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Deployment – The Tuvalu Experience

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Tuvalu is a small sovereign island nation consisting of nine coral atolls. Considered one of the smallest and most remote countries on earth, Princess Margaret Hospital (PMH) in Funafuti is the only hospital. It is a 50-bed health facility with a nursing staff of approximately 40 people. The nursing workforce are experiencing severe shortages of qualified and skilled nurses. Strengthening the nursing workforce through the delivery of high-quality healthcare services will be dependent on the development of a resilient and active workforce.

Recent initiatives have worked to strengthen workforce capacity in Tuvalu. In 2021, a Certificate IV in Enrolled Nursing course was successfully completed by 15 students through virtual and online modes of learning. From 2022 – 2023 nursing services in Tuvalu were supported by the deployment of two teams of Fijian nurses to respond to separate COVID-19, and typhoid and influenza outbreaks. Learning from these experiences, both in strengths and limitations, will be important in moving forward with ongoing workforce capacity development to respond to healthcare demands across all areas of the Tuvalu healthcare system, from the outer islands to the emergency/acute hospital services at PMH.

1. BACKGROUND

Tuvalu is a small sovereign island nation situated in the Pacific between Hawaii and Fiji. Tuvalu consists of nine coral atolls considered one the smallest and most remote countries on earth. Funafuti is the largest island where 60% of the population reside. Princess Margaret Hospital (PMH) is the only Hospital in Tuvalu and is located on Funafuti. PMH is a 50-bed health facility. There are eight outer islands (northern, central, and southern). The only means of transport from island to island is by boat which is under direction of maritime services not owned by the Ministry of Health (MoH). If the boat has mechanical problems and is unable to transport to the islands, this causes major issues particularly when attempting medical retrievals and providing transport for incoming and outgoing clinical staff.

The nursing workforce across Tuvalu consists of around 40 staff. The workforce structure is Chief Nursing Officer (CNO), Senior Nurses including Nurse Practitioners, Registered Nurses, Assistant Nurses, and Nurse Aides. PMH has 8 qualified nurses which places a strain on covering all areas of the nurses' station. PMH does not have adequate midwifery coverage. Qualified nurses are required to work in 2 health clinics on Funafuti, and nursing posts at the eight outer islands should have at least 2 qualified nurses to cover the primary health and emergency presentations.

The nursing workforce in Tuvalu is like all Pacific Countries and Territories (PICTs) who are experiencing severe shortages of qualified and skilled nurses. Strengthening the nursing workforce through the delivery of high-quality healthcare services will be dependent on the development of a resilient and active workforce. The emphasis to delivering the National Health Strategic Plan initiatives and the National Development strategy outcomes 3: Social Development and 10: Health and Wellbeing will be in the promotion of developing locally qualified and specialized nursing team.

2. PROGRESS AND ACHIEVEMENTS

2.1 In-country training completed for Tuvalu Nurses

To overcome lack of training opportunities due to COVID-19 and border closures the Tuvalu Department of Health entered a partnership with Fiji National University (FNU) to undertake the first in-country nursing training course in 2021. The success of this partnership had 15 applications who were all admitted into FNU to undertake the Certificate IV in Enrolled Nursing course, which was delivered through virtual and online modes of learning. All 15 students completed and passed the course and graduated as Enrolled Nurses.

Highlighting Tuvaluan resilience and commitment to training opportunities these resourceful students spent twelve months working fulltime rostered shifts whilst also undertaking fulltime student commitments, challenging the use of technology in undertaking the course requirements, clinical practice and gaining clinical competencies along with researching and writing clinical case studies. They each showed a tenacity to perform and set the benchmark for a future resilient and confident nursing workforce.

2.2 Nursing deployments to Tuvalu

The Ministry of Health, Social Welfare and Gender Affairs recognized the need to seek and source support for more staff due to critical shortages of experienced nursing staff and approached the Pacific Community (SPC) for additional nurses to deploy and assist the Tuvalu nursing team during two critical time periods:

- **COVID-19 Outbreak: 26/11/2022 – 7/01/2023. 5 Nurses.** When the COVID-19 outbreak was felt across Tuvalu it was recognised that to provide high quality standards of care to the population the Tuvalu nursing team required additional support
- **Typhoid and Influenza Outbreak - 18/5/2023 - 31/7/2023. 7 Nurses.** Following the COVID-19 outbreak, Tuvalu was then affected by typhoid and Influenza outbreaks in May 2023. The Tuvalu nursing team were becoming exhausted with the workloads of providing essential and effective nursing care for their patients whilst also caring for their family members and required additional support.

SPC and the Tuvalu Ministry of Health each contributed 50% of funding towards this initiative. Both nursing deployments were funded by the Australian Government Department of Foreign Affairs and Trade (DFAT) and executed through SPC who recruited and mobilised the groups of Fijian nurses for deployment.

The strengths and benefits identified of these two nursing deployments include:

- Easing the Tuvalu nurse's workload during peak response periods.
- Support to existing services and programs.
- Training for the local nurses, including sharing knowledge and skills.
- Improvements to nursing services, especially midwifery services
- Availability of in-country funding to share costs with donor partners (SPC).

- Building strong relationship with regional nurses (one family).
- Promoting intra-professional collaborative care.
- Providing extra income and capacity development opportunities for the deployed nurses.

3. CHALLENGES

3.1 In-country training and workforce development

Learning and development opportunities in nursing are very limited due to the fact there is no School of Nursing in Tuvalu. All nursing training is conducted through neighbouring countries like Fiji or Samoa. The Department of Health only provides 1 in-service scholarship and 6 pre-service scholarship places for nursing, making for competitive applications. The delivery of in-country training by FNU for the Certificate IV in Enrolled Nursing marks an important step forward in developing training options and capacity.

There are a number of additional and ongoing nursing workforce challenges for Tuvalu including:

- Limited numbers of pre-service and in service scholarship offered for nursing.
- Decreased economic and human resources to support mass recruitment of nurses.
- Reduced allocation of financial resources for nurses to attain necessary training requirements.
- The absence of an established accreditation system for nurse training.
- The training in specialized nursing care that does take place in Tuvalu is seldom matched with employment needs.
- Limited number of local nursing specialists in all areas, especially midwifery.
- Long wait times for training opportunities and promotion. The current hierarchical nursing structure does not allow for fast promotions as there are not many higher-level posts within the current structure so staff must wait until holder of a certain post retires to advance further.

3.2 Nursing deployments

Every deployment is experienced differently by the individual and can bring new challenges to the deployed individual and the Tuvaluan nursing team. As with any program, in addition to the strengths of the deployments, there were also limitations or challenges. These include:

- Long process for deployment of nurses.
- Limited resources in the Princess Margaret Hospital.
- Limited number of houses, hotels and lodges for the nurse's accommodation.
- Dependence on the availability of in-country funding.
- Rapid changes in the practices and roles for the nurses.
- Fear of deployed nurses for themselves and their families compounded by distances.
- Communication barriers (language).
- Change of the environment.
- Leadership.
- Healthcare systems.

4. FUTURE DIRECTIONS

Tuvalu can develop strategies to strengthen its decreasing qualified nursing workforce this includes:

- Increasing training needs submission for pre-service and in-service scholarships for nurses every year.
- Continuation of upgrading in-country training to improve delivery of quality nursing care and ensure that care is taking place effectively.
- Long-term contracts for regional nurses to work in Funafuti to address the gaps when short term contracts end, leading to potential nursing workforce crises.
- Maintain the “Impact Assessment” for work performance of outsourced nurses as this would strongly encourage the Ministry of Health to continue providing financial support for supplementary nurses.

- Implement local incentives to promote nursing at PMH – such as special allowances for nurses undertaking specialised care.
- Create the ability to ‘grow our own’ whereby school leavers are given an opportunity to develop our nursing workforce.
- Build solid external learning institute partnerships which will provide pathways for nursing into the future.