

Critical care nursing in Cameroon: formation of the Cameroon Association of Critical Care Nurses



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SUMMARY

- Cameroon is a small economically challenged democratic country in West Africa. Life expectancy and health outcomes are significantly worse than many other nations of the world.
- Critical care services are extremely limited with very few physicians and anesthetists in the country. Nurses have to fill the void often created by necessity.
- Recently, a small team of committed critical care nurses formed the Cameroon Association of Critical Care Nurses.
- This is their story so far.

INTRODUCTION

Critical care nursing is a specialty area in nursing with sub specialties like cardiothoracic, renal, neurologic and emergency care etc. The World Federation of Critical Care Nurses (WFCCN) define this specialty as "specialized nursing care of critically ill patients who have manifest or potential disturbances of vital organ functions". Critical care nursing means assisting, supporting, and restoring the patient towards health or to ease the patient's pain and to prepare them for a dignified death. The aim of critical care nursing is to establish a therapeutic relationship with patients and their relatives and to empower the individual's physical, psychological, social, cultural, and spiritual capabilities by preventive, curative and rehabilitative interventions" (WFCCN 2007).

This paper addresses current issues of critical care nursing in Cameroon and describes the formation of the Cameroon Association of Critical Care Nurses.

OVERVIEW

Cameroon is a west African nation colonized by French and English influences and is now a democratic republic with significant economic, social and health challenges (see Table 1). In a report to the Association of Anaesthetists of Great Britain and Ireland, Leiva (2009) noted the following causes of death in Shisong hospital, Cameroon: HIV immunosuppression (19.1%), Respiratory failure (15.6%), cardiological (13.6%), unknown (11.2%), malaria (8.8%), septicaemia (8.2%), acute abdomen (6.4%), shock (6%), neoplasias

(5.2%), malnutrition (1.6%), postoperative complications (1.6%), trauma/fire burns 0.8%.

According to Hensher et al (2006), hospitals are classified into different levels: primary level hospitals found at the level of the district, secondary level hospitals found at the regional level and tertiary-level hospitals found at the national level. Following this classification system, the level of complexity and capability increases from district level to the national level. National level facilities become complex with highly specialized staff and technical equipment - for example, cardiology, intensive care units, specialized imaging and pathology services etc. This is not the case in Cameroon. In Cameroon, specialized hospitals can be found even in villages so far as the owners (private or public) are able to sustain the hospital. For example the only cardiothoracic surgical centre for Cameroon is found in Shisong, a village in the North West region of the country acting as a referral centre for cardiac patients in Cameroon and some Central and West African countries.

Table 1. Demographic statistics comparing Cameroon and Australia (CIA, 2014).

| Statistic | Cameroon | Australia |
|---|--------------|------------|
| Land mass (sq/km) | 475,440 | 7,741,220 |
| Coast line (km) | 402 | 25,760 |
| Population | 23,130,708 | 22,507,617 |
| Birth rate (per 1,000 population) | 36.58 | 12.19 |
| Death rate (per 1,000 population) | 10.4 | 7.07 |
| Infant mortality (deaths per 100,000 live births) | 55.1 | 4.43 |
| Maternal mortality (deaths per 100,000 live births) | 690 | 7 |
| Life Expectancy (years) | 57.35 | 82.07 |
| Health expenditure (% of GDP) | 5.2% | 9% |
| HIV prevalence (adult population) | 4.5% | 0.1% |
| Obesity: adult prevalence | 10.3% | 26.8% |
| Underweight children under 5 | 4.5% | 0.1% |
| Literacy | M 78%, F 65% | 99% |
| Physician density (per 1,000 population) | 0.08 | 3.85 |
| Hospital bed density (per 1,000 population) | 1.3 | 3.9 |



CRITICAL CARE NURSE IN CAMEROON

Workforce

A critical care nurse in Cameroon takes care of patients admitted to adult and pediatric intensive care units, PACU (post anesthetic care units), emergency units and to a lesser extent the general ward settings where most of the critically ill patients are admitted. There are few critical care nurses in Cameroon because most of the trained registered nurses prefer moving overseas for better working conditions, significantly better salaries and more career opportunities; the consequence of this being a negative impact on care delivered by inexperienced critical care nurses.

In national level I critical care units (like the cardiothoracic intensive care unit and the dialysis centre) there exist an average nurse to patient ratio of 1:2. Many nurses working in critical care settings perform tasks beyond their scope of practice as their training was not critical care oriented.

EDUCATION

In Cameroon, there is no formal or standard training program for critical care nurses. Most nurses who choose to work in critical care are trained after their registered nursing programs by various institutions based on their needs and the expertise of international staff available. These training differences by various institutions leads to wide margins of practice standards between critical care nurses and this makes it difficult to define their scope of practice. Nurses have few career opportunities in Cameroon and going overseas for further education is expensive.

Challenges

Critical care nursing in Cameroon is underdeveloped because of the following;

- Poor documentation leading to inappropriate statistics.
- Lack of recognition of the specialty
- Limited resources (physical, technical, manpower)
- Poor organization of available resources
- Limited experience and leadership in critical care practice.

CAMEROON ASSOCIATION OF CRITICAL CARE NURSES

The Cameroon Association of Critical Care Nurses (CACCNurses) is a 'lighthouse' specialty professional organization representing the growing number of critical care nurses in Cameroon.

Based on the challenges faced in the critical care nursing sector in Cameroon, the idea to create a group that could further develop the critical care nursing sector was born on the 15th Nov 2012. Later, on the 15th of Dec 2012, a meeting was held and this group was named Cameroon Association of Critical Care Nurses (CACCNurses) and a Board of Directors elected (Figure 1).

In order to achieve the goals and objectives, CACCNurses created a facebook site (www.facebook.com/CACCNURSES) and started networking in Cameroon and around the world of critical care. In the course of networking, the association met Prof Ged Williams, who has been and remains very fatherly to this young organization.

The association had Canadian Association of Critical Care Nurses as its first international partner and is now a member organization to the World Federation of Pediatric Intensive and Critical Care Societies (WFPICCS) and the WFCCN. CACCNurses is continuing the networking process so as to bring optimal care to the critically ill patient by promoting the transformation of research and theory to bedside nursing practice.



Figure 1. CACC Nurses Board of Directors with Ged Williams 26 August 2014



Figure 2. General assembly during the first scientific forum of CACC Nurses 26 August 2014

CACCNurses organize/promote educational programs, special workshops, research and ensures strong collaboration with various institutions. The first scientific forum was successfully organized and held on Monday 26/08/2013 with guest speaker Prof Ged Williams who presented a lot of interesting topics that have created much impact in the practice of critical care nursing in Cameroon (Figure 2).

THE FUTURE

There is increasing demand for development of the critical care nursing specialty in Cameroon. Based on the challenges facing the critical care nursing sector in Cameroon, most of the critical care units are occupied by inexperienced staff and with staff shortages. Additionally, critically ill patients and their families are at risk of poor outcomes from critical illnesses. It is therefore imperative that better resolutions be put in place for a brighter future of the specialty.

The formation of CACCNurses is a way forward for the promotion of unity between critical care nurses so that they can create a positive impact on the critical care sector. CACCNurses seeks to achieve the following;

- Have a well developed curriculum and standard of training for critical care nurses through advocacy and collaboration.
- Provision of more educational materials for critical care nurses like textbooks and journals etc
- Organization of national conferences, participation in international conferences and promotion of special workshops for critical care nurses

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- Promoting organization of available resources
- Promoting good leadership in critical care nursing sector
- Promoting good documentation and informative statistics

We hope to continue to grow as a support and guide to critical care nurses of Cameroon and to help build a more consistent and stable critical care and health service throughout our country. We will forever be challenged by many factors, but know that we are now part of a much larger family of critical care nurses through WFCCN and related networks that we hope to inspire us and help us through our journey as CACC Nurses.

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