provides undergraduate and graduate nursing faculty, CE providers, staff development educators, specialty nurses in paediatrics, oncology, critical care and geriatrics, and other nurses with training in palliative care, so they can teach this essential information to nursing students, practising nurses and other healthcare professionals.

To date, over 40 127 nurses and other healthcare professionals, representing all 50 US states, plus 100 international countries, have completed an ELNEC training course through attending a national or international train-the-trainer or an online course. These healthcare professionals are sharing this new expertise in educational and clinical settings. In addition,

over 1041 undergraduate and graduate Schools of Nursing have accessed the ELNEC online curriculum, with over 62 136 nursing students completing the online course. ELNEC trainers are hosting professional development seminars for practising nurses, incorporating ELNEC content into nursing curriculum, hosting regional training sessions to expand ELNEC's reach into rural and underserved communities, presenting ELNEC at national and international conferences, coordinating community partnerships, and improving the quality of nursing care in other innovative ways. It is estimated, that since its inception, that ELNEC trainers have returned to their institutions and communities and have educated over 1 273 357 nurses and other healthcare providers.

ELNEC has been translated in 11 languages and the collaborations with countries around the world have been based on strong partnerships and fostering leadership within countries. Many countries have needed to adapt the curriculum to match their own customs, resources and nursing practice. The ELNEC team has fostered leadership development in order to promote ownership within each country so that the curriculum can be widely used and disseminated. Countries have also worked jointly across world regions to deliver context appropriate ELNEC training. For example, more than 20 countries in Eastern Europe have participated in ELNEC training, and leadership has been provided by nurses in Romania for this region. Japan serves as an example of very broad international dissemination, with more than 3000 ELNEC trainers having provided ELNEC training to more than 40 000 nurses. Several countries have partnered with other organisations, such as hospice or palliative care groups, in order to provide infrastructure for their educational efforts. Having materials accessible online to be shared internationally has been key, and the opportunities to train leaders has fostered successful dissemination.

Global North-South partnership on children's palliative care in The Gambia

Many countries have minimal or no children's palliative care services. The Gambia is one such country. While palliative care for adults is developing (Category 3b providing generalised palliative care provision), provision for children has lagged behind (Connor, 2020). Leaders in the Ministry of Health in The Gambia identified this unmet need for children's palliative care, and requested a partnership, initially with the International Children's Palliative Care Network (ICPCN) and subsequently with the University of Edinburgh in 2019. The partnership, led by the Ministry of Health, set out to provide the evidence needed to establish and integrate children's palliative care service delivery and training into the health service and bring together those interested in children's palliative care.

The project commenced in late 2019, with a first objective to deliver a needs and capacity assessment. An assessment protocol and ethical submission in preparation for data collection were prepared and accepted. Two clinical volunteers from Edinburgh with a background in children's palliative care travelled to The Gambia in January 2020 to work with a team from the Ministry of Health, the Paediatric Association of the Gambia, Edward Francis Small Teaching Hospital and the Nursing and Reproductive Health Department at the University of The Gambia. Data collection was carried out across the country using mixed methods, based on a previous study in sub-Saharan Africa (Connor and Sisimayi, 2013; Connor et al, 2014;

2017). This provided an opportunity to strengthen relationships, develop new partnerships and begin the work anticipated for the project.

As data collection was completed, the COVID-19 pandemic began to impact every continent. Follow-up visits that had been planned as part of the partnership were postponed, and eventually cancelled. The partnership continued to work using different strategies, and means of communication and digital working to complete the work planned.

Data analysis and report writing for the needs assessment took place remotely, with partners discussing findings, themes, statistics, via email and Zoom calls. One of the recommendations from the assessment was the need for training health and social care professionals on children's palliative care. Despite the impact of the pandemic, were committed to making this happen despite the pandemic and in a COVID-19 secure way. A 1-day training programme on defining paediatric palliative care was organised for the 28 November 2020. A hybrid format was used, with some participants able to gather together in Banjul, while others attended remotely via Zoom. Partners from the University of Edinburgh facilitated the session via Zoom. Despite technological and connectivity barriers, 30 nurses and paediatricians attended the training, along with key stakeholders and personnel from the Ministry of Health. There was significant media interest in the event.

An important part of work continuity was the recognition that different countries were functioning under varying restrictions and regulations. While visits from the UK to The Gambia were not possible, visits within Africa were, and this provided the opportunity to support the ministry of health's clinical lead in undertaking a diploma in palliative care in Uganda.

Partnership work is about commitment and cooperation, and a shared understanding that those involved are working together to improve services. Nurses, paediatricians and the Ministry of Health modelled this partnership working to develop children's palliative care and, despite the challenges of COVID-19, the partnership has gone from strength to strength, with further plans for ongoing collaboration between the University of Edinburgh, ICPCN, the Ministry of Health, the nursing department at the University of the Gambia and the Paediatric Association of The Gambia. The need for children's palliative care has been highlighted within the country, and the partners are looking forward to continuing to work together to develop and implement children's palliative care within the country.

Considerations and strategies

As COVID-19 continues to affect millions around the world, the burden of serious health-related suffering from the pandemic has increased the demand for palliative care, further emphasising the need for global palliative care partnerships. These partnerships will need to eliminate barriers and adapt to the the international impact of COVID-19. Often, nursing voices in LMICs are not evident in interventions designed for their communities, due to a lack of inclusion early in the partnership development process. When included, nurses are often invited to participate later in implementation phases of partnership initiatives. However, to promote desired outcomes, partnerships need to be initially conceptualised and

designed by all concerned parties, including nurses, through respectful engagement and support. More so, global partners may need to continue communication by mostly virtual platforms, which will require access to internet and technology. Palliative nurse partners who are able to access this technology may be able to expand their collaboration and impact.

A major limitation of nurses' involvement is unclear role delineation. Therefore, to develop successful partnerships in LMICs, the roles of all stakeholders should be agreed upon, clarified, and shared equally to demonstrate trust and reciprocity between the partners (Matenga et al, 2019). Furthermore, partnership activities must consider the cultural and environmental limitations of the proposed projects (Matenga et al, 2019). For instance, educational initiatives stand a better chance at sustainability beyond initial phases when content and delivery methods are driven by local partner contexts, cultures and values, as demonstrated by the ELNEC project (Ferrell et al, 2015; AACN, 2021). The notion of stakeholder adaptability becomes increasingly important during crises, such as COVID-19, when palliative nurses across nations are confronting changing and different practice policies, protocols, and bearing witness to increasing amounts of patient suffering and caregiver needs. The success or failure of a partnership will be determined by both the skills mutually transferred among stakeholders and long-term sustainability beyond the initial active phase.

Transformative nursing partnerships require power imbalances to be continually evaluated and addressed (Upvall, 2018). The continued Global North-Global South driven partnership is often subject to the influence of history (eg colonialism), which is unfavourable and results in poor commitment and distrust among LMIC partners. This is further exacerbated by hierarchies in projects, which often places Northern partners (sponsors) in leadership or decision-making roles above Southern partners. The success of the Gambia-ICPCN partnership attests to the success of more equitable approaches in collaboration, as compared to the traditional North-South hierarchical model (Sowe, 2021).

The economic devastation from the COVID-19 pandemic, especially in LMICs, has led to further restraints on resource allocation for palliative care services, including financing, medications, staffing and infrastructure (Bhadelia et al, 2020). Although funding is often critical to the implementation and dissemination of partnership endeavours, it should not be the central driver of the partnership. Funds are often unpredictable and can be unreliable in sustaining a relationship; they often diminish with time, leading to loss of interest in the projects and consequently the halting of collaboration (Matenga et al, 2019). For instance, in late 2020, the UK government announced a massive cut to overseas development assistance from £15.2 billion in 2019 to £10.7 billion in 2021 in order to maintain a focus on national needs during COVID-19 and the nation's concurrent fiscal emergency (Dickson, 2020). Such budget cuts will have devastating blows to global research and partnerships worldwide (Burki, 2021). As many nations struggle to do more with less, palliative care partnerships need to identify innovative approaches to achieve shared goals in the face of these limitations and direct efforts to the integration of palliative care in pandemic preparedness plans and healthcare legislation (Ali et al, 2020). Partnerships should not rely solely on funding availability where possible, as is the norm, but rather be advanced by the

talents, skills, resources and innovations of all possible stakeholders, with a clear division of responsibilities and driven by explicit partner needs.

As active partners, palliative care nurses have the opportunity to advance shared goals to reduce serious health-related suffering around the world (Rosa WE et al, 2021a; 2021b). Effective palliative nurse partnerships increase global primary palliative care skills, including psychosocial and spiritual care for healthcare workers, with use of curricula development and field education and mentoring. Palliative nurses can use these global partnerships to increase access to oral morphine and other essential medications to relieve suffering and for end-of-life care. Dissemination of successful global palliative nursing partnerships in the form of research, media or publications can provide a model for others to replicate and advance the importance of palliative care as an essential service. Palliative nurse partnerships can further integration of palliative care into health systems by collaborating with local governments and international advocacy groups.

Conclusion

Partnership is critical in achieving UHC, including universal access to palliative care services in LMICs. The devastation caused by the COVID-19 pandemic has increased the need for palliative nurse partnerships to alleviate health-related suffering and increase access to palliative care. Exemplars of palliative nurse partnerships imparting the required skills and knowledge to nurses who are the backbone of healthcare services in LMICs is evident. To ensure success of these partnerships, more attention is required to translate skills into practice and active steps and strategies need to be adopted, such as transfer of skills and sustainability of initiatives beyond the partnership. Effective communication skills, integration of principles of mutuality and continuity, access to technology and ongoing adaptation of the demands of COVID-19 will be needed to sustain successful palliative nurse partnerships across countries and contexts.

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Key points

- Effective global partnerships require clear, effective communication, mutuality, continuity, respect and cultural humility, and may require increased reliance on technology where possible and appropriate
- Global palliative nursing partnerships have been successful in both clinical and academic spaces, increasing access to palliative care services and fostering enhanced education and leadership opportunities for all partners
- Palliative nursing partnerships must adapt to the consequences of the COVID-19 pandemic, requiring increased participation from low- and middle-income country stakeholders to effectively alleviate the global burden of serious health-related suffering.

Continuing professional development: reflective questions

- After reading this article, how do you imagine your role as an advocate for palliative nursing at both local and global levels?
- Identify three ways in which palliative nursing partnerships can be advanced given the impact of COVID-19?
- How can palliative nursing partnerships from low- and middle-income countries be leveraged to achieve the sustainable development goals, including universal palliative care access as a component of universal health coverage?

Table 1.

Characteristics of effective and ineffective partnerships

Effective partnerships	Ineffective partnerships
Explicit rationale for partnership	Priorities driven by donor agency or high-resource partner
Trust	Imbalance in project commitments
Shared vision and shared goals	Partners not fulfilling articulated commitments
Clearly identified roles and responsibilities	Lack of transparency related to finances
Host country or host setting leadership	Cultural misunderstandings or insensitivity
Joint planning	Poor sustainability planning
Equity in all stages of partnership	
Accountability	
Shared evaluation processes	
Recognition of each partner's strengths and weaknesses	
Sustainability as a priority for all involved	

(Slaney, 2015)