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The Challenges and Blessings of Missionary Nursing in Africa

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### Abstract

Nursing is a popular career choice in the twenty-first century, and there are many opportunities within the profession to serve. An American nurse has the ability to utilize nursing skills in Africa and share knowledge with the locals. The American nurse may face challenges when adapting to the African culture and healthcare but also may be blessed by the work and ministering to the people. The American nurse faces specific challenges such as educational differences, lack of facilities and equipment, unique diseases, and poor sanitation. In spite of these challenges, the American missionary nurse is able to grow through this experience, develop a stronger relationship with the Lord, and be blessed by the grateful attitude of the African people.

### The Challenges and Blessings of Missionary Nursing in Africa

Nursing has become a popular career field within the past few decades. Not only does a nursing career offer job security, it also allows individuals to provide medical care with a mindset of compassion. Nursing has become a common method of ministry among Christians and can be utilized both nationally and globally. Nursing overseas, specifically in Africa, has the potential of being a blessing to both the giver and the receiver. However, there are multiple challenges and concerns that must be considered.

#### **Preparation**

American nurses who travel to Africa face certain difficulties that are not typical in the United States. Before an American nurse goes to Africa, he must evaluate the motivations for going and prepare for the different circumstances and culture. An American nurse will face a variety of diseases and injuries that are specific to Africa, and he will need to provide care with limited resources. As the American nurse attempts to provide care to the native Africans, a challenge that is often encountered is the interaction with African nurses who are not educated at the same level as nurses from the United States. Varying education may affect the treatment and care given to the African patients and is a potential cause of tension between the American and African nurse. Depending on the African country, the government may also cause problems for the American nurse missionary. Although the American nurse may encounter challenges during the journey in Africa, there is the opportunity to be blessed and bless others with his nursing work (Klopper, 2007).

#### **Maintaining Perspective**

The first challenge that American nurses may face when going to Africa is maintaining his perspective of why he is going on this particular journey. Missionary

nursing in Africa has acquired a bad reputation because some missionaries have entered the continent with a “take over” attitude (Kruger, 2009). A missionary nurse should not come to change the culture that is already in place but should come to administer care with a respect for the culture. It is important to note that professional nurse training did not start in Africa until after World War II so the level of care may be lower than American healthcare (Boateng, 1992). Although the nursing mindset may be different in Africa, American nurses must be willing to work with the African nurses. The missionary nurse must put aside an ethnocentric mindset and focus on the needs of those being served with a heart of being a blessing to others. If the American nurse does have a differing opinion about how something is done, the situation should be approached by presenting alternative options (Daniels, 2005). If the American nurse approaches the circumstance with a commanding attitude, the African nurses may become offended. In order to effectively minister to the people in Africa, the missionary nurse should constantly evaluate his perspective and be aware of his actions (Daniels, 2005).

### **Unknown Surroundings**

Another challenge that American nurses may face is ministering to a different people group in an environment that is not familiar. If the nurse wants to have an effective ministry overseas, much preparation is required. A nurse should research the specific region of Africa and be prepared with useful information (Klopper, 2007). Although a nurse can never be ready for all possible circumstances, he can begin to become more familiar with the geographic and the cultural environment. It is recommended that a missionary nurse reference resources such as *The World Factbook*, which provides comprehensive interventions about that part of the world (Daniels, 2005).

The Central Intelligence Agency (CIA) puts out *The World Factbook* to inform individuals about specific areas, cultures, and countries around the world. Africa is known for numerous diseases like human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), malaria, tuberculosis, typhoid fever, and bacterial/viral gastrointestinal (GI) illnesses (Murray, 1999). These diseases are not common in the United States, and the American nurse should study disease processes and possible treatments before going to Africa. Since Africa has these different illnesses, the nurse needs to prepare for the illnesses as well. An American nurse should receive immunizations for typhoid, hepatitis A, meningococcal, Hepatitis B, and tetanus before going to Africa (Murray, 1999). In addition to acquiring the proper immunizations, the American nurse should also bring certain medications to treat particular illnesses. For example, the nurse can bring permethrin 1% rinse for pediculosis, topical tolnaftate for fungal skin infections, and topical permethrin for scabies (Murray, 1999).

### **Cultural Differences**

When an American nurse first arrives in Africa, there may be a struggle to understand and work with the local African culture. Culture is defined by a people group's "values, beliefs, normalities, and worldviews" (Bohanan, 2009, para. 1). The nurse will need to be open to different perspectives in order to provide the necessary care. When providing care, the nurse must expect a complexity of cultures and deal with them accordingly (Boateng, 1992). The nurse will be faced with many situations that are complicated but must be respectful and administer the best care possible. Although the culture differences in Africa may seem overwhelming, the American nurse should focus on the cultural differences that are local to the community that is being served (Boateng,

1992). The nurse must be aware of the differences in culture and adapt to the environment to provide the best care possible (Klopper, 2007). Although the nurse may want to treat a specific problem, he needs to treat the patient and meet the immediate need with cultural sensitivity. Most African cultures speak a different language than English, and a nurse may have some difficulties communicating with patients (Souers, 2007). Although there are other ways to communicate, the initial speech barrier may cause a few problems (Souers, 2007).

As the American nurse accommodates to the African culture, he must learn a few key components of the culture. The African community believes that family involvement is important in all realms of life, including nursing care (Klopper, 2007). Although the nurse is responsible for providing care for the patient, he needs to expect the family's involvement in their loved one's care. The African culture believes that men are the most important people in the family and deserve to eat before everyone else (Bohanan, 2009). Although men lead their family and deserve to be taken care of, the African mindset can be a struggle to an American nurse who believes that provisions should be shared with the entire family so everyone has some nutrition.

The lack of money in African families may affect the care that is offered in the African culture. For example, a missionary nurse would want to prevent families from facing problems such as malaria, but some families cannot afford mosquito nets that cost \$1.50 (Jantzi, 2006). Simple precautionary actions such as a mosquito net prevent individuals from being infected with malaria. Although money is not abundant in the African culture, an American nurse can encourage African parents to spend some money on healthcare for their children in order to save money on funeral costs (Boateng, 1992).

Parents need to be taught that spending money on preventative measures are necessary to prevent death. Funeral costs in Africa can be extensive, but parents can spend less money on a treatment that saves their child's life (Boateng, 1992).

The African culture also has many myths that are barriers to proper treatment. Pride plays a strong role in the African culture, and some Africans are embarrassed of their actions and do not tell the complete truth about the cause of an illness (Thomas, 2007). If the African patient does not tell the nurse the entire truth about his actions or illness, the nurse is not able to supply the required treatment. For example, HIV/AIDS is a common disease in Africa, and some communities believe that having sex with a virgin will cure the infected individual of the disease (Bohanan, 2009). Although this myth is false, an American nurse may struggle to persuade the African people to not believe the legends of their culture (Bohanan, 2009).

### **Common Health Issues**

In addition to learning about the African culture, the American nurse should also learn about certain injuries that happen commonly in Africa. Some of these injuries include burns, hernias, gunshot wounds, and gangrene. Since some Africans live in mud huts, there are many house fires; therefore the nurse needs to be prepared to treat burns (Jantzi, 2006). Another injury common to this population are hernias (Souers, 2007). Africans commonly perform hard labor that includes heavy lifting, and a hernia may result. The most common reasons in Africa for an operation are cesarean sections, gunshots, burns, gangrene, and tetanus infections (Woodhead, 2010). As a result, American nurses may need preparation in surgical skills in order to be effective in this environment (Woodhead, 2010).

Although an American missionary nurse will have extensive training during school and before going to the mission field, there are many diseases that are more common to Africa. Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) is considered an epidemic in Africa (Henry, 1998). HIV/AIDS is common among the African people and continues to spread. Although the prevalence rate of HIV/AIDS has leveled, the amount of new cases in women continues to increase (Klopper, 2007). Women are more susceptible to the disease because of the male dominance in the African culture. Treatment for HIV/AIDS has improved because of antiretroviral therapy, and the survival time for HIV/AIDS patients has increased (Henry, 1998). Despite the discoveries in HIV/AIDS treatment, there is no cure for the disease. Because of the increased survival time, the number of people who are living with advanced HIV/AIDS has increased; but the disease eventually becomes too much for treatment (Klopper, 2007). An American nurse cannot cure an African patient of HIV/AIDS but can provide the proper treatment and educate the patient concerning lifestyles (Klopper, 2007).

In addition to HIV/AIDS, an American nurse will also be faced with tuberculosis (TB), pneumonia, malaria, and measles. The occurrence of new TB cases has recently increased, and the American nurse should expect to treat and care for patients with TB (Klopper, 2007). Although TB occurs in the United States, the nurse should be prepared for dealing with cases on a regular basis. The treatment for TB is usually long term, but an American nurse may not be able to provide that length of treatment in Africa (Murray, 1999). The nurse can keep long term therapy in mind as he is attempting to treat the patient with what resources are available. Pneumonia and malaria are two other diseases

that are common in Africa (Murray, 1999). The overall level of health care in Africa contributes to the occurrence of pneumonia, therefore the American nurse should be prepared to both educate patients on pneumonia prevention and provide treatment for patients infected with pneumonia. An American nurse may also attend to patients who have malaria. Due to the vast mosquito population of Africa, malaria spreads rapidly throughout the continent and takes the lives of many Africans.

Although these disease processes may seem overwhelming to an American missionary nurse, previous health care professionals have administered vaccines in the past and seen tremendous results. In 1999 and 2005, a vaccination campaign for measles was initiated, and the prevalence of measles decreased by 75% (Klopper, 2007). The numerous diseases can be a challenge to the new missionary, but the improvements should serve as an encouragement for the future (Klopper, 2007).

### **Government**

Another challenge that an American nurse may face is the African government. A missionary nurse may be able work with the government and make sure that he has the correct paperwork, licenses, and vaccinations. Before going to Africa, the nurse needs to see what paperwork needs to be submitted. Some countries require a visa and a local license to practice nursing care in the country; and some countries suggest that Americans register with the country's embassy in the visiting country and carry a copy of a passport at all times for safety reasons (Daniels, 2005). Although a missionary nurse is going to Africa to serve others, he must also listen to the local government. Some countries may be cooperative with a missionary nurse if the government is not able or willing to initiate their own health care program in a certain region (Kruger, 2009). A

missionary nurse is able to offer healthcare that would never be available from their local government. An African country may also already have a healthcare program in practice, and the American nurse could be of assistance to the government officials that were included in the initial planning (Murray, 1999). Although an American nurse should not take over a pre-existing healthcare program, he could contribute new ideas and a fresh perspective (Murray, 1999).

The African government has the authority to restrict the locals or the American nurse from certain activities, and it has government also has the ability to enhance the healthcare of Africa. Most African countries do not have a Chief Nursing Officer or Nursing Policy Office to handle specific nursing matters in the country (Klopper, 2007). If the African government created this piece of the infrastructure, the officers could focus on the health needs of the local residents. Since there are currently no leadership incentives in the government for health professionals, nurses are not inspired to achieve great accomplishments (Boateng, 1992). Instituting leadership positions for medical professionals in the African government may encourage local health providers to advance in their careers (Boateng, 1992).

### **Education**

Because of the differences in lifestyle and commodities, an American nurse may struggle with the type and level of education among health professionals in Africa. Competent nurses and midwives are rare, but a need for more is imperative (King, 2000). The African community has many health emergencies that would benefit from the care of a proficient medical staff. Although a few African nurses are well prepared for their occupation, the nurses who are properly educated commonly burn out because they are

overworked (Klopper, 2007). The administrative staff realizes the nurse's capabilities or the nurse feels like he should serve until he can serve no longer, but rest is essential for a nurse to continue caring for patients. If young nurses see experienced nurses become overwhelmed by the stress of work, the young nurses will not desire to move up in the field of nursing. In contrast, a balanced and experienced nurse has the capability to take a younger nurse and serve as a mentor (Klopper, 2007).

An American nurse may also struggle with the lack of education that is given to both the healthcare providers and patients. While hand washing, breastfeeding, and oral care are common habits in the United States, an African nurse may not know to encourage patients to adopt these behaviors into their daily life (Murray, 1999). If an American nurse is able to integrate these practices into the African nurse's mind, he may be able to influence the care of patients in the future. An African nurse may not be adequately trained on procedures such as transfusions which may be a concern for the patient's health (Thomas, 2007). An American nurse may have more experience with transfusions in the State and is able to instruct the African nurse. If a nurse knows what he is assessing for during a transfusion, the number of transfusion reactions decreases, and patients continue to heal. Although an American nurse has the ability to bring new ideas to the African people in order to enhance their health care, the American nurse should focus on properly educating the African health providers so they can prevent infections in their clinics and pass on their knowledge to their patients (Woodhead, 2010). Concepts such as safety and maintaining the local environment can impact the African locals, and nurses have the power to inform their patients as to what they should do in order to enhance their health (Woodhead, 2010).

An American nurse may lack books and other supplies that are helpful when providing education to the African people. (Boateng, 1992). Books are essential for continuing education in Africa, and an American nurse may struggle with not having those essential resources. Although the American nurse and the African community may want to enhance the local facilities, most materials must come from overseas. Obtaining resources from overseas may increase the price and time that it takes to receive these educational materials (Boateng, 1992).

The lack of schools in Africa also causes a challenge with education in Africa. In order to increase the level of education in Africa, new schools must be started (King, 2000). If more schools are started, more individuals can be taught information that may save lives moving forward. Some countries, such as Ghana, Botswana, and Senegal, have nursing programs both at the undergraduate and graduate levels (Boateng, 1992). A formal nursing education provides students with the essentials of nursing in their native country; but there are not enough local African nursing programs.

Technology is ever increasing during the twenty-first century, and a majority of education is now completed on-line. However, most African cultures do not have access to the internet, and students will be forced to learn and research in different manners (Klopper, 2007). Although online distance education may be difficult or not even an option, other students are still able to take distant classes because of print and post options. No internet may also affect nurses who are attempting to get continuing education hours (Woodhead, 2010). The nurses need internet in order to access the proper training, but they may not have internet or do not have the money to use for an internet

café. Other resources for education are present for African nurses, but the options may be limited (Woodhead, 2010).

Distance education is a concept that has been attempted in Africa, but this method of delivery has not been consistently promising (King, 2000). The culture, layout, and lifestyle of Africans cause potential problems for distance learning. The University of South Africa has attempted both print and post based curriculum in order to get the students involved in their studies, and the University plans to incorporate phone and video conference calls to make the classroom experience more interactive (King, 2000). Although there are many kinks in the system that needs to be worked out, the possible improvement is encouraging to the educational system, specifically in South Africa. Because of the lifestyle and work demands of the African culture, a distance education would be ideal because students could save money and stay at home to work (King, 2000). If educational programs cater specifically to the needs of the African people, the locals will be more apt to take classes and increase their education.

### **Health Care Providers**

An American nurse has the opportunity to develop relationships with the African health care providers. Problems may arise between the two individuals, but both parties may learn from the situation. In addition to learning from seasoned nurses, a young nurse should provide care with a patient-centered perspective (Boateng, 1992). Because of a lack of staff, African health professionals may focus on task based care and solely perform the tasks that the physician orders. African people would benefit from a nurse practitioner (Boateng, 1992). A nurse practitioner (NP) has the ability to diagnose and treat illnesses, and an NP could decrease the amount of time required from doctors. In addition

to the NP, African health care education is also broadening its services to include community, psychiatric, and obstetrics nursing (Boateng, 1992). A widened perspective of nursing prepares the nurse for an array of situations. An American nurse can also encourage the inclusion of health education, health promotion, and health counseling in the African nurses' education (Dover, 2006). If an African nurse is prepared with this knowledge during his nursing education, this information is more likely to be incorporated into the nursing practice (Dover, 2006).

An American missionary nurse may not be able to rely on African nurses to practice in their home country. Many Africans go overseas for nursing school and do not return to their home country to be a nurse (King, 2000). African nurses are able to make more money if they work overseas, so they will find jobs elsewhere. African nurses may also stay overseas to gain an excellent education such as a graduate or a doctorate degree (Boateng, 1992). Although getting an education is not a poor choice, the American nurse may not be able to rely on an African nurse to return to the country of origin. An African nurse is also faced with a heavy patient load, and effective nursing care is not provided if the nurse is overwhelmed (Woodhead, 2010). The American missionary nurse can attempt to plan effectively, but the African nurse is not motivated to continue working if the work is too much to handle. The African nurse does not want to work in a stressful work environment with an unreliable staff and have the possibility of being required to work long shifts (Woodhead, 2010). If other staff members call out of work, the other nurses may be required to pick up the extra hours. Overworked nurses are not beneficial to the patients or to the health organization. African nurses are known to have low morale due to poor working conditions (Woodhead, 2010). In the United States, health

professionals have recognized that a peaceful working environment encourages healthcare workers to enjoy their job; but African healthcare facilities have not fully adopted that perspective, and the effects are seen in the attitude of some nurses (Woodhead, 2010).

If the American nurse is a part of a mission clinic or hospital, he may experience a struggle to get other health professionals to work at the hospital. Teaching local Africans the skills of nursing is a great way to pour into the community, and the American nurse may appreciate other health care workers from the United States. However, other American nurses may not want to work in Africa because of rough living situations (Boateng, 1992). An American nurse would be sacrificing many comforts by moving to Africa, but the chance to minister to Africans is worth giving up their previous lifestyle. American nurses have limited opportunities to participate in continuing education courses while in Africa (Boateng, 1992). In America, nurses may be required to complete a certain number of continuing education hours in order to maintain license. If an American nurse goes to Africa to help the missionary nurse, the American nurse will gain knowledge from experiences in Africa; but the knowledge learned in Africa is not prescribed as continuing education hours in the United States. African healthcare does not provide a substantial income, and some American nurses do not want to go to Africa because of the fear of not providing essential, personal needs (Souers, 2007). Money is an important aspect of life, but an American nurse can affect the African community with his knowledge and dedication to the African people. The American missionary needs a support system in order to effectively serve the African community, but recruiting other American health professionals may be a challenge (Souers, 2007).

**Maternal/Pediatric Nursing**

In the United States, nurses usually specialize in a particular type of nursing. In Africa, a missionary nurse may be expected to provide care in a variety of circumstances. Maternal and pediatric needs are abundant in Africa, and an American nurse can provide quality care that the patients may not receive elsewhere. The death rate for mothers in childbirth is 1/3,800 in the developed world; but in Africa, the death rate for mothers in childbirth is a heartbreaking 1/16 (Klopper, 2007). Maternal deaths are accepted as normal in Africa, but a missionary nurse can take the necessary precautions to prevent many complications from occurring. An American nurse can address issues such as environmental conditions or nutritional deficiencies in order to enhance the mother's overall health (Murray, 1999). If the nurse focuses the attention on altering one health variable, other aspects of health in the African mother's life may improve. In addition to the frightening death rate of mothers in labor, the pediatric death rate is 15%-30% due to starvation (Isaac, 2002). An American nurse cannot change the culture or the techniques in Africa but can implement efficient planning and distribution of the supplies that are available. One particular vitamin that is severely lacking in the African pediatric population's diet is vitamin A; severe diarrhea, possibly caused by environmental circumstances, depletes the child of the required vitamin (Murray, 1999). A lack of vitamin A contributes to a child's quality of life. In order to prevent an increase in childhood mortality and morbidity, an American nurse could provide vitamin A supplements to the African children (Murray, 1999). Vitamin supplements are taken for granted in the United States, but they have the potential to save a child's life in Africa. African children also suffer from dehydration because of a lack of clean drinking water.

To treat the problem before it becomes deadly, the American nurse can use oral rehydration solution (ORS) (Murray, 1999). ORS can be added to treated or boiled water to further hydrate the child. In addition to the previous complications that are commonly experienced by moms or children, an American nurse should also be aware of intestinal helminthes and otitis media (Murray, 1999). Intestinal helminthes are parasites that African children commonly get because of a lack of clean drinking water, and otitis media is known as an ear infection. An American nurse may become overwhelmed at the potential problems for the maternal and pediatric patient populations but can be a blessing to these specific patients during their time of need (Murray, 1999).

### **Sanitation**

When an American missionary nurse goes to Africa, he will most likely be living in an environment that is completely different than what he's use to in the United States. One specific area that a new missionary nurse may struggle with is the sanitation of Africa. Africa is known for its poor sanitation and contaminated drinking water (Murray, 1999). An American nurse should be prepared to manage the disorders that originate from these two environments of realities. Both of these issues increase the likelihood of developing intestinal parasites (Murray, 1999). Parasites can cause discomfort and malnutrition and eventually death. The most common parasites are trichuras trichura and hookworms (Murray, 1999). If the nurse knows which parasites to expect, he may be able to provide the correct treatment. The most common treatment for parasites is mebendazole (Murray, 1999). Mebendazole is a fairly inexpensive medication that can alleviate pain and discomfort. Another consideration dealing with sanitation that may be a challenge for nursing is the lack of running water for hand washing. In order to provide

proper nursing care, the nurse should ensure proper hand washing to decrease the spread of infection (Bohanan, 2009).

Sanitation also affects food preparation. Although the African population may develop a resistance to some of the parasites that live in the water, an American nurse should take special precautions when preparing food. Not only can the nurse make these tips practical in his own life but can educate the locals in order to decrease the chance of sickness. Instead of using the local water, the nurse and the African locals should use bottled water for drinking and hygiene (Daniels, 2005). Decreasing the exposure to the contaminated water prevents the nurse and the locals from getting sick. The American nurse should also instruct the Africans to peel vegetables instead of eating the skins that were rinsed off in the contaminated water (Daniels, 2005). Peeling a vegetable allows the individuals to consume only the meat of the vegetable and not the bacteria covering the outside. Cautious individuals could also steam vegetable in order to kill the bacterium that is on the vegetables from the contaminated water (Daniels, 2005). An American nurse can encourage healthy eating habits to the African locals, but he must advise them to do so safely. For example, the Africans and the nurse should drink a certain amount of water each day to remain hydrated, they may also drink carbonated drinks if clean water is not available (Daniels, 2005). A carbonated beverage contains none of the bacterium that contaminated drinking water does. Poor sanitation may seem like a way of life for some Africans, but the American nurse has a responsibility to recognize poor habits take measures for improvement (Daniels, 2005).

**Lack of Facilities**

Another challenge that an American nurse may experience in Africa is the lack of proper medical facilities which impedes timely diagnosis and treatment (Murray, 1999). African clinics commonly experience overcrowding problems due to limited space (Boateng, 1992). Bigger facilities would enable the medical staff to treat more patients, but money and resources may impede the medical staff from expanding. Some medical facilities in Africa have poor infrastructure and are outdated (Woodhead, 2010). Necessary improvements to the building and the organization are not always available, and the American nurse must adjust the care to the environment. The overcrowding and state of the hospital buildings in Africa also increase the spread of disease. Patients are commonly exposed to malaria because of the lack of proper space (Thomas, 2007). An American nurse may struggle with safely separating infectious patients so they do not spread diseases but must improvise with the current facility. Nosocomial infections are common in Africa due to the insufficient facilities (Boateng, 1992). A nurse may have to place patients in the same room or in close quarters, and the chance of hospital acquired infections greatly increases (Boateng, 1992).

One specific facility that is different in Africa is the operating room. In the United States, an American nurse is accustomed to a sterile environment with strict protocol. In Africa, the operating room environment is much different (Woodhead, 2010). Although African health professionals are concerned with patient safety, the environment is not as controlled. In a particular African hospital, lake flies or gnats are known for swarming the operating room lights during certain times of the year (Isaac, 2002). The gnats can block the light and cause problems for the surgeon's vision; the gnats also die when they hit the

light and potentially fall into the patient's open surgical site (Isaac, 2002). An American nurse may find this occurrence as a challenge to providing adequate health care during surgery, but he must try his best to prevent complications (Isaac, 2002).

### **Lack of Equipment**

A missionary nurse may also lack proper equipment when providing care to patients. A nurse must improvise with what resources are available. In the United States, emphasis is placed on sterility and cleanliness, but a nurse in Africa may have to reuse materials like gloves, laparotomy sponges, suction tubing, and gowns (Souers, 2007). The nurse should take special precautions to sterilize or clean the equipment thoroughly, but may not be able to discard the materials and secure new resources routinely. Some equipment, like incubators for newborns, may be completely absent from African healthcare; and the missionary nurse must be creative (Isaac, 2002). As a result, the American nurse could instruct the African mother to hold her baby close to her body in order to transmit heat to the newborn. A missionary nurse can also be creative with simple equipment such as a sharps container (Woodhead, 2010). In the States, medical facilities have specified containers for sharps; but in Africa, a nurse should assign a certain place for disposal of sharps in order to maintain patient and staff safety. The lack of finances may inhibit a nurse from performing essential tests (Thomas, 2007). The American nurse can use principles of testing that are used in the United States, but the methods may need to be altered. The quality of testing may also be affected by the lack of equipment (Thomas, 2007). The missionary nurse should be aware that the testing may not be accurate and disease can still be spread. The overall lack of equipment and resources may cause a nurse to delay treatment for patients (Jantzi, 2006). With particular

patients, time is life because they do not have time to wait for treatment. The American missionary nurse should use wisdom when deciding who and when patients receive care (Jantzi, 2006).

### **Emergency Care**

In school, a nurse is trained to provide treatment for patients in order to return them to full health. In Africa, an American nurse may struggle with not being able to provide this type of treatment. During an emergency situation in Africa, an American nurse administers blood transfusions and has to worry about the spread of diseases. African villages and cities may not have a blood testing facility so untested blood is administered during crises (Thomas, 2007). This situation is not ideal for the safety of the patient, but the American nurse must do what is necessary and realistic to save the patient's life (Thomas, 2007).

### **Treatment**

In order to provide sufficient treatment for an African patient, the missionary nurse should utilize the opportunities to work with other health care professionals (Souers, 2007). Africa may not have a vast selection of other health care options, but the American nurse should be aware of the resources.

Another aspect of effective treatment in Africa is a six-month follow up after initial care (Murray, 1999). The missionary nurse may be overwhelmed with the patient load, but check-ups confirm that the patient is healing. The missionary nurse should be intentional about the quality and length of care for African patients. The American nurse must remember that members of the African culture appreciate when the nurse treats the whole body, not just the specific illness (Dover, 2006). The African environment allows

the locals to be exposed to many different diseases and illnesses, and the American nurse should be open minded towards various methods of treatment (Dover, 2006).

Simple medication may treat a patient's illness, but a missionary nurse in Africa may lack these medications. Quinine is used to treat malaria, but the American nurse may not commonly have the medication (Murray, 1999). The nurse must use other precautionary measures to prevent malaria if he does not have the necessary medication. Another medication challenge that a missionary nurse may face is the lack of refrigeration. Certain medications require refrigeration, but the African environment may not provide a refrigerator for the nurse to use (Murray, 1999).

### **Personal Health and Safety**

Since Africa is different from the United States, the American nurse should be aware of personal health and safety. If an American missionary nurse wants to have an effective ministry in Africa, self-care is imperative. The nurse's primary goal is to take care of his patients but cannot provide care if there is personal illness (Daniels, 2005). African healthcare may be different than what the American nurse is accustomed to so the nurse should be hesitant about accepting normal African health care. The nurse must be aware of the differences in health care and what is better for his personal health (Daniels, 2005).

If the American nurse has a keen awareness of his well-being, this can prevent the need to limit the chance of needing medical care. One example would be the traffic pattern in Africa. Most Africans have road systems that operate on the left side of the road instead of the American system of right side of the road. An American nurse should be cautious when driving in order to prevent traffic accidents (Thomas, 2007). The

American nurse should also be careful when walking and crossing streets in a large African city (Thomas, 2007). Vehicle and bicycle drivers do not have a reputation for being cautious and may cause an accident if the nurse is not aware of his surroundings. Mopeds are a prominent mode of transportation in Africa, but an American nurse should be leery about riding a moped through busy city streets or high-speed trips through the country side without a helmet (Thomas, 2007). Moped accidents are known to cause serious injuries, but the American nurse may prevent a severe head injury if properly protected. An American nurse has many different opportunities to explore the African country side, but the nurse should use caution when participating in activities such as mountain climbing or extensive hiking (Thomas, 2007). An accident may require the nurse to be hospitalized in an African hospital where he does not have control over the infection prevention and treatment of care.

Malaria is a rampant disease in Africa, and the American nurse needs to be educated on which medication that is needed to treat the disease. Mosquitoes are known for being vectors of malaria, and the insects are more prevalent at night. An American nurse should wear long sleeve shirts and pants after dark in order to decrease the likelihood of malaria (Thomas, 2007). Although this may not completely eliminate the possibility of acquiring malaria, the American nurse needs to take the precautionary actions. Not only does the nurse need to be cautious about personal health when receiving care, the nurse also needs to be alert when treating other patients. Blood-borne diseases, such as HIV/AIDs, are common in Africa; and the American nurse should use personal protection equipment (PPE) if possible (Woodhead, 2010). PPE is not always available in

Africa, but the American nurse should use caution when dealing with bodily fluids that could transmit disease (Woodhead, 2010).

In addition to being concerned about personal health, the American nurse should also be concerned about personal safety. Although the United States does not always provide a safe environment, the American nurse should be specifically aware of the surroundings when in Africa. When the nurse is traveling into or around the country, he should seek advice from seasoned travelers and know the logistics of traveling in that region (Souers, 2007). The nurse should know which sections of town to avoid and what roads are the safest for travel. Some African cities are known for more intense traffic, and the American nurse should know which cities to avoid when driving (Daniels, 2005). Many African cities and villages have a large homeless population, and the American nurse should be aware of this when walking alone (Daniels, 2005). Although the American nurse does not need to ignore the beggars on the street, there is a need to be cautious of their behavior. African city and country streets may occasionally have construction work, and the American nurse should be observant for those occurrences. In the United States, construction areas are usually well-marked; but African construction sites may not be as well-marked and unexpected if the American nurse is traveling (Daniels, 2005).

### **Blessings**

An American nurse will face multiple challenges during his time in Africa, but he will also be blessed by the situations and the people. If the missionary nurse goes to Africa with the intent of ministering to the local Africans, he is able to be an “imitation of Jesus’ healing acts” (Kruger, 2009, para. 2). The nurse’s love for the Lord can be shown

through acts of physical healing. Some occupations tend to become a daily task; but instead of being solely a career, nursing is a calling from the Lord to minister to the people surrounding the nurse (McFarland, 2011). Viewing nursing as a calling may encourage the nurse to persevere when the job seems impossible. In order to maintain a servant's attitude, the nurse should get back to the basics and be reminded why he chose to be a missionary nurse (Souers, 2007). An American nurse working in Africa may get frustrated easily, but the dedication to this calling in life allows for more impact on the people than would have been imagined. An American nurse may also experience growth in his relationship with God because of continuously following God's leading (Dover, 2006). As the nurse goes through trying situations, he must lean on the Lord's strength and direction. In addition to growth, the nurse may also experience a renewing of the relationship with the Lord because of dependence on Him (Dover, 2006). After a nurse sees the Lord work in the midst of a stressful situation, he is reminded that He is in control and will provide unending peace (Dover, 2006).

### **Summary**

As a new missionary nurse to Africa, an individual may appreciate encouragement from others who have been in similar circumstances. Zita Lerinto Asay is a nurse who has served in downtown Chicago, the United States military, and Ghana (McFarland, 2011). Zita's stories of perseverance and determination inspire new missionaries to endure through trying times. Other individuals' experiences can also inspire new and seasoned missionaries. Kyle Danielson, a high school student, went on a mission trip to an African country; and he came back with the question, "Why aren't we doing something?" (Jantzi, 2006, para. 21). Kyle pointed out the fact that there is much

work to be done overseas, and missionary nurses are some of the few that have seen that need and taken action to contribute.

An American nurse may also be encouraged by the local Africans. Many African patients are thankful for the compassion that the health providers show (Collins, 2008). Although the care may not seem significant, the patient is affected by the attention that is experienced. Some patients are not accustomed to receiving treatment, especially from Americans; and the patients may react in unexpected ways. One African girl came in for an illness; but instead of concentrating on her own pain, the little girl asked the American nurse if the spots on her face, commonly known as freckles, hurt? Although the little girl did not make the comment for good or bad intentions, the nurse is encouraged by the child's caring spirit (Collins, 2008).

The American missionary nurse is able to work with many health professionals. Doctors and nurses from the United States, Great Britain, and many other countries travel to Africa for short term mission trips; and an American nurse has the opportunity to develop relationships with both local and visiting health professionals (Souers, 2007). Since most medical missionaries experience the same trials and blessings, an American nurse has an opportunity to establish encouraging friendships while on the mission field in Africa. An international friendship allows for learning on both sides of the relationship (Souers, 2007). Health professionals have come from different backgrounds and contribute information in order to provide better care for their patients. A common problem in healthcare in a different country is a language barrier. If an American nurse is able to work with African doctors and nurses while providing care for patients, he may be able to learn more of the native language (Souers, 2007). Whether the American nurse is

involved in non-verbal communication in the operating room or verbal conversations while rounding on patients, the overall communication with the African medical staff can improve (Souers, 2007).

Although there are multiple challenges and differences to consider when participating in missionary nursing in Africa, the earthly blessings are a mere glimpse of the eternal effects that the ministry of nursing may accomplish.

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