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The Lived Experience of Registered Nurses And Registered Midwives in St. Kitts and Nevis

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THE LIVED EXPERIENCE OF REGISTERED NURSES AND REGISTERED MIDWIVES IN ST. KITTS AND NEVIS

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ABSTRACT

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At the beginning of the 20th century, St. Kitts and Nevis had one of the highest infant mortality rates in the Caribbean. However, unlike some Caribbean nations with similar historical and socioeconomic factors that continue to suffer from significant health disparities, St. Kitts and Nevis implemented strategic health reforms that have led to dramatic improvements in maternal and neonatal health outcomes. One of the strategic reforms designed to address these poor health outcomes was to mandate that all registered nurses in St. Kitts and Nevis pursue certification in the post-basic midwifery program. The purpose of this study was to examine the lived experience of registered nurses and registered midwives in St. Kitts and Nevis. No research has been conducted on the central role these registered nurses and registered midwives have performed in St. Kitts and Nevis' highly successful healthcare system. To address this significant gap in the scholarly literature, a qualitative, hermeneutic interpretive phenomenological study was conducted to gain insight into the everyday lived experiences of the registered nurses and registered midwives in St. Kitts and Nevis. After receiving approval to conduct this research from the Institutional Review Board of the University of Northern Colorado and the Ethics Board of the Ministry of Health in the Federation of St. Kitts and Nevis, practicing registered nurses and registered midwives in St. Kitts and Nevis were recruited using purposive sampling and snowball techniques. Once verbal consent was obtained from the participants, data were collected on-site by audiotaping in-depth interviews until data saturation occurred. Semi-

structured, open-ended interview questions derived from the model for upscaling nurse and midwifery partnerships were used to guide the interview process, which provided the theoretical framework for this study. The data were then transcribed verbatim onto NVivo software. Recurrent themes that emerged from the meanings these registered nurses and registered midwives constructed from their experiences were synthesized using Colaizzi's (Abalos et al., 2016) rigorous qualitative data analysis process. Measures to ensure the trustworthiness of the data were implemented including peer review, member checking, triangulation of data, transparency, reflection on bias, and an audit trail. An analysis of historical, published and unpublished books and pamphlets relevant to the research question was integrated into and further supported the trustworthiness of the findings. Implications for nursing and midwife practice, education, policy, and research were discussed. Findings from this never-studied population might increase understanding of the strengths and challenges nurses and midwives in St. Kitts and Nevis face in providing care. This research contributed to the body of knowledge supporting registered nurse and registered midwife practice, education, research, and policy on St. Kitts and Nevis, and similar geographically isolated islands with limited resources.

DEDICATION

This dissertation is dedicated to the retired and practicing Registered Nurses and Registered Midwives in St. Kitts and Nevis, whose legacy of love for their community, and dedication to continually improving nursing education and practice is such an inspiration. Thank you for sharing your experiences with me. It has been such an honor to learn from you.

This research is also dedicated to Dr. Audrey. Without her assistance and mentorship, this research would not have been possible. Dr. Snyder's amazing example of love and years of dedicated service to the profession of nursing and underserved populations exemplifies everything a great nurse and leader should be.

ACKNOWLEDGMENTS

I want to express my deep gratitude to Dr. Carlo Parker, Dr. Carolyn Bottone-Post, and Dr. Cassendra Bergstrom for their guidance and expertise. I would not have been able to complete this research without their support, encouragement, and patience. I have learned so much from their example of what every nurse educator should aspire to be.

I also want to express my gratitude to my husband Jim and sister Eden for encouraging me to pursue my goals; my children, Hans, Thora, Freya, Reinhard, Vedana, and Gunnar, who inspired my passion in maternal child health; and my grandchildren Andrew, Ethan, Aila, Eliza, and Evelyn, who give me hope for the future.

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CHAPTER I

INTRODUCTION

Problem Statement

At the beginning of the 20th century, St. Kitts and Nevis had one of the highest infant mortality rates in the Caribbean (National Archives of St. Kitts and Nevis, 1919). On many other Caribbean islands with similar historical, socioeconomic, and geographical factors, such as Jamaica, Haiti, and St Lucia, neonatal mortality continues to remain high and women and children there continue to suffer from significant health disparities (Henry-Lee & Johnson-Coke, 2019). However, in St. Kitts and Nevis, maternal and neonatal outcomes are different. To address health disparities in the 1980s, the government implemented strategic healthcare reforms centered on a population-based, preventative healthcare model (Pan American Health Organization [PAHO], 2010). St. Kitts and Nevis developed an extensive, universal, free public health system of hospitals and community health centers within 15 minutes of every home.

Health outcomes in St. Kitts and Nevis are now comparable to many industrialized nations (Martin & Snyder, 2011; Martin et al., 2015). From 1977 to 2021 in St. Kitts and Nevis, neonatal mortality declined by 44% from 25 to 10 per 1,000 live births (World Bank, 2023). In comparison, the infant mortality in 2020 in Haiti was 51 per 1,000 live births and in Mississippi, it was 8.2 per 1,000 live births (Centers for Disease Control and Prevention, 2023; World Bank, 2023).

Registered nurses and midwives in St. Kitts and Nevis play a central role in this unique and highly successful healthcare model. Nurse leaders in St. Kitts and Nevis have actively

collaborated with other nations in the Caribbean region to standardize nursing education and licensure exams (PAHO, 2015). Registered nurses in St. Kitts have the opportunity to obtain a certificate, diploma, associate degree, or bachelor's degree in nursing. Registered nurses in St. Kitts and Nevis are mandated to pursue certification in the post-basic midwifery program. Midwives deliver many neonates in public hospitals and provide free antenatal, postpartum, and women's healthcare in community centers (Crespo-Valedon, 2017).

The World Health Organization (WHO, 2016) declared research was needed on the vital role nurses and midwives perform in improving access to health care and health outcomes internationally. Despite this, there was very little scholarly research on the history, education, and practice of nurses in the Caribbean and none on registered nurses and midwives in St. Kitts and Nevis. Research was needed on the central role these nurses have performed to dramatically improve maternal and neonatal health outcomes in this small, dual island nation.

Background

St. Kitts (formally called St. Christopher) and Nevis, a former colony and current commonwealth of Great Britain, is the smallest independent nation in the Western Hemisphere. In 2015, the population on these two tropical mountainous volcanic islands, with a total land area of 261.6 km, was 52,000. St. Kitts and Nevis is considered a developing nation. In 2019, the average annual per capita income was $13,330. Ninety percent of the population is of African descent, 2.7% is Caucasian, and 2.5% is mixed (Commonwealth Secretariat, 2019; PAHO, 2019; U.S. Census Bureau, 2019). English and regional Creole are the primary local dialects. The main religious denominations are Anglican and Methodist, and tourism is central to their economy. An elected Prime Minister and national assembly with some appointed cabinet members lead the government (Mills & Momsen, 2022).

Their culture is heavily influenced by the history of African slavery when the inhabitants of St. Kitts and Nevis were used in the sugar industry during five centuries of European colonization and Asian and South American trade (Martin et al., 2015). They were emancipated in 1834. However, their descendants continued to live in poverty, suffering from exploitation by wealthy British landowners during the 20th century. St. Kitts and Nevis achieved full independence from Great Britain in 1982. Until the 1980s, the colonial era left a legacy of desperate social and economic conditions for most of the population of St. Kitts and Nevis. During the first half of the 20th century, 400 children per 1,000 births died before age one. These living conditions led to widespread unrest and riots across St. Kitts in 1935, forcing colonial authorities to address these problems and grant universal suffrage in 1952. After St. Kitts and Nevis gained full independence, the representative government implemented social policies. These reforms led to a dramatic improvement in the standard of living and health of women and children in St. Kitts and Nevis (Martin et al., 2011, 2015).

The Ministry of Health (Government of St. Kitts and Nevis, 2018) on both islands is responsible for regulating and administering health care. Currently, all citizens of St. Kitts and Nevis, including women and children, have access to free primary and secondary health services through an extensive networkof free, subsidized universally accessible community clinics, the 150 bed Joseph N. France General Hospital, two 24-hour urgent care centers in St. Kitts, and the 50 bed Alexandra Hospital in Nevis. The St. Kitts and Nevis National Strategic Health Plan, developed by the Ministry of Health, is committed to continuous quality improvement in their population-focused universal preventative primary healthcare system (Fitzpatrick, 2010; Government of St. Kitts and Nevis, 2018; WHO, 2016).

Nurses are regulated by the St. Christopher and Nevis Nurses and Midwives Council. In 1915, a midwifery board was created and ordinances regulating the practice of midwifery in St. Kitts and Nevis were passed requiring midwives to be registered and earn a certificate from the Central Midwives Board of England. Registered nurse and midwife practice in St. Kitts is based on the British model of nursing education. Government-supported nursing education programs are affiliated with the University of the West Indies and credit transfer arrangements are available with several universities in the United States and Cuba (PAHO, 2015). Nurse educators are employed by the Ministry of Education to provide the requisite training to pupil midwives or students of the midwifery program.

Registered nurses and midwives play a crucial role in community and hospital healthcare services in St. Kitts and Nevis. They face many barriers including an increased incidence of chronic diseases, a critical nursing shortage with an average vacancy rate of 26%, limited career advancement opportunities, lack of educational capacity to replace the migration and retirement of experienced nurses, increased intensity and complexity of care, high adolescent pregnancy rates, and historical and socio-political factors that have led to marginalization, low pay, and the low social status of women and nurses (Fitzpatrick, 2010). However, since 1963, nurse leaders in St. Kitts and Nevis have actively collaborated with other nations in the Caribbean community (CARICOM) to address these barriers. A regional nursing body (RNB), which consists of chief nursing and midwifery officers responsible for education and regulation of nurses and midwives in individual Caribbean nations, collaborates with the PAHO. In addition, the Regional General Nursing Council, comprised of representatives from 13 general nursing councils responsible for schools of nursing in Caribbean countries, meets annually to share expertise, set mutually agreed upon standards and competencies for nursing practice, and prepare the Caribbean Examination

Council's Regional Examination for Nurse Registration (RENR). In July 2006, a reciprocity agreement was extended to nurses in CARICOM countries, including St. Kitts and Nevis, who pass the RENR (Carpio & Fuller-Wimbush, 2016; Nichols et al., 2010). Representatives from CARICOM, the University of the West Indies School of Nursing, the Caribbean Nurses Organization, the Caribbean Regional Midwives Association, the Caribbean Examination Council, and the Regional General Nursing Council meet twice a year to share expertise. They are currently in the process of developing a strategic plan for nursing and midwifery from 2020 to 2024 to strengthen nurse and midwifery practice, education, leadership, and policy (PAHO, 2019; Reid, 2000).

Research Question and Purpose

This research was guided by the following central question:

Q1 What is the lived experience of nurses and midwives who practice in St. Kitts and Nevis?

This central question guided the development of semi-structured interview questions that were reviewed by a nurse scholar, who is an expert on health care in St. Kitts and Nevis, and healthcare leaders in St. Kitts and Nevis to determine the appropriateness of the language and cultural sensitivity of the questions used to guide the interviews. The open-ended interview questions were intended to explore the patient care, leadership, and educational roles nurses and midwives perform in St. Kitts and Nevis. The questions were also designed to elicit a discussion of the nurses' and midwives' perspectives about the care they provide; the historical progression, cultural, and socioeconomic factors that influence their practice; and future developments in their profession through first-hand interviews (Snyder, n.d.). These interview questions were guided by hermeneutic interpretive phenomenology and sensitivity to the language, culture, and

socioeconomics of the Nurses and Midwives in St. Kitts and Nevis who participated in the study. Some potential interview questions included:

- Please tell me about the history of nursing and/or midwife practice in St. Kitts and Nevis.
- Please describe how you feel nursing and/or midwife care has changed over time in St. Kitts and Nevis.
- Please describe how registered nurses and/or midwives in St. Kitts and Nevis are educated and the curriculum that is used.
- Please describe the work you do as a nurse and/or midwife in St. Kitts and Nevis.
- How would you describe the role of a nurse and/or midwife in the hospital and/or Community Health Center in St. Kitts and Nevis?
- Please describe how living in a small independent island nation affects healthcare in St. Kitts and Nevis.
- What current or past nurse and/or midwife in St. Kitts and Nevis do you admire most and why?
- What are your greatest challenges providing care as a nurse or midwife in St. Kitts and Nevis?
- Please describe the work nurses and/or midwives have done to protect the health of residents of St. Kitts and Nevis during the Covid 19 pandemic?
- What do you enjoy and find especially rewarding about the work you do as a nurse or midwife in St. Kitts and Nevis?
- Please describe what is especially hard, stressful, or frustrating about the work you do as a nurse or midwife in St. Kitts and Nevis.

- Please share one of the most memorable moments you have experienced in your work as a nurse or midwife in St. Kitts and Nevis
- Please explain how your culture influences the care nurses and/or midwives provide in St. Kitts and Nevis
- How do you think politics influences health care for the residents of St. Kitts and Nevis?
- How do you feel economics affects health care in St. Kitts and Nevis?
- Please describe how nurses and/or midwives collaborate with other professionals in St. Kitts and Nevis.
- Please describe any opportunities you have had to participate in nursing and/or midwife research, leadership, policy development, or education.
- What suggestions would you like to share to help nursing leaders improve healthcare in St. Kitts and Nevis?
- What changes would you like to see in nursing and/or midwife practice and education in St. Kitts and Nevis in the future?

The researcher sought guidance from the Ethics Committee at the Ministry of Health and Nursing leaders and nurse educators in St. Kitt and Nevis about the most meaningful and appropriate questions to ask nurses and midwives in St. Kitts and Nevis during interviews. The purpose of this study was to examine the lived experience of registered nurses and registered midwives in St. Kitts and Nevis. Exploring their everyday lived experience, challenges, ideas, successes, and the meaning they derived from them increased understanding of the historical, political, economic, and social factors that influenced nursing and midwife practice and education on this small dual island nation (Snyder, n.d.).

Theoretical Framework

Because registered nurses in St. Kitts and Nevis pursue a 15-month post-graduate certificate in Nurse Midwifery after earning a certificate, diploma, associate or bachelor's degree in nursing, the model for upscaling global nursing and midwifery partnerships by Spies et al. (2017) provided the theoretical framework for this research study. It was also be used to formulate semi-structured questions to guide the interview process. The goal at the heart of nursing and midwife practice is to positively impact health. This goal was advanced through collaboration in practice, education, research, and policy by nursing and midwife leaders. This model was used as a guide to understand the experience of nurses and midwives in St.Kitts and Nevis who provide care in today's complex, global healthcare environment. It could be used by these nurses, midwives, and nurse educators to lead global collaboration and policy change. In this model, an organizational mission, vision and values, intellectual capital, servant leadership, funding, and professional support are foundational requisites to build midwifery capacity. This model included strategies such as developing relationships, commitment to strategic investments, promoting cultural humility, maintaining flexibility, and reflective practice to achieve long-term sustainable goals. Core activities in this model included research, opportunities to study abroad, service, teaching, and scholarship that result in the development of leaders, improvements, expansion of the practice, and the advancement of global health (Spies et al., 2017).

Research Design

Due to the exploratory nature of the research question and the complexity of the factors that influenced the experience of nurses, midwives, and nurse educators in St. Kitts and Nevis, Heidegger's hermeneutic interpretive phenomenology was the most appropriate method to explore the research question. This method is often used to gain a deeper understanding of issues

that have never been explored and are foundational to nursing science. The focus of this research design was to seek an understanding of the meaning of participants' worldview in their natural setting (Agee, 2009). An in-depth exploration of these nurses and midwife practices and the unique social and cultural factors embedded in them, from their perspective, generated new understanding of this never-studied phenomenon (Cohen et al., 2000; Creswell & Poth, 2017).

Significance

Addressing this gap in the literature was significant to the disciplines of nursing and midwifery because it contributed valuable knowledge to a previously unstudied phenomenon and the historical, sociopolitical factors that influenced it. It provided a foundation for future research on nursing in St. Kitts and Nevis and generated ideas about how to improve health care that could be applied to other international small, isolated nations with similar contexts (Tulloch-Reid et al., 2018). This research increased understanding of how to support the vital practice of nurses and midwives in a small developing nation.

The Pan American Health Organization (2012) reported that most neonatal deaths were preventable. St. Kitts and Nevis demonstrated that in countries with high infant and maternal morbidity and mortality, selected high-impact, low-cost interventions such as improving nursing education, expanding the scope of practice of nurses, and utilizing a population health-focused healthcare model could significantly reduce the number of maternal andneonatal deaths (PAHO, 2012). The first step in improving health outcomes is to understand the everyday lived experience of nurses and midwives who provide their care and the meaning they ascribe to it. Exploring their accomplishments and challenges increased understanding of their education, practice, and the historical, political, economic, and social factors that impacted their essential role. The nursing and midwife professions have an important ethical obligation to protect the

health of vulnerable populations by strengthening the availability and functioning of health delivery systems worldwide. By developing a greater understanding of registered nurse and midwife history, education, and practice in St. Kitts and Nevis, innovative solutions were identified to improve healthcare in St. Kitts and Nevis (Viroj et al., 2018). This knowledge might also be transferrable to other geographically isolated small island nations with limited resources.

Qualitative, narrative, hermeneutical interpretive phenomenology was the most appropriate methodology with which to explore this phenomenon because it empowered vulnerable populations by providing them with voice, which led to positive social change. This research provided an avenue for the expression of the concerns of Afro-Caribbean nurses, nurse educators, and midwives from their perspective (Johnson & Waterfield, 2004). In a culture such as St. Kitts and Nevis with its oral history tradition, it was important to help the nurses, nurse educators, and midwives tell and document their stories in written form.

Definition of Terms

Caribbean Community and Common Market (CARICOM): An organization of 15 Caribbean nations to promote economic trade among its members. These member nations included Antigua, Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent, the Grenadines, Suriname, and Trinidad and Tobago. Representatives from CARICOM collaborate with each member nation's nursing councils, representatives from regional universities, the WHO, PAHO, Caribbean Association of Midwifery, and the RNB (Hosein & Thomas, 2007).

Global Health: The study and practice of health care that places a priority on improving health and achieving global health equity. Organizations that promote global health collaborate

to raiseawareness of macro view population health care issues and needs (Spies et al., 2017).

Midwife: For this study, it refers to a registered nurse who completed a 15-month midwifery program in St. Kitts and Nevis to become a registered midwife and who was duly registered with the Nursing Council of St. Christopher and Nevis (or within their jurisdiction). It is illegal for lay midwives who have not completed registered nurse or registered midwife education to practice in St. Kitts and Nevis. They were not included as participants who were interviewed for this study. Other studies in the literature might refer to lay midwives who are not registered nurses or who might not have any formal education as midwives. However, for the purpose of this study, all persons referred to as midwives are registered nurses who have earned a post graduate certificate in midwifery and are registered with the Ministry of Health in St. Kitts and Nevis.

Nurse: For this study, it refers to a registered nurse who successfully completed (earned) a certificate, diploma, associate's or bachelor's degree in nursing and is duly registered with the Nursing Council of St. Christopher and Nevis (or within their jurisdiction).

Nurse Educator: In this study, nurse educators employed by the Ministry of Education to provide the requisite training to pupil nurses or midwives, or students of the nursing and midwifery programs.

CHAPTER II

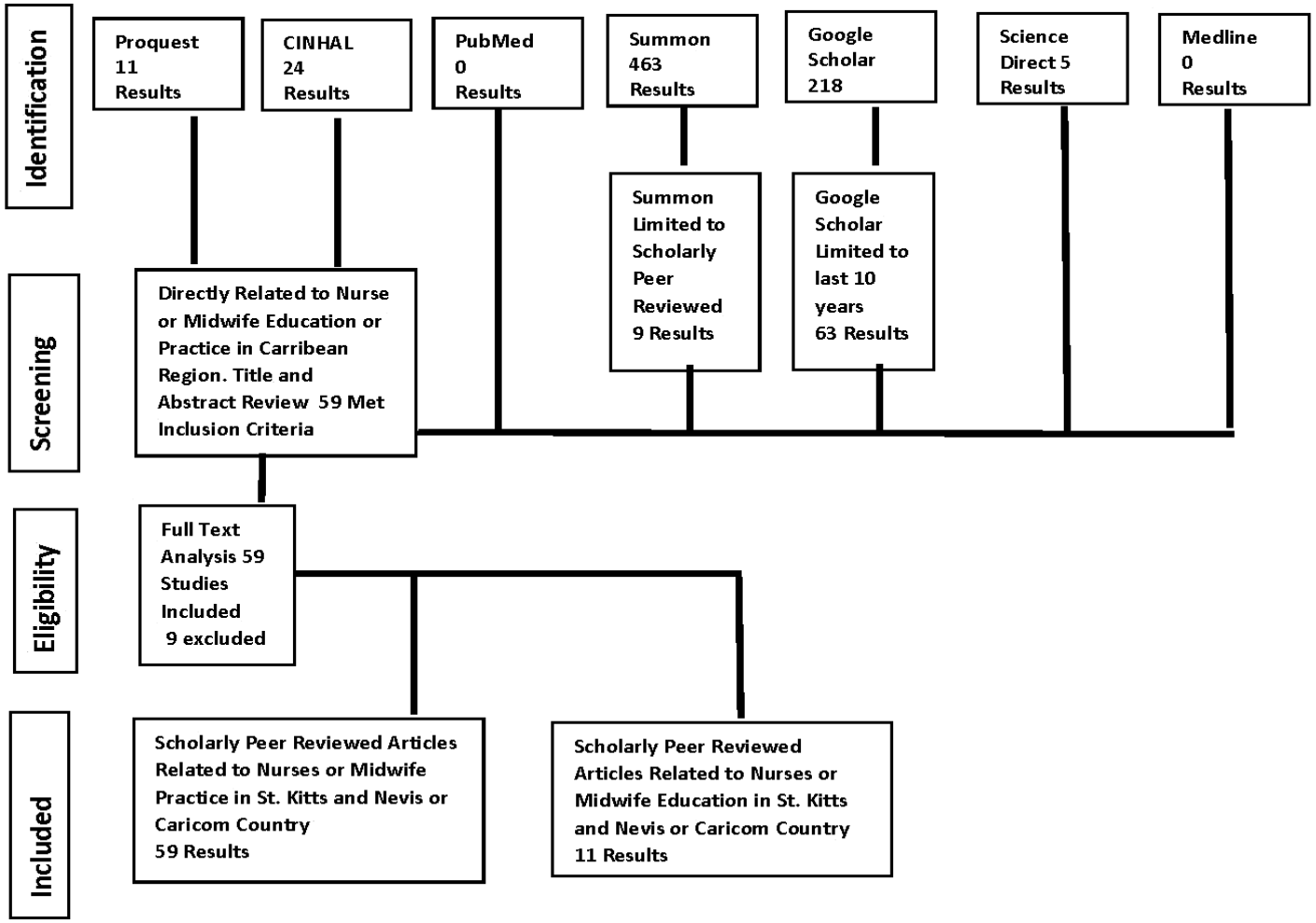
REVIEW OF THE LITERATURE

The purpose of this study was to examine the lived experience of registered nurses and registered midwives in St. Kitts and Nevis. Thus, a systematic review of the literature was conducted to identify all empirical and theoretical research available related to the lived experiences of nurses and midwives who provide health care in St. Kitts and Nevis. The literature was reviewed from both nurse and midwife practice and educational perspectives to help inform the data collection, analysis, and synthesis of evidence for this study. Figure 1 outlines the process used in this literature review.

The U.S. National Library of Medicine (PubMed), Cumulative Index to Nursing & Allied Health Literature (CINAHL), ProQuest, Science Direct, and Medline databases were searched for peer-reviewed full-text scholarly articles in the English language, with no limitations on the date published, using the key phrases “nurse, nurse midwife, midwife, St. Kitts and Nevis, lived experience, maternal and neonatal outcomes, Caribbean, and West Indies” and Boolean operators “AND/OR” yielding 40 results.

Figure 1

Review of the Literature Process



Due to the limited availability of research on this topic, no limitations such as scholarly, peer-reviewed publications, or range of dates were placed on the search. The health sciences librarian at the University of Northern Colorado was consulted twice to ensure the literature search was thorough. The librarian recommended not using MeSH terms due to the limited amount of data available relevant to the research question (M. Shawcross, personal communication, November 2019). The Google Scholar database was then searched using the same keywords, yielding 218 results. Due to the large volume of articles not related to nurse or nurse-midwife practice in St. Kitts and Nevis that were retrieved in the search of Google Scholar, results were then narrowed by limiting the results to the last 10 years, resulting in 63 articles. At the suggestion of the health sciences librarian, the Summon database was then searched using the same keywords, yielding 463 articles. The results were then narrowed by limiting them to scholarly peer-reviewed articles, resulting in nine articles. After duplicates were eliminated, the abstracts of 112 articles were analyzed and 59 publications were selected for full-text review. From the review of full-text articles, 50 were selected for inclusion in the literature review.

Inclusion criteria used in the selection of literature were full-text articles in the English language that directly related to nursing or midwife practice, education, leadership. or maternal and neonatal outcomes in a CARICOM country that were scholarly such as original research or dissertations or publications in professional journals. Publications by the government of St. Kitts and Nevis and the PAHO were also included. Articles were excluded from analysis if they did not relate to nurse or midwifery practice, education, leadership, or maternal and neonatal outcomes in a CARICOM country, if they were not available in full text in the English language or they were not scholarly. News articles and editorials were excluded. Due to the limited selection of literature related to this topic, the exclusion criterion of publication within the last 10

years was only placed on Google Scholar search results. Once these articles were selected, the reference lists were searched to identify additional relevant articles. Findings from these articles are summarized in the evidence tables located in Appendix A.

Because so little information was available specific to nurse or midwife practice in St. Kitts and Nevis, to gain a more comprehensive understanding of the phenomenon, Google and the Kitts and Nevis National Archives search were also conducted using the terms Caribbean Nurses Association, Regional Nursing Council, and Caribbean Regional Midwives Association, which identified three books in print related to health care and nursing practice in the Caribbean (Carpio & Fuller-Wimbush, 2016; Duncan et al., 2017; Martin et al., 2015).

After the analysis, the findings were grouped according to prominent themes identified in the literature. The literature contained a few peer-reviewed articles, dissertations, and publications about nursing and midwife practice in the general Caribbean region and specific countries including Jamaica, Haiti, and St. Lucia. Only two articles and one historical document were specifically about nursing in St. Kitts and Nevis. This comprehensive literature search demonstrated the significant knowledge gap in nursing and midwife practice in St. Kitts and Nevis. Several significant concepts identified in the literature review that related to nursing or midwife practice in the Caribbean in general are summarized below.

Maternal and Neonatal Health Outcomes in the Caribbean

There were several articles in the literature about maternal and neonatal outcomes but they generally combined findings from Latin America and the Caribbean, which have different socio-cultural and economic context. Only a few articles contained any specific data about St. Kitts and Nevis. Information about maternal and neonatal outcomes within and between Caribbean countries was scarce and often inaccurate. The little available evidence indicated

significant disparities in outcome based on social factors such as race, education, and income.A large discrepancy between maternal and neonatal mortality figures was reported by countries and those provided by international organizations (Belizán et al., 2005).

In 2015, Lewis et al. indicated the Caribbean ranked fourth highest for maternal mortality and third lowest among global regions on the percentage of deliveries attended by skilled health care providers. Neonatal mortality accounted for 60% of infant deaths in the Caribbean region and there was no overall decline in the neonatal mortality rate in the Caribbean region reported for 10 years (Lewis et al., 2015). National health statistics in the Caribbean have shown improvement over the past 50 years for almost all health indicators including infant mortality and vaccination coverage. However, these estimates did not take into consideration gross inequalities among and within specific Caribbean countries, many of which had not achieved their goals to improve health. According to a study by Binfa et al. (2016), maternal and neonatal care in many areas of the Caribbean was not managed according to evidence-based guidelines. There is a high level of unnecessary medical intervention such as elective primary cesarean sections and episiotomies in the births of low-risk women, care is not family-centered, and some women report mistreatment (Binfa et al., 2016). However, as stated earlier, health outcomes in St. Kitts and Nevis improved dramatically due to their population-focused healthcare initiatives. The neonatal mortality in St. Kitts and Nevis was better than some island nations in the Caribbean with similar populations and socioeconomic factors. Dominica and Turks and Caicos have a similar population and socioeconomic factors as St. Kitts and Nevis. Yet, in 2015, their infant mortality rates were 11 per 1000 compared to nine in St. Kitts and Nevis (Centers for Disease Control and Prevention, 2023; MDG Monitor, 2015; PAHO, 2012; Restrepo-Méndez et al., 2015).

Vulnerable Populations

Nurse and nurse midwifery practice in St. Kitts and Nevis is influenced by their Afro-Caribbean culture, history, and spiritual beliefs about health. The Caribbean region demonstrates great disparities in income and other socioeconomic determinants of health. Although general health has improved in Caribbean countries, gains in health status were not equal among the various socioeconomic groups. The literature repeatedly identified women and neonates in the Caribbean region as a vulnerable population. Perinatal outcomes were worse in disadvantaged populations; 40% of the population in the Caribbean or over 150 million people are of African descent. Afro-Caribbean women still experience marginalization and exclusion from full participation in educational, social, political, and economic opportunities. Historical and cultural factors have led to the disempowerment of this population (Casas et al., 2001), which have been perpetuated by power inequalities at the micro and macro levels (Belizán et al., 2005).

Interpretive phenomenological research is often characterized as emancipatory research. Because socially accepted worldviews reflect the values of privileged individuals within the social context, the lived experiences and personal voices of persons who are not members of that group are often discounted. The object of a critical, interpretive, phenomenological, hermeneutic inquiry is to make these voices heard. This type of research probes beyond a description of participants' experiences to uncover embedded contextual issues and power inequalities among vulnerable populations. As participants share their experiences, critical insight into dominant ideologies begins the process of liberating vulnerable populations from oppression (Lopez & Willis, 2004).

Historical Influences

There was little research on how nurses and nurse-midwives in international settings constructed their understandings of their role. In the Caribbean, nurse and midwife practice is influenced by their Afro-Caribbean culture, history, and spiritual beliefs about health. According to Hsu (2000), granny midwives, who were poor women of African descent, carried on their ancestral spiritual, cultural, and social model of childbirth. Granny midwife traditions came into conflict with the technical, male-dominated, medical model of childbirth. As childbirth shifted from the home to hospitals, childbirth was viewed as a medical intervention instead of a natural process. However, the historical tradition of midwifery helped preserve the naturalization of childbirth in the Caribbean. Hsu noted that nurses and midwives in the Caribbean today assimilate the ancient traditions carried through the generations from granny midwives, hundreds of years of colonial rule, and diverse cultures resulting from migration to enrich their care. Modern nursing and midwifery in the English-speaking Caribbean are historically linked to the British system. Today, the practice of nurses and midwives in St. Kitts and Nevis is part of the government-sponsored, Western biomedical healthcare system. After World War II, due to widespread acceptance of the medical model and rapid advancement of technology, the role of midwives was marginalized and childbirth was denaturalized. As a reaction to this, the natural childbirth social movement began in the 1960s, bringing renewed recognition and respect for the role of midwives (Crespo-Valedon, 2017).

Cross-Cultural Research

According to Rugkåsa and Canvin (2011), complex issues are involved in scholarly research among Black minority ethnic communities. Well-intentioned studies might cause harm to vulnerable populations if they are not conducted in a culturally appropriate manner. The

International Code of Ethics for Nurses (International Council of Nurses, 2012) mandated that all nurses have an ethical obligation to act by following the principles of beneficence, non-malfeasance, and respect for the culture and rights of each individual when conducting research (Callister et al., 2006). Few research studies detailed the explicit use of evidence-based guidelines with which to conduct culturally competent research. According to the literature, the development of cultural competence is an ongoing process in which a person learns about other cultures and develop self-awareness that their own culture acts as a filter through which they view the world and judge other people's actions. One of the unique goals of qualitative research is the focus on collaboration and authentic relationships between researcher and participant among marginalized populations. The researcher-participant relationship is influenced by their world views, ethnicity, socioeconomics, culture, gender, educational level, and motivations. Efforts to democratize and share the research process in countries with cultural, language, educational, and socioeconomic differences, limited resources, and power differentials could raise ethical and methodological challenges (Jacobson et al., 2005).

Cultural perspectives in developed countries might vary significantly from those of developing countries. Ideally, to build trust and enhance communication, qualitative studies among Afro-Caribbean people should be conducted by researchers who are part of the local community and share a similar socioeconomic and cultural background. However, many developing countries do not have enough resources or infrastructure to support their research on topics critical to the health and wellbeing of their population. Often nurses from the United States, the majority of whom are highly educated, affluent White females who have been immersed in the individualistic, Western, positivist perspective collaborate with scholars at international locations to facilitate research. Often, scholars from the United States are unaware

of the stereotyping they unconsciously engage in, which significantly influences data collection and the interpretation of findings in research. This bias creates barriers with local leaders and participants who may live in less prosperous countries with limited access to education (Chiang-Hanisko et al., 2006; El Ansari et al., 2007; O'Keefe et al., 2017).

To ensure all groups in society, regardless of ethnic or socioeconomic background, have access to culturally appropriate research, nurses must engage in flexible, rigorous methods adapted to the specific context and needs of the local population. According to Jacobson et al. (2005), Meleis (1996) developed one of the few evidence-based criteria to conduct culturally competent scholarship based on the concepts of context, relevance, communication, power differentials, disclosure, reciprocation, empowerment, and time. Jacobson et al. stated that if community-led research was not feasible, scholars from more developed countries should learn about the study populations' culture, socioeconomic conditions, and history. Experts in the culture and local leaders should be consulted and provide input into each phase of the research process.

A key to credibility and trustworthiness in cross-cultural research is communication and transparency about the goals of the study and each participant's roles and rights throughout the research process. There was little research on factors that motivated ethnically diverse people to participate in research. According to Rugkåsa and Canvin (2011), many people from Black ethnic communities declined to participate in research due to a lack of trust perpetrated by the historical stigma associated with slavery, discrimination, and marginalization.

The success of cross-cultural research depends to a large extent on local gatekeepers or community leaders with similar ethnic, age, socioeconomic or professional status who assume a degree of power by either facilitating or limiting the recruitment process, depending on if they

felt the project was worthwhile. They provide access to people or organizations who might be interested in participating in a study. Sometimes gatekeepers choose to protect their community passively or actively exert power to block access to participants if they feel the research is exploitive or does not benefit their community (Rugkåsa & Canvin, 2011).

Cultural and language differences, even among native English speakers, could create a significant barrier and make it difficult to obtain informed consent in a way that is appropriate during cross-cultural research, while meeting Institutional Review Board requirements. Not all words have the same meaning in different cultures. In some cultures, participants might find the terminology in standard written consents long and untranslatable. Consent should only include essential and relevant information. In some cultures, asking for a signature after they have given verbal consent might insult the participant and lead to mistrust. According to Amerson and Strang (2015), in cross-cultural studies, researchers should consider avoiding the use of signed consent forms when possible. Gender roles also influence informed consent. Most nurses and midwives in St. Kitts and Nevis are female and practice in a traditional, hierarchal healthcare system. Consent does not ensure people engage in research for appropriate reasons.

Participants might be pressured by community leaders or family members or have unrealistic expectations of the benefits. In collectivist cultures, patriarchs or matriarchs might need to give consent, and the concepts of autonomous decision making, individual rights, or confidentiality might be perceived differently. It was vitally important for the researcher to protect the anonymity of participants. In some non-democratic societies, people might be reluctant to criticize authority figures, employers, or talk about sensitive issues and negative experiences for fear of severe consequences (Amerson & Strang, 2015). There is significant risk in small close-knit communities like St. Kitts and Nevis, where the majority of participants are

employed by the government, that if someone in authority believed a statement made by a participant portrayed the government or local leaders in a negative light, even if it was not intended that way, there could be serious consequences such as the participant losing their job.

Any incentives offered to participate in research should be relevant to the socioeconomic and cultural context. In some cultures, there is an expectation that participation in research should be financially rewarded. Lack of payment might be viewed as disrespectful of participants' time or representative of the inequalities between more affluent, highly educated researchers and disadvantaged populations. Paying participants is sometimes considered a way of addressing inequalities in power between researchers and participants. However, the use of financial incentives could raise concerns about the voluntary nature of participation, buying sensitive personal information, and pressure put on participants to produce an acceptable narrative (Rugkåsa & Canvin, 2011).

Issues of knowledge ownership might also arise in cross-cultural research. According to Karnieli-Miller et al. (2009), participants from Black minority ethnic groups might be less willing to take part in research because often, the results are not shared with the participants. When knowledge is shared, the researcher sometimes feels compelled to edit the results so they do not upset participants or compromise partnerships. The study should not burden the participants or monopolize their time or use scarce resources. It may be impossible for the researcher to return to the host country to review the findings. Still, the researcher has a responsibility to ensure findings are accessible to community leaders following the study. Reciprocal knowledge sharing should benefit the local population and empower their ability to improve their community’s health and quality of life (Jacobson et al., 2005).

Nurse and Nurse Midwife Education and Practice

Due to geographical, political, economic, and sociocultural diversity, there is a significant variation in the level of education of nurses between many Caribbean nations. Registered nurses in St. Kitts and Nevis complete a certificate, diploma, associate degree or bachelor's degree. The bachelor's degree was only recently introduced. Midwives in St. Kitts and Nevis complete a 15-month midwifery program. They work in all areas of health care as nurses and midwives in hospitals, community health centers, government leadership roles, and the community. In CARICOM nations, including St. Kitts and Nevis, nursing leaders and educators are collaborating to standardize nursing education, instill the values of universal healthcare, and use transformative education modalities. However, a paradigm shift to promote nurse's and midwife's professional role in practice is needed (Cassiani et al., 2017). Education is vital to achieving the millennial development goals of universal health. The sharing of limited resources and collaborative teamwork is needed to create adequate infrastructure, standardize curriculum, and regulate nursing practice in the Caribbean (Belizán et al., 2005).

Role of Nurse Midwives

According to Crespo-Valedon (2017), the profession of midwives is still not well understood by most medical professionals and the general population in the Caribbean. The roles and functions of midwives might vary widely, depending on the countries in which midwives work. They attempt to balance the demands of evidence-based medicine while preserving holistic cultural traditions. Research indicated they feel their roles are important and rewarding as the public views them as professional, knowledgeable, compassionate, and trustworthy healthcare providers (Crespo-Valedon, 2017). Midwives in the Caribbean also occupy senior administrative positions in their governments' Ministries of Health. Many are

responsible for running community and maternal child health programs and schools of nursing. They state their role is changing and becoming more complex. Nurses and midwives have assumed more significant leadership roles in administration, primary care, and outreach programs in the community. This is due to a shortage of physicians and growing evidence of midwives' contribution to improving health outcomes worldwide (Burke,1977). Efforts have been made to legislate their training and practice but autonomous, professional midwife practice is underdeveloped in most countries of the Caribbean, and their practice is highly medicalized (Binfa et al., 2016).

In 1980, seven CARICOM countries recruited faculty who had been trained abroad to create the first program to train nurse midwives as advance practice registered nurses (APRNs) in the Caribbean. Graduates of the program faced challenges but the majority became well integrated into their home countries' healthcare system. This groundbreaking educational initiative demonstrated that family nurse practitioners could help alleviate the shortage of primary healthcare providers in the Caribbean (McDowell, 1983). There was considerable variation in the development of APNs among Caribbean countries. Some had non-existent or unfavorable regulations and legislation related to APN practice. Advance practice nurses in the Caribbean are not currently a reality but regional and international organizations seek to introduce it (Bezerril et al. (2018). It is a critical component of achieving universal access to health care. In many parts of the world, midwives function as APNs (Binfa et al., 2016). There are many obstacles to training more APN nurses in the Caribbean. Support for APN practice and the quality and number of postgraduate courses need to increase. The challenges to implementing the APN role include nursing education focused on thebiomedical model and resistance by other members of the multi-professional team. Research indicates the leading cause

for resistance to the APN role is the lack of definition of each team member's role. Support from international universities that have midwives who function as APNs could help clarify this role. Currently, each country uses different terminology to identify the role of the APN. In most countries, an APN has had additional training to support an expanded scope of practice beyond that of the registered nurse with a bachelor's degree. However, a master's degree is recommended for entry-level APN practice (Bezerril et al., 2018). Several factors favor the development of an APN role for midwives in the Caribbean: (a) patient demand for primary health care and APN practices, (b) a need for their services in remote and rural areas, and (c) several nursing colleges and universities in the Caribbean with graduate-level courses (Zug et al., 2016).

The advancement of a more autonomous, well-defined role by APNs has the potential to increase accessibility and efficiency, reducing the cost in health care. Research demonstrated that countries that supported APN practice improved the quality of health services and minimized social inequalities. However, the development of the APN role in a specific location is dependent on their social and political context. Therefore, research is needed on experiences of nurse-midwife's countries (Binfa et al., 2016).

Barriers to Education and Practice

There are many barriers to implementing evidence-based nurse and midwife educational and practice standards in low resource countries (Gardner, 1993; Reid, 2000). Many nations in the Caribbean continue to face problems such as high unemployment, lack of access to educational opportunities, and political unrest (MDG Monitor, 2015). Because women in the Caribbean are a vulnerable population, these problems are amplified by persistent racial, gender and socioeconomic inequalities, and political dependence on Britain.

Nurses in the Caribbean face a significant problem with migration. Low pay, poor career prospects, and lack of education opportunities lead many nurses to look outside the region for job opportunities in the United Kingdom, Canada, and the United States. This problem is compounded by the lack of resources to educate nurses to fill these vacancies (Salmon et al., 2007). Migration has placed a tremendous strain on healthcare operations throughout the CARICOM region (Hosein & Thomas, 2007). A study by Salmon et al. (2007) reported there were 192 registered nurses in St. Kitts and Nevis with a 50 (or a 26%) vacancy rate. Country-to-country migration increased since the development of universal registration, education, and practice standards for nurses and the single market economy in the CARICOM region that allows free movement of professionals between Caribbean countries. Aggressive recruitment by developed countries for experienced Caribbean nurses has compounded this problem (Yan, 2006). However, some nurses who received graduate training outside of the region returned to perform essential leadership roles, which advanced the profession within the Caribbean (Salmon et al., 2007). Overcoming these challenges would require research on the strengths and weaknesses of midwife education and practice in the Caribbean (Bezerril et al., 2018; Zug et al., 2016**).**

Importance of Nurses and Midwives

Despite these challenges, numerous articles in the literature emphasized the critical role nurses and midwives perform in decreasing global health disparities among vulnerable populations. As the largest providers of health care, nurses and midwives are in an ideal position to transform the way health care is organized and delivered in the Caribbean region if their practice is well regulated and supported. A great deal of evidence in the literature substantiated the contribution of nurses and midwives to cost-effective, high-quality care and improved health

outcomes. Nurses and midwives are advocates in their communities and skilled coordinators of inter-collaborative teams. They provide critical services in a broad range of settings among underserved populations. Studies indicated nurses and midwives could avert a total of 83% of all maternal deaths, stillbirths, and neonatal deaths, and provide 87% of the essential care for women and newborns in developing nations if they are educated to meet international standards. However, limitations in the scope of practice of nurses and midwives and gaps in research have impeded efforts to scale up nurse and midwife educational programs in many countries (WHO, 2011). As health care becomes more technological, many women feel important psychological, social, and cultural aspects of family-centered care have not been provided. Nurses and midwives have a historical tradition and model of care focused on providing culturally sensitive, holistic care to diverse populations such as women of Afro- Caribbean descent. Their care addresses disparities in the social determinants of health by increasing trust, compliance, and satisfaction with care (Belizán et al., 2005; Binfa et al., 2016).

The WHO (2009) published several strategic plans to transform nursing and midwifery education and practice including improvements in nurse and midwife education and practice critical to achieving global mandates such as universal health coverage and sustainable development goals. The nursing and midwife models of care have the potential to transform how health care is organized and delivered (Tulloch-Reid et al., 2018). Nursing and midwife care is unique due to its holistic focus on community-based, culturally sensitive, family-centered, evidence-based practice. In 2001, the WHO (2009) committed to strengthening the profession through research on ways to improve nursing and midwifery practice in their respective countries. The WHO called for increased research and collaborative partnerships among international nursing leaders to transform nursing and midwife education and practice. Their goal

was to ensure an adequate number of educated and competent nurses and midwives to respond effectively to the world's health care needs (WHO, 2016). Nursing leaders throughout the Caribbean region expressed an interest in global engagement in nursing and midwife education, practice, and research to address these challenges.

Regional Collaboration

St. Kitts benefited from the strong leadership of individual registered nurses who received post graduate education abroad and returned to the Caribbean due to their commitments to advance education in the region. They have been instrumental in the development of regional organizations and collaborations with organizations such as the PAHO, RNB, Caribbean Nurses' Organization, WHO Collaborating Centers in Nursing and Midwifery, Commonwealth Health Ministers' Steering Committee for Nursing and Midwifery, International Council of Nurses (ICN), and the Lillian Carter Center for International Nursing (Salmon et al., 2007). The RNB is made up of chief nursing officers from each CARICOM country. The Caribbean Nurses' Organization is a region-wide professional organization in existence for 48 years (Salmon et al., 2007). The University of the West Indies provides leadership in the advancement of education of nurses throughout the Caribbean and the development of educational standards and competencies (Salmon et al., 2007). However, continuing efforts are needed on a regional and international level to strengthen nursing and midwife education, regulation, and practice. For example, the ICN (2019) developed a mission, vision, and strategic plan to advance the profession and promote global health.

This strategic plan could be implemented in the CARICOM region to provide strategic leadership to advance the profession (WHO, 2011). Several countries in the Caribbean have participated in the United Nations Population Fund (UNPF)/International Council of Nurses

(ICN) Investing in Midwives program (2008-2013) that focused on the professional development of midwifery leaders in selected Caribbean countries (ICN, 2019). In 2011, the UNPF, ICN, PAHO, and Family Care International held a regional strategic planning conference promoting midwifery in the Caribbean to disseminate and discuss how the ICM global midwifery competencies and standards for education, practice, and regulation could be used across the Caribbean (ICN, 2019). Many international agencies provided financial support and conducted workshops in Caribbean countries such as the United States Agency for International Development and the American Academy of Pediatrics (PAHO, 2010). The WHO, International Federation of Gynecology and Obstetrics, and the ICM developed a joint statement in 2004 about the vital contribution of nurses and midwives to the reduction in maternal and neonatal mortality (Fullerton & Thompson, 2013). The ICN (2019) developed the essential competencies for nursing and primary midwifery practice, and global standards for nursing and midwifery education and practice. The WHO (2011) developed essential competencies for nursing and midwifery educators.

Some countries in the Caribbean, including St. Kitts and Nevis, achieved the United Nations' MDGs—eight critical health goals all 191 United Nations member states agreed to try to achieve by the year 2015 including a reduction in child mortality and improvement in maternal health in 75 countries where over 95% of all maternal and child deaths occur (Restrepo-Méndez et al., 2015; WHO, 2009). Due to these improvements, St. Kitts is now focused on achieving the United Nation's (2019) *Sustainable Development Goals* including ensuring healthy lives and promoting well-being for all ages (Casas et al., 2001; WHO, 2014)

Government and key stakeholders are working together in the Managed Migration Program to develop strategies to moderate the serious problem of registered nurse migration in

the Caribbean. Most governments in the Caribbean support mutually beneficial arrangements to facilitate the free movement and practice of professionals within the CARICOM region. To address the severe nursing shortage and migration of nurses, many countries in the Caribbean are implementing a training-for-export model. To be successful, this requires collaborative investment in infrastructure and improvements in educational delivery and design. The St. Kitts International School of Nursing was developed as a partnership between a foreign investment firm and the government of St. Kitts (Lewis et al., 2015; Salmon et al., 2007; Yan, 2006). Hermeneutic interpretive phenomenological research represents a unique opportunity for researchers to hear firsthand from nurses and midwives in St. Kitts and Nevis about what could be done to strengthen their role in the Caribbean. By providing these nurses and midwives with the opportunity to share their ideas, knowledge could be gained about how to address critical healthcare issues in the Caribbean region.

Universal Health Care

A significant theme identified in much of the research on nursing and healthcare was the goal of leaders to achieve universal access to health care throughout the Caribbean region. St. Kitt and Nevis have made excellent progress toward implementing this goal (Martin et al., 2015). Universal access to healthcare is founded on the ethical principles of social justice and equity. It is designed to improve access to health services by vulnerable populations. Caribbean countries have received support from the PAHO/WHO and CARICOM Secretariat to implement this evidence-based policy (Carr, 1985). The central role nurses and midwives perform in this vision was outlined in the *Global Strategy on Human Resources for Health: Workforce 2030* (WHO, 2011). This approach aimed to promote efficient, effective healthcare systems through holistic family-centered care focused on population and preventative health. The universal health

coverage agenda places the nursing and midwifery workforce at the center of global health. Some countries in the CARICOM region have made significant progress in developing health systems based on this model (Belizán et al., 2005; Casas et al., 2001; Cassiani et al., 2017; WHO, 2014). It is crucial to study the work of nurses and nurse-midwives in St. Kitts and Nevis because they have made excellent progress towards implementing the goal of universal access to health care and serve as a model for other Caribbean nations.

Theoretical Model

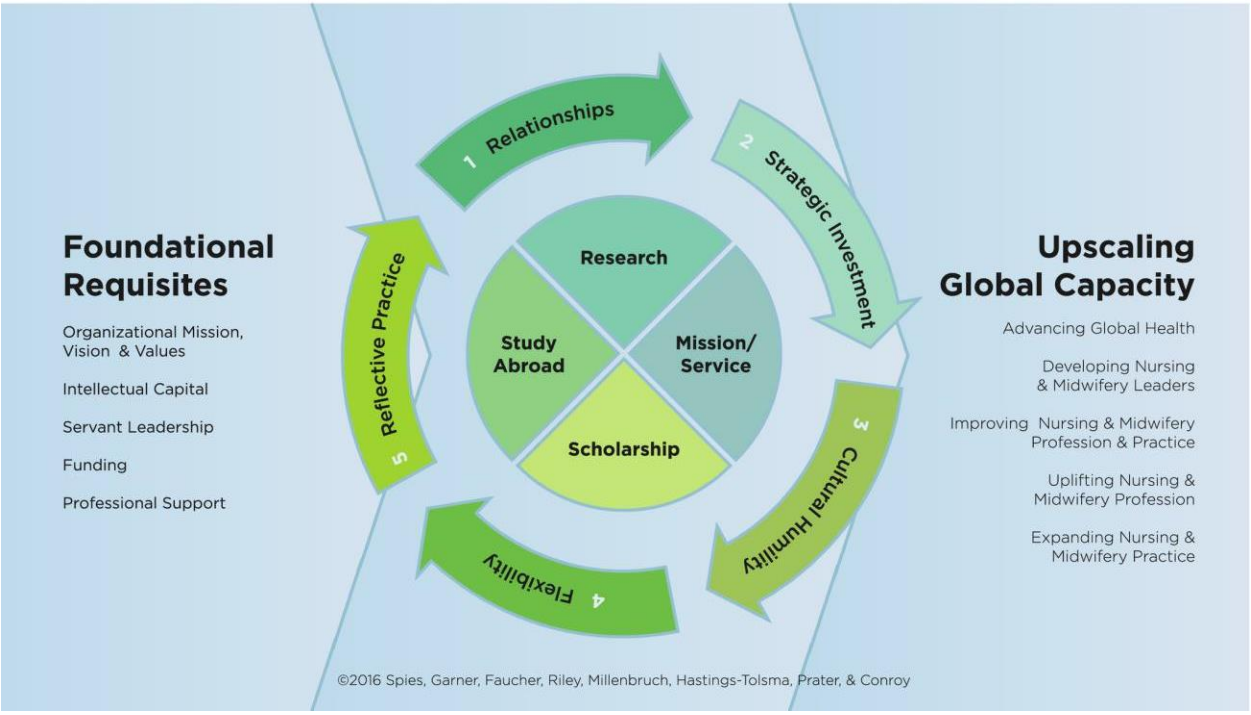
This research was grounded on the evidence-based theoretical model for upscaling global nursing and midwifery partnerships by Spies et al. (2017) as illustrated in Figure 2. This model was used to generate questions in semi-structured interviews as part of the data collection for this study. It was selected because nurses and midwives in St. Kitts and Nevis utilize skills that reach beyond their traditional role at the bedside in today's complex, global, multifaceted healthcare environment. This model presents an integrated global approach to increase nursing and midwife capacity by strengthening inter collaborative partnerships in St. Kitts and Nevis and among CARICOM nations. Nursing and midwife practice could be supported using strategies identified in this model to achieve immediate and long-term goals.

A common theme in the literature was nurses and midwives were not able to practice to their full potential internationally. Global collaboration advanced nursing and midwife practice, policy, research, and education. Nurses and midwives who are globally engaged could contribute at the policy level, influencing decisions with long-term impact. Developing leaders is essential to improving health systems, especially in environments with limited resources. By developing sustainable, interprofessional, collaborative partnerships between their acute and community healthcare facilities, and government and private organizations such as the Ministry of Health

and the Caribbean Nurses Association, they could address significant issues such as nurse migration, the social determinants of health, and health outcomes.

Figure 2

Model for Upscaling Global Nursing and Midwifery Partnerships



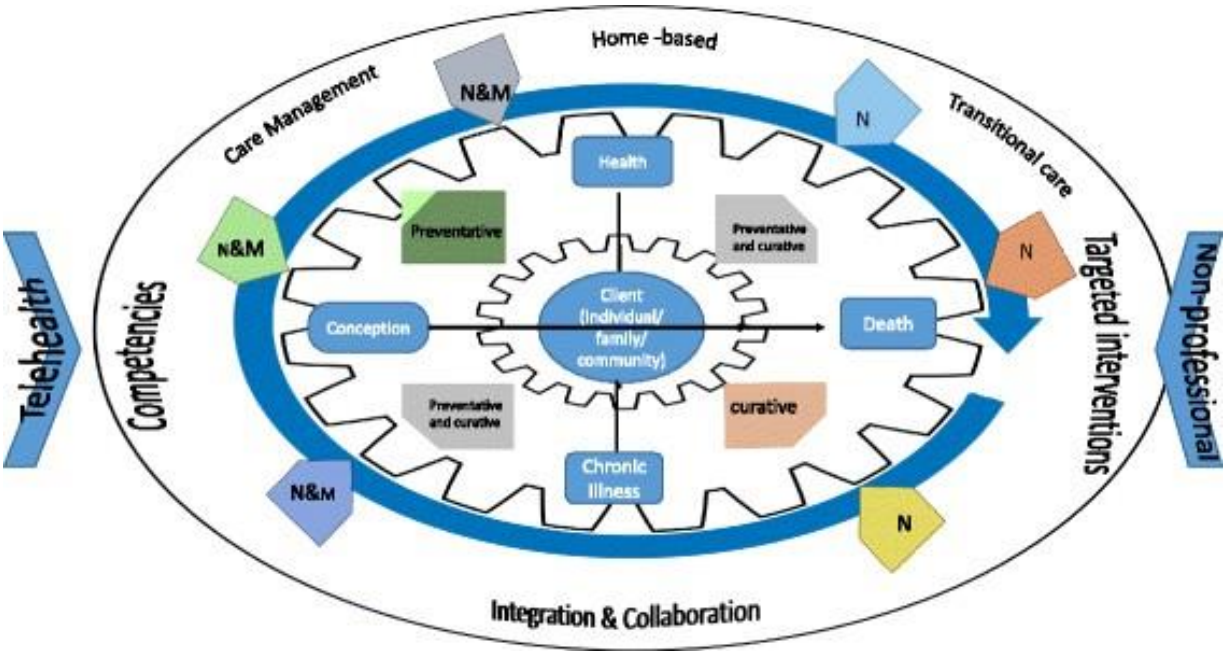
Note. Spies et al. (2017). Permission granted to use this model (see Appendix B).

This model was based on an integration of the theoretical work of Covell's (2008) middle-range nursing theory of building intellectual capacity, Greenleaf's (2014) theory of servant leadership, and Foronda et al.'s (2016) concept analysis on cultural humility. In addition, the researcher integrated concepts from the nursing and midwifery in the community model developed by Leahy-Warren et al. (2017). Illustrated in Figure 3, it encompasses community nursing and midwifery using a person-centered, systems-based approach. In Covell's (2008) middle-range nursing theory of building intellectual capacity, nursing intellectual capital is

described as knowledge that is translated into organizational performance and positive outcomes through the knowledge and skill of nurses. Continued professional development is a critical factor in the success of patient and organizational outcomes. Greenleaf's theory on servant leadership proposes that to lead, an individual must first serve. This theory emphasizes that intentional listening to the needs of others is central to the leadership process. Servant leaders have a natural desire to help others, followed by a conscious decision to lead. Characteristics of servant leaders include empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community. Foronda et al.'s concept analysis on cultural humility synthesized concepts in the literature that illuminated the attributes of cultural humility including openness, self- awareness, egolessness, supportive interactions, self-reflection, and critique. Conditions that created the need for cultural humility included diversity and power imbalance. The consequences of cultural humility are partnership, respect, mutual empowerment, optimal care, and lifelong learning. Cultural humility involves a way of being and a change in an individual's perspective of life. Nurses and midwives could use Leahy-Warren et al.'s nursing and midwifery in the community model as they provide holistic care within diverse communities. In St. Kitts and Nevis, the healthcare system is founded on the principles of public health and primary care, which requires the integration and collaboration of primary and secondary healthcare teams. This model includes the use of non-licensed personnel to work under the direction of nurses and midwives and emphasized the need for continuous professional development to improve the quality of care.

Figure 3

Conceptual Model to Guide Nursing and Midwifery in the Community



Note. Leahy-Warren et al. (2017). Permission granted to use model (see Appendix C).

Leahy-Warren et al.'s (2017) model was structured to be a roadmap for activities needed to achieve the desired change. It included five foundational requirements (organizational mission, vision and values, intellectual capital, servant leadership, funding, and professional support). This model provided a framework to implement the ICN's (2019) mission to advance the knowledge of and respect for the nursing profession through global engagement and collaboration. This model included strategies for global capacity building such as developing relationships, commitment to strategic investments, promoting cultural humility, maintaining flexibility, and reflective practice to achieve long-term sustainable goals. Core activities of this model included research, opportunities to study abroad, service, teaching, and scholarship that resulted in upscaling of nurse-midwives capacity to develop leaders, improve practice, expand and uplift practice, and advance global health (Leahy-Warren et al., 2017; Spies et al., 2017).

This model could assist nurses and midwives to understand the personal and global significance of their work, build their leadership abilities, utilize their resources, and build nursing education, practice, and research capacity (Spies et al., 2017).

Summary

This comprehensive review of the literature identified a profound gap in the literature on research of nursing practice in the Caribbean, and no research on nursing and midwife practice in St. Kitts and Nevis. It indicated that despite significant barriers, nurses and midwives have performed a central role in the significant improvements in health St. Kitts and Nevis has achieved. It identified the considerable efforts nursing leaders and educators in St. Kitts and Nevis have made to collaborate with other nations in the Caribbean region to standardize and improve nursing education and evidence-based practice. In addition, the model for upscaling global nursing and midwifery partnerships (Spies et al., 2017) was identified as an excellent model with which to guide this study. The literature also indicated that hermeneutic interpretive phenomenology is an appropriate theoretical framework for this research because it provides a voice for a previously unstudied vulnerable population, Afro-Caribbean nurses and midwives, creating a deeper understanding of their unique lived experiences. This research might provide a foundation for future research on nursing and midwife education and practice in the Caribbean.

CHAPTER III

METHODOLOGY

Research Design

The purpose of this study was to examine the lived experience of registered nurses and registered midwives in St. Kitts and Nevis. Thus, the goal of this study was to gain a greater understanding of nurses, midwives, and nurse educators' experiences in St. Kitts and Nevis through their rich descriptions of everyday lived experiences and the meanings they ascribed to them. Therefore, hermeneutic interpretive phenomenology was an appropriate methodology to guide this study (Andrews, 2016; Benner, 1994; Mackey, 2005; Speziale et al., 2011).

Hermeneutic interpretive phenomenology was founded on the ideas of Heidegger (1889-1976), who built upon the philosophy of Husserl (1859–1938; Kafle, 2011). Heidegger's ontological perspective was different from Husserl, who examined a person's description of their experiences. Heidegger expanded this paradigm to encompass the subjective experience of both the participant and the researcher (Kafle, 2011). The assumption underlying this methodology was there are multiple realities. In interpretive phenomenology, the mind, body, conscious, and unconscious are not separate. Ontology is the study of these realities, also called Being, constructed by an individual's consciousness, which is dependent upon the social context in which they live. Epistemology is the process of why an individual creates their knowledge through subjective experiences and insights. Knowledge is actively constructed and socially mediated as people interpret and make sense of their lived experiences (Crotty, 1998). This knowledge transcends human experience, providing deep insight into the meaning of Being

(Agee, 2009; Dowling, 2007; Halliday & Harris, 1997). According to Heidegger, a person's language is the instrument used to understand and express the symbolic representation of Being. Through an inductive process, the researcher immersed themselves in and experienced this language and authentic Being was revealed (Braun & Clarke, 2006; Ironside, 2005). The researcher rigorously reflected on their assumptions about the phenomenon being studied, which influenced their interpretation of the findings. This process is referred to as the Hermeneutic circle. Reflection on both the whole and individual parts of the text in a continual process drove the analysis to a deeper level (Cohen et al., 2000; Ho et al., 2017).

Cultural and Language Considerations

The researcher conducted this study in a rigorous, ethical, culturally sensitive manner to ensure it accurately represented the experiences of nurses and midwives in St. Kitts and Nevis and produced trustworthy, relevant, meaningful findings. To address potential cultural and language barriers and power differentials in this study, the researcher followed the ethical principles of beneficence, respect, autonomy, and justice (Squires, 2008). The researcher was guided by the principles of culturally competent research—described by Meleis (1996) as context, relevance, communication, time, power differentials, disclosure, reciprocity, and empowerment (Jacobson et al., 2005).

Communication was key to understanding the cultural, historical, and socioeconomic context in which the nurses and midwives were educated and practiced in St. Kitts and Nevis. The researcher consulted with a nurse scholar on the dissertation committee who is an expert on health care in St. Kitts and Nevis. This expert had developed long-term, collaborative relationships with local nursing leaders in St. Kitts and Nevis by engaging in over 10 years of research and education projects with them. According to Jacobson et al. (2005), marginalized

populations have a tendency not to open to outsiders. Therefore, the researcher made every effort to build trust by being transparent about all aspects of the project and invited local nursing leaders to provide input into the research process. The expert on the dissertation committee's longstanding relationships with healthcare leaders in St. Kitts and Nevis was built on trust and respect, which significantly facilitated the researcher's communication with nurse-midwives during this project.

The researcher sought input from local nursing leaders about the roles of nurses, nurse educators, and midwives in their community; the socioeconomic, cultural, and historical influences on their practice; and their research needs. The researcher was transparent about her expectations for the study to prevent misunderstandings and ensure their goals were mutually beneficial. The researcher sought the input of local nursing leaders about the language used and the cultural appropriateness of the informed consent, interview questions, research procedures, and compensation offered for participation. Efforts were made to ensure the interview questions had the same meaning for the researcher and participant. The researcher determined it was appropriate to offer $30US, which is equivalent to one meal at a nice restaurant in St. Kitts and Nevis, as a gesture of appreciation for the participant's time being interviewed for the study. The researcher was alert for potential power differentials and ensured the participant's confidentiality so they felt comfortable answering questions or refusing to participate in any part of the interview process.

Despite delays imposed by travel restriction during the worldwide COVID-19 pandemic, the researcher was able to visit St. Kitts and Nevis with a highly experienced researcher who was a member of her dissertation committee to conduct in-person interviews with nurses and midwives in May of 2022 (Jacobson et al., 2005; Squires, 2008). The researcher's dissertation

committee oversaw all the steps of the research process to ensure it was conducted in an ethical, rigorous, and culturally sensitive manner.

As the primary research instrument in qualitative studies, the researcher engaged in self-reflection to thoroughly examine and disclose her cultural bias and motivation for participating in this scholarly work among this vulnerable population (Amerson & Strang, 2015). During data analysis, the researcher used thick descriptions of the context and examples of the participants' language inthe manuscript to represent what they want to say (Karnieli-Miller et al., 2009). The researcher was committed to engaging in a reciprocal, mutually beneficial relationship with local nursing leaders in St. Kitts and Nevis during this study. As the researcher discovered the needs and concerns of nurses, nurse educators, and midwives in St. Kitts and Nevis and their ideas for improving practice, policy, and education, she analyzed the data to identify pragmatic solutions to empower them to enhance nursing practice, education, and policy in their community (Jacobson et al., 2005).

Participants, Setting, Sample, and Recruitment

After obtaining letters of support from government representatives in St. Kitts and Nevis and approval from the Institutional Review Board of the University of Northern Colorado, the researcher traveled to St. Kitts and Nevis with Dr. Snyder, a member of the dissertation committee, and Dr. Gwyneth Milbrath from May 21-June 5, 2022 to conduct in person interviews with nurses, midwives, nursing leaders, nurse educators, representatives of the St. Christopher and Nevis Nurses and Midwives Council, and the Retired Energetic Nurses Association. Dr, Snyder and Dr. Milbrath had extensive experience conducting collaborative educational and research projects with health care leaders in St. Kitts and Nevis. The researcher, Dr. Snyder, and Dr. Milbrath completed Collaborative Institutional Training Initiative training on

the Responsible Conduct of Research (University of Northern Colorado, 2019). They were also fully vaccinated for COVID-19 and followed all of St. Kitts and Nevis' public health recommendations including COVID-19 testing, wearing a mask, and maintaining a six-foot distance from any participants during any interviews.

In interpretive phenomenology, a homogeneous sample is sought to gain a greater understanding of what a shared experience means to a group. The researcher made every attempt to ensure the data collected were comprehensive and inclusive by sampling as many nurse and nurse midwives in diverse roles as possible. The researcher interviewed 45 practicing and retired nurses, midwives, nursing leaders, nurse educators, members of the St. Christopher and Nevis Nurses and Midwives Council, and the Retired Energetic Nurses Association. The sample size was considered adequate when saturation occurred and additional interviews did not reveal any new findings.

Participants were recruited through purposeful convenience as well as snowball sampling. Purposeful sampling is a type of non-probability sampling in which the researcher consciously selects participants because they share characteristics relevant to in-depth study, so rich data canbe obtained about a specific phenomenon. Snowball sampling was used to recruit participants through word of mouth, the St. Kitts and Nevis Nurses Association Facebook page and other social media sites, and referral from other nurses and nursing leaders. The researcher also sought permission from Dr. Snyder's local contacts including health care leaders, hospital matrons, and public health nurses to interview registered nurses under their supervision. Appointments for interviews with the nurses, nurse educators, and midwives were made at a mutually agreed upon time in a public place (O'Reilly & Parker, 2013).

Nurses and nurse-midwives were contacted by email, written letters of introduction sent in the mail, and in person or via phone once the researcher arrived in St. Kitts and Nevis. Participants and local nursing leaders were asked to share a letter of introduction with any of their registered nurse or midwife colleagues who met inclusion criteria and were interested in participating in the study. Willing participants were asked to contact the researcher by phone, email, or mail with contact information so appointments could be scheduled in advance to maximize the efficient use of time by the researcher while on-site in St. Kitts and Nevis.

Ethical Considerations

The researcher was committed to conducting this study in an ethical manner. This study was planned, conducted, and reported using rigorous criteria outlined in the *Consolidated Criteria forReporting Qualitative Research* (Tong et al., 2007) and the *Standards for Reporting Qualitative Research* (Peditto, 2018) to ensure the study design followed widely endorsed standards of quality, rigor, and trustworthiness in qualitative research. In the literature, many different criteria were used to describe rigor in qualitative research. There was general agreement among scholars that the trustworthiness or the quality, authenticity, and truthfulness of findings defined the rigor of qualitative studies.

As described previously, no data were collected until permission was obtained from the dissertation committee, the Institutional Review Board of the University of Northern Colorado (see Appendix D), and a letter of support was received from the Ethics Board of the Ministry of Health in St. Kitts and Nevis (see Appendix E). Participation was voluntary. The researcher handed the Invitation to Participate and Informed Consent Document (see Appendix F) to potential participants explaining the purpose, risks, benefits, and consent to participate in the study. After reviewing the Invitation to Participate and Informed Consent Document and having

the opportunity to ask any questions, verbal consent to participate in the study was obtained prior to conducting the interview. The right of any participant to participate, not participate, or withdraw from the research study at any time was respected. A written copy of sample questions was provided to any participant who requested it ahead of time to provide them with the opportunity to reflect on their answers before participating in the interview to protect their psychological safety. Participants were encouraged to ask any questions before or during participation in the study. The researcher was alert to and respected the participant's desire not to answer any questions that might have caused social or psychological harm if their confidentiality was breached.

The researcher had an ethical responsibility to do everything possible to protect the privacy of all participants in the study. Due to the small homogeneous sample in a very limited geographic area, there was an increased risk the confidentiality of participants might be compromised. In addition, because almost all of the nurses and midwives in St. Kitts and Nevis were employees of the Ministry of Health or Ministry of Education, there was a risk they might say something that could potentially be perceived to portray the government in a negative light, which could place the participant at risk of losing their job or face other serious negative consequences. Transcripts were coded and de-identified to protect the participant’s identity andconfidences. A log with the interview numbers was securely stored in a separate password protected file.

Because the researcher made extensive efforts to protect the confidentiality of participants, the risks of participation in this study were minimal. There was a small risk that self- reflection by the participants about their experiences could have caused them psychological discomforts such as stress, anxiety, or frustration. A benefit of participating in this study was the opportunity for participants to reflect on and gain insight into their experiences, receive

recognition for their practice, participate in research, and contribute knowledge to the profession of nursing.

The researcher applied for and received a $2,558 grant and used $688 in continuing education funds allotted annually to the faculty in their position as an assistant professor at Utah Valley University to fund this research. No other outside funding was used to conduct this research. The researcher used her personal financial resources to pay for any additional expenses such as travel, lodging, meals, and transportation not covered by grants or faculty development funds while in St. Kitts and Nevis while she was collecting data. All sources of grant funding were disclosed. The researcher provided a small gift of USD$30 to each nurse or midwife from St. Kitts and Nevis who participated in the interviews as an appropriate thank you for their time and assistance with the study. In St. Kitts and Nevis, USD$30 is equivalent to $81 Eastern Caribbean Dollars (EC) or one person's portion of a dinner for two at a nice restaurant in St. Kitts, which costs approximately $150 EC (Expatistan, 2019).

Data Collection and Handling

The researcher is the primary instrument of data collection in qualitative studies. In depth, face-to-face or electronic interviews were guided by semi-structured questions grounded in the model for upscaling global nursing and midwifery partnerships (Spies et al., 2017). The researcher asked open ended questions as part of a fluid, exploratory process used in qualitative research. Participants were encouraged to speak freely and share their perceptions. Questions were adjusted based on the participant's individual needs. A demographic questionnaire was not used because in the small island nation and culture of St. Kitts and Nevis, the nurses and midwives are employed by the government and they are very concerned about privacy and confidentiality. However, during the interview, the researcher was able to ask the participants

about their level of education, length of time in practice as a registered nurse and registered midwife in St. Kitts and Nevis, and their various professional roles and responsibilities in nursing and midwifery education, practice and leadership. This information helped identify possible attributes that might explain differences and similarities in their perceptions; however, these attributes were not disclosed to protect the confidentiality of the participants. Before the interviews began and after the participant had an opportunity to read the introductory letter that explained the purpose of the study, the researcher asked the participant if they had any questions and obtained verbal informed consent from the participant. The researcher used a flexible approach, asking open-ended questions that evolved during the interview process to encourage rich, detailed descriptions by the participants of their experiences and their meanings. The researcher interrupted the participant as little as possible. Follow-up questions were used based on the participant's responses to clarify details or elicit more information. All of the participants consented to audio recording during the interview, which helped to ensure the accuracy of the transcript. During the interview process, the researcher noted the participant’s tone of voice, physical expressions, and gestures, which were not audible in the recorded interview, on field notes that were later incorporated into the transcribed narratives. At the end of the interview, the participants were asked if there was anything they would like to add or clarify. The participants were asked if they wanted to provide follow up contact information so the researcher could send them a written transcription of their interview to verify its accuracy after the interviews. Sixty-minute blocks of time were reserved for these interviews. The first interviews were arranged via email and by personally visiting and distributing the invitation to participate to the nurses’ stations in JNF and Alexandra Hospitals, the CFB College School of Nursing, and several of the community health centers. Participants then started contacting the researcher and offering to

participate in person or via the online communication commonly used by the residents of St. Kitts and Nevis called WhatsApp. No one who was given an invitation to participate refused to participate in the study or stopped the interview once it started.

The researcher also contacted nursing and government leaders in St. Kitts and Nevis before visiting the islands to ask permission to access relevant historical, professional, or government documents in the St. Kitts and Nevis National Archives, museums, and Ministry of Health. Once the researcher was on the islands, she searched for primary and secondary sources such as government publications, historical journals, manuscripts, the nursing scope of practice documents, and local newspaper articles relevant to the research question (Cohen et al., 2000; Snyder, n.d.; Tong et al., 2007). After the interviews, the data were immediately uploaded onto a secure password protected site in the Cloud using the researcher's password protected laptop. The researcher kept her laptop with her at all times or locked in a safe while she was in St. Kitts and Nevis. This laptop was stored in the researcher's private office when she returned to the Unites States. Data were de-identified to protect the privacy of the participants in the study (Cohen et al., 2000).

Data Analysis

Colaizzi's (1978) method of phenomenological data analysis was used to extract, organize, and analyze the data because it aligned with the theoretical framework, goals of this research, and provided clear logical steps that increased the trustworthiness of the results (Shosha, 2012). This process is outlined in the following steps:

1. The researcher emersed themselves in the data and reads and rereads transcripts. The researcher listened to each audio recorded interview. The audio recordings were then transcribed with the aid of Temi (2020) speech to text

recognition software, which the researcher manually edited. The transcripts were read and re-read several times to ensure they were accurate and to obtain an overall understanding of their content. Then the researcher uploaded the transcripts into NVivo qualitative software for analysis (QSR International, 2019). The audio recordings were destroyed once the research was completed.

2. Significant statements that directly related to the participant's experience of the phenomenon were extracted. NVivo was used to code and organize these statements. Memos written in NVivo during this process digitally linked the data for retrieval. A participant number was assigned to each quotation to maintain anonymity and the context of each statement.
3. Meanings were formulated for the codes assigned to each significant statement.
4. These codes were then sorted in categories and their aggregate meanings were clustered according to themes. To explain the themes, significant statements were selected that established and best represented the meanings of each theme.
5. An exhaustive description of the phenomenon's essential structure was developed based on the themes.
6. The themes were interpreted through an inductive process to determine their significance. The researcher printed these themes from a word document and manually organized them using visual and kinesthetic methods such as highlighting them, sticky notes, and large format display boards. This analytic process using auditory, visual, and kinesthetic learning modalities facilitated deep reflection and a comprehensive understanding of the phenomenon from multiple cognitive perspectives (Maher et al., 2018). During this process, the researcher

reflected on her own bias and looked for patterns and conclusions that best fit the phenomenon being studied. The researcher then compared these themes to relevant literature that could be used to support or identify alternative explanations for the data. This process revealed the fundamental structure of the phenomenon.

7. The findings were validated by the dissertation committee of doctoral-prepared nursing scholars who oversaw the data analysis process and provided feedback on the researcher's interpretation of the findings. Participants were invited to review the results to ensure their accuracy and support their trustworthiness (Abalos et al., 2016; Shosha, 2012). The transcripts, significant statements, and themes were reexamined and reflected upon many times to identify any contradictions or differing perspectives, and to ensure the interpretation of the phenomenon was thorough.

Researcher's Perspective

In qualitative studies, the researcher is the primary instrument for data collection and analysis because they engage in the complex task of interviewing, observing, and recording both verbal and nonverbal cues. According to Heidegger (Mackey, 2005), bracketing or separating the preconceptions of the participant and researcher from the research experience is impossible. The perspective of both the participant and researcher are essential to the interpretive process (Laverty, 2003). Therefore, the researcher reflected upon and was transparent about her personal experiences, frames of reference, bias, and the theoretical perspective that influenced the data collection, analysis, and interpretation of the results.

The researcher was inspired to conduct this study when she spent two and a half weeks in St. Kitts and Nevis in 2017 assisting Dr. Snyder with a collaborative research project as part of an elective course during her Ph.D. coursework. During that time, the researcher was immersed in St. Kitts and Nevis' diverse Afro-Caribbean culture. She was introduced to key governmental and nursing leaders by Dr. Snyder, who has conducted collaborative educational and research projects in St. Kitts and Nevis for over 10 years. Dr. Snyder also accompanied the researcher to St. Kitts during the summer of 2022 when the researcher collected data for this research. The long-term relationship, built on mutual respect, that Dr. Snyder has built with government leaders in St. Kitts and Nevis assisted the researcher in obtaining approval to conduct and recruit participants for this study. However, this also filled the researcher with a deep sense of responsibility to conduct this research in a high quality, rigorous manner due to the trust Dr. Snyder placed in her.

The researcher was also motivated to conduct this study due to her personal and professional experiences and interests. She was born and lived overseas in a developing nation for 10 years and she has traveled extensively. As a current labor and delivery and neonatal intensive care registered nurse, who has practiced in the United States for over 30 years and a university assistant professor with a Master of Science in Nursing Education, the researcher has a long-standing interest in and teaches nursing students about maternal child nursing. In addition to participating in the research project in St. Kitts and Nevis in 2017, the researcher organized and conducted an international, collaborative, perinatal education project with a certified nurse midwife from the United States as part of her master's degree.

These experiences have given the researcher a lifelong passion for global maternal/child health and international collaboration in nursing research. The researcher would like to

contribute to knowledge about nursing education and practice during the remainder of her career by conducting, publishing, and mentoring students in international, collaborative nursing research. However, she also realizes that as a middle class, highly educated White woman from the United States, the researcher brought personal biases about what she thought health care and the role of nurse midwives should involve. Many of the researcher's preconceptions were challenged from her experiences visiting St. Kitts and Nevis as she learned more about nurses and midwives' history, culture, healthcare system, and professional responsibilities. For example, the researcher was unaware of the dramatic improvements in maternal child health St. Kitts and Nevis has=d achieved or how highly educated the nurses were prior to this research.

Rigor in Cross-Cultural Research

Im et al. (2004) proposed five criteria to evaluate the rigor of qualitative cross-cultural research: cultural relevance, contextuality, appropriateness, mutual respect, and flexibility. This research was culturally relevant because the findings might be useful and help improve the lives and health care of the people of St. Kitts and Nevis. This research has contextuality because attempts were made to conduct it in a manner that was sensitive to structural conditions, such as the history of colonialism, that contributed to the participant's perspective. This study used appropriate communication techniques. Great efforts were made to conduct this research in a respectful manner that was flexible and supported the participant's individual needs such as maintaining strict confidentiality.

Measures to Ensure Trustworthiness

In addition to the strategies described above to conduct this study in an ethical and culturally sensitive manner, the researcher employed measures to ensure the trustworthiness of this research. Because the goal of hermeneutic interpretive phenomenology is to understand the

meaning of participants' experiences, the trustworthiness of this research was based on assumptions and criteria from the constructivist paradigm (Lincoln & Guba, 1985). Colaizzi's (1978) method was used to conduct a rigorous analysis of the data to support the trustworthiness of the findings. In addition, the trustworthiness of the findings and an in-depth understanding of the meaning of the participants' experiences was enhanced by the inclusion of historical, rare, unpublished, and out of print documents, many of which could only be located by the researcher in St. Kitts and Nevis (Edward & Welch, 2011).

Trustworthiness in qualitative research involves the degree to which the data measure what they were intended to measure and if the findings were meaningful and relevant. Dependability, reliability, and confirmability were supported through consistent use of rigorous research methods and the transparency of the research process. The entire research process was overseen and evaluated by four doctoral-level expert nursing researchers. The Ministry of Health reviewed potential interview questions to evaluate their face validity and to make sure the content was understandable and culturally appropriate.

The trustworthiness of the data was further strengthened by the inclusion of multiple perspectives and by conducting the interviews while the researcher was immersed in the participants' natural environment and culture. Retired and practicing registered nurses and registered midwives in diverse roles in St. Kitts and Nevis participated in the study. In addition to audio recording the interviews to ensure their accuracy, the researcher asked follow-up questions when needed for clarification. At the conclusion of each interview, when it was appropriate, the researcher rephrased and summarized what the participant said and repeated it back to them to verify the researcher understood the meaning of what the participant said. The researcher allotted an hour for each interview to make sure the participants did not feel rushed

and they had adequate time to fully share their experiences. Although there was variation in individual accounts, interviews were conducted until there was a saturation of data and a repetition of ideas was consistent throughout the various accounts. This helped to identify potential bias and gain a comprehensive understanding of the phenomenon from multiple perspectives.

A clear record detailing all the research procedures, steps in data analysis, and decisions made throughout the research process was kept. This audit trail might be beneficial and pertinent to anyone else who might want to repeat the study and aid in the transferability of the findings (Korstjens & Moser, 2017; Rifkin & Hartley, 2001).

Credibility indicates the analysis is a true representative of the participants experience. The researcher supported the credibility of the research by engaging in member checking to make sure the participant's voice was accurately represented. The researcher provided her contact information to all of the participants, offered to send them a copy of their transcript so they could verify the transcripts accuracy, and provided any follow-up comments. Several of the participants requested copies of the audio recordings of their interviews, which were sent to them. However, none of the participants shared an address to send the transcripts to or provided any follow-up information.

The researcher then spent several weeks immersed in the data and reflected on both the parts and the whole, through multiple learning modalities, to gain deep insight into the participants' experiences. Instead of bracketing and attempting to eliminate bias, the researcher engaged in reflexivity or critical self-reflection about preconceptions that might have influenced her interpretation of the findings and sought alternative explanations for the data (Creswell,

2007; Cypress, 2017; De Witt & Ploeg, 2006). The validity of the findings was further supported by the inclusion of negative or conflicting information in the data.

Transferability is synonymous with external validity or how applicable the findings are to similar context and populations (Casey et al., 2016). Because qualitative research is specific to a context, the analysis was supported with rich, descriptive quotations so readers could assess whether the findings were transferrable to similar settings such as other small remote Caribbean islands (Wirihana et al., 2018).

Finally, the trustworthiness of the data was supported by the creativity, sensitivity, flexibility, and skill of the researcher. The researcher strove to provide descriptions and select verbatim quotations that resonated as a true representation of the participant's lived everyday experiences (Squires & Dorsen, 2018). The researcher then linked the themes to the theoretical framework, historical and cultural context, nursing models, and current literature to develop an in-depth understanding of the phenomenon (Creswell & Poth, 2017; Rolfe, 2006). Most importantly, the credibility of the findings was supported by oversight of the entire research process by four doctoral-prepared expert nursing researchers who ensured this study was conducted in an ethical and rigorous manner.

Inclusion of Historical Data

The trustworthiness of the findings was also supported by the triangulation of multiple data sources. A critical investigation was conducted of the historical and cultural context that influenced the development of nursing education and practice in St. Kitts and Nevis. Little data were available on the history of nursing or nursing education in St. Kitts and Nevis in the published literature. St. Kitts and Nevis is a country with a rich oral tradition so much of its history was passed down from one generation to the next. Therefore, while the researcher was on

site, she searched for historical data and consulted with librarians at the St. Kitts and Nevis National Archives, Museum of Nevis History, the Clarence Fitzroy Bryant College Library, the Charles A. Halbert Public Library, and the Nevis Public Library. Because of limited financial resources or technological infrastructure and natural disasters that frequently occur on the islands, the availability, quality, and organization of documents was very limited. The researcher was able to locate some government publications, published, and out of print books and pamphlets. This information corroborated historical data collected during personal interviews with retired nurses.

According to Wood (2011), provenance, purpose, context, veracity and usefulness are criteria used to evaluate the rigor of research that includes historical data. Provenance was established by verifying the authenticity of the documents. The purpose, intended audience, time the document was created, historical context, and the prevailing ideas during the time period of all documents included in the study were considered. Historical findings in St. Kitts and Nevis related not only to events that occurred in the Caribbean but in other geographic and professional contexts such as Britain. Veracity refers to the truthfulness, reliability, and accuracy of historical sources. The credibility of all historical documents was determined by the purpose for which they were created and the values, assumptions, and bias that might have been embedded in them. The researcher checked historical accounts against other information recorded elsewhere. Contextual factors such as time, culture, and gender were considered as part of the interpretation of the data. The historical data found were included in the findings of this study because they provided a deeper understanding of the history, cultural context, issues in nursing education, and practice in St. Kitts and Nevis. Data obtained from historical sources corroborated and verified

findings from the participant interviews and supported the truthfulness, authenticity, and accuracy of the findings (Edward & Welch, 2011; Wood, 2011).

Conclusion

Despite facing many challenges common to most Caribbean nations including limited resources, geographic isolation, a history of marginalization, and a severe nursing shortage, St. Kitts and Nevis have achieved remarkable improvements in their health outcomes. The government has accomplished this by making access to universal, subsidized, population-focused primary and acute health care a priority. Nurses and midwives perform a central role in health care in St. Kitts and Nevis. They provide health care in an extensive network of community-based public health centers and in hospitals where they attend 99% of all deliveries. Despite these achievements and an admirable record of regional and international collaboration in quality improvement, nursing and midwife practice and education in St. Kitts and Nevis was never studied before this research. This research was needed to address this knowledge gap and gain a greater understanding of the history, education, strengths and barriers to nurse and midwife practice in St. Kitts and Nevis. Hermeneutic interpretive phenomenology was the most appropriate theoretical framework and methodology to study this phenomenon because it increased understanding of the everyday lived experiences and the meanings these registered nurses and midwives derived from their practice in their natural environment. Recurrent themes that emerged from this study provided a foundation for further collaborative nursing research in St. Kitts and Nevis, helped generate ideas to improve health care in the Caribbean, and might lead to positive social change by providing a voice for a previously unstudied, vulnerable population.

CHAPTER IV

PRESENTATION OF THEMES

The purpose of this study was to examine the lived experience of registered nurses and registered midwives in St. Kitts and Nevis. This phenomenon has never been studied before. Therefore, an extensive search of published and out of print literature and historical documents was conducted. In addition, 45 semi-structured interviews with currently practicing and retired nurses and midwives in various education, practice, and leadership roles were conducted to gain a thorough understanding of the research question and its cultural and historical context. After the researcher immersed herself in the data, the transcripts were coded and sorted into themes relevant to the research question using Colaizzi's (1978) in-depth method of data analysis. Nine significant themes emerged from the data, each of which contained several subthemes. The nine themes included (a) Nursing and Midwifery Education and Practice Experiences in the Past, (b) Current Nursing and Midwifery Educational Experiences, (c) Current Experiences Practicing Nursing and Midwifery, (d) The Impact of Culture on Nurses and Midwives' Experiences, (e) The Universal Ethics and Experiences of Nurses and Midwives, (f) The Impact of Community-Based Health Promotion and Prevention by Nurses and Midwives, (g) The Impact of Lack of Support for Nursing and Midwife Practice, (h) The Need for Specialized Training and Advanced Practice Nurses, and (i) The Impact of Nursing and Midwifery Leadership and Collaboration. Each theme that emerged provided an exhaustive, mutually exclusive, and conceptually congruent description of a theme that was relevant to the research question. These themes are

explored in this chapter and supported with significant verbatim quotes from transcripts to substantiate the findings.

Nursing and Midwifery Education and Practice Experiences in the Past

A significant theme identified in the data was the influence St. Kitts and Nevis' unique history had on nurse and midwifery practice. No scholarly research on the history of nursing and midwife practice in St. Kitts and Nevis could be identified in the published literature. However, experiences shared by the participants during interviews and out of print literature located on St. Kitts and Nevis provided significant findings relevant to the research question. The following open-ended questions were used to explore the phenomenon of nursing education and practice experiences in the past in St. Kitts and Nevis:

- Please tell me about the history of nursing and/or midwife practice in St. Kitts and Nevis.
- Please describe how you feel nursing and/or midwife care has changed over time in St. Kitts and Nevis.

These findings provided significant historical context with which to understand the lived experience of nurses and midwives who practice in St. Kitts and Nevis.

1600-1800: Colonialism and Nanas

St. Kitts and Nevis was colonized by the French and English in 1623. The French and English conducted joint military operations that resulted in the virtual extinction of the native Carib and Arawaks Indians on the islands. Gardner (1993) described this:

> The Caribs were massacred at a site now called Bloody Point, which housed the island's main Carib settlement, over 2,000 Carib men...were dumped in a river, on the site which

> housed the Caribs place of worship. For weeks, blood flowed down the river like water, giving it its nickname, Bloody River. The remaining Carib Indians were deported. (p. 52)

Around 1640, the British began developing highly profitable sugar plantations. To provide the manpower needed to harvest the crops, African slaves were brought to the islands. Many of the slaves perished living under harsh living conditions. British control of the islands was recognized in the Treaty of Versailles in 1783. Most of the small Caribbean colonies, including St. Kitts and Nevis, became associated statehoods. They were locally self-governed with management of external affairs and defense by the British. From 1671 to 1966, St. Kitts and Nevis, Antigua, Barbuda, Montserrat, Dominica, and the British Virgin Islands shared various alliances and federations (Mills & Momsen, 2022).

The British colonizers adopted some of the health remedies used by the Carib and Arawaks to survive the local tropical diseases. Elderly women with no formal training called "doctoresses" were responsible for caring for ill and elderly family members. Births were attended by "nanas." Their knowledge and skill, which combined indigenous practices, local herbs, African tradition, superstition, ritual, and trial and error, was passed down through the generations. Sebastian (2001) described nanas:

> Within the Community were the Nanas, honest hard-working women who had learnt to deliver babies mostly by watching other women. These Nanas received payment in kind – eggs, chicken, some fish, a few vegetables, or whatever their clients could afford... The care and treatment for women in labour was very ancient rum to kill pain and kitchen cobwebs to dress umbilical cords. **(**p.109)

These nanas traditionally wore a loose-fitting white gown with lace edgings and large pockets, and a colored head scarf. They closed all the windows and sat in a rocking chair smoking a pipe

that was not tobacco and filled the room with “tranquilizing smoke” during childbirth. The nana stayed in the woman’s home caring for her and family for nine days after childbirth. On the ninth day, the nana went home and the woman dressed in white and showed the neighbors her new baby (Gardner, 1993).

During the colonial era and up until the 1800s, the British government did not provide care for the sick. Due to the high mortality among slaves, a law was passed in 1798 in St. Kitts and Nevis requiring plantation owners to care for the health of their slaves. Enslaved women were assigned to care for women during childbirth and the ill on plantations as part of their domestic responsibilities. “Every owner or director of slaves shall have under the penalty of one hundred pound on the estate or place where the slaves usually reside a commodious Hospital with proper convenience for the sick and a sufficient number of attendants” (Sebastian, 2001, p. 109).

The horrible conditions endured by slaves led to a major slave rebellion in 1816 that was put down by the local militia and British troops (Mills & Momsen, 2022). Once the slaves were emancipated in 1834, the British government did not make any provisions to care for them. The former slaves suffered from poverty, disease, and malnutrition. This created an overwhelming need to care for the poor and dying. The local churches stepped in to help and nursing and health care gradually grew to meet this need (Gardner, 1993).

1800-1940: British Influence and Independence

In the 1800s, people in St. Kitts and Nevis suffered from widespread typhoid, malaria, and smallpox. In 1854, a severe cholera outbreak killed one-sixth of the population (Sebastian, 2001). As Martin et al. (2011) described:

> During this era, the major threats to survival were the deplorable social and economic conditions in which the majority of people lived and worked…. approximately 400 children per 1,000 births died before the age of one, and infections such as tuberculosis, diphtheria, and gastroenteritis were rampant. (Martin et al., 2011, p. 15)

Due to desperate need, the first hospital in St. Kitts, called the Cunningham Hospital, was built by private fundraising in 1848. It was St. Kitts' primary healthcare facility for over 100 years. Although the Cunningham Hospital was meant to be a hospital, due to an overwhelming demand, it was used to house and feed the indigent, dying, and mentally ill. Patients were cared for by illiterate, overworked women in overcrowded, unsanitary conditions. Most people resorted to homemade cures and folk medicine to avoid the horrible conditions in hospitals. In 1830, a hospital named the Queen's House was built in Nevis. The original hospital built in Nevis was destroyed by a hurricane in 1899. The patients were then housed in the jail until 1909 when they were transferred to the Government House, now called Alexandra Hospital. A physician at that time described what the Cunningham Hospital was like in 1854: "When I visited the Cunningham Hospital it was very discreditable state, dirty and disorderly and ill provided, more likely to be productive of, than to promote the cure of disease, to increase than to alleviate suffering" (Sebastian, 2001, p. 109).

Public outcry about the deplorable conditions in Caribbean hospitals during the 1800s eventually led to an awareness that health care needed to be improved. In the 1850s, the British began to develop a public health system and improve training of nurses. In 1860, Florence Nightingale organized the St. Thomas Nursing school in London, which began the professionalization of nursing education and practice (Gardner, 1993). Mary Seacole, a Caribbean nurse, paid her own fare to Europe and assisted Florence Nightingale during the

Crimean war. She took many notes while working with Nightingale and brought her new ideas back to the Caribbean (Gardner, 1993). Gradually, health care began to improve in St. Kitts and Nevis. In 1853, medical districts were established and in 1918, a public health department was organized and led by a medical officer. In 1920, the Cardin Home was built and the poor, handicapped, and mentally ill at Cunningham Hospital were transferred there (Gardner, 1993).

As people became more aware of the dangers of unskilled care, provisions were made to replace traditional nanas with trained midwives (Sebastian, 2001). The first midwife legislation in England was passed in 1909. Nursing leaders in St. Kitts and Nevis embraced the standards and traditions of the Nightingale schools and in 1919, the Nurses and Midwives Registration Act was passed, making it illegal for any person to act as a midwife unless they were registered with the Inspector of Public Health. Midwives who demonstrated they were incompetent, negligent, who had been convicted of a crime, or who were unfit for duty to due age or illness were removed from the register (Sebastian, 2001).

In the 1920s, nursing leaders and educators were recruited from England. They brought the rules, regulations, and discipline of the British system. As a result, nursing and midwifery became more respected and care improved (Gardner, 1993). In 1920, a Midwife Board was created that established regulations for the education and practice of midwives. It included standards of professional practice such as the disinfection of instruments, the supplies and medications they were expected to carry, their uniform, and conditions they were required to consult about with a medical practitioner (National Archives of St. Kitts and Nevis, 1919). In 1919, a maternity ward was built on hospital grounds. However, only the most difficult deliveries that could not be done at home were brought there. There was no antenatal care so many women and neonates died during childbirth. The district midwife would call a medical

doctor for difficult deliveries that required instruments, which often resulted in the death of the newborn or an emergency cesarean section as a desperate attempt to save a newborn when the mother had passed away. Screaming outside the walls of the hospital was a common occurrence (Gardner, 1993). In 1930, the Nurses and Midwives Act was amended to require all midwives to have at least six months of hospital training, attended 20 supervised births, and passed an exam. In 1930, a fire destroyed the Matrons Home for Nurses and a more modern one was built next to the hospital in 1940. By the 1970s, the midwives started to do deliveries in the hospital. Now almost all neonates are delivered at the hospital. The Nursing and Midwives Act was updated in 2017 (National Archives of St. Kitts and Nevis, 1919).

By the 1930s, the sugar market became volatile and less profitable, so many of the wealthy became absentee landlords. Desperate living conditions, the Great Depression, the spread of socialism, and Black Nationalism let to a labor revolt and a call for local representation in government. As a result of this civil unrest, the Great Britain Colonial Office appointed the Moyne Commission to investigate social and economic conditions in the colonies (Gardner, 1993). The Moyne Commission made sweeping recommendations that led to many political and social reforms such as the right to vote in 1950, full internal self-government in 1961, and the establishment of their publicly funded preventative focused universal healthcare system. In 1983, St. Kitts and Nevis was declared an independent nation. They remain close ties with Great Britain as a member of the Commonwealth (Gardner, 1993).

The recommendations of the Moyne Commission included a complete overhaul of the nursing curriculum, the reorganization of nursing services to focus on public health, greater equity in nursing wages, and improved educational and health care facilities (Barker, 2013). In 1940, Britain passed the Colonial Development and Welfare Act that provided funding for 10

years in the Caribbean to enact the recommendations of the Moyne Commission on each Caribbean island. Responsibility for continued evaluation and quality improvement was undertaken by Caribbean nurses, who established nursing education standards and the creation of professional nursing organizations in the region (Barker, 2013).

During the 1940s, the English matrons established a three-year apprentice education program for nurses, similar to what was being done in England (Gardner, 1993). Students began their training with six weeks of instruction followed by three years of work in the hospital and community. The hospitals were staffed with two nurses and a student for 40 beds. The students and nurses worked 12-hour shifts, rotating day and night shifts, sometimes 13 days in a row. The students were required to live in housing close to the hospital at $40 a month, which came out of their salary. Students were used as cheap labor with little time allotted for lectures. Their education focused mainly on tasks such as cleaning and cooking. Unquestioning obedience was demanded. The students were awarded one stripe after they completed their first year and two stripes after their second. After their third year, they took an exam. After they passed the exam, they received a uniform but were not considered to be a staff nurse until they completed an additional year of midwifery training. They adopted British policy that made midwife training for all nurses mandatory because the majority of babies were delivered at home in the Caribbean islands until the 1970s. Once a nurse completed the midwifery certificate and were promoted to a staff nurse, they took on more responsibilities and were eligible for promotion (Gardner, 1993). Barker (2013) described the apprenticeship method of nursing education in St. Kitts and Nevis:

> They learned nursing skills from senior nurses on the wards, with observation, demonstration, and return demonstration as key modalities in the learning process. A few lectures were given periodically by the Matron, Assistant Matron, and doctors attached to

> the hospital ....the highlight of the day was the Grand Rounds made by the Doctor in charge of the ward. All nursing staff participated...the Doctors rounds for the student nurse were opportunities for learning. Each case was discussed and students questioned at the beside about the disease and treatment ordered by the Doctor, and was expected to know the answers. (p. 19)

Several of the retired nurses who were educated in the hospital-based apprenticeship model of nursing shared they felt this was a good way to learn because they felt nurses needed hands-on training to understand concepts.

1940-1980: Significant Improvements

During the 1940-1980s, nurses and midwives worked tirelessly to achieve significant improvements in health care in St. Kitts and Nevis (Welsh, 1971). In the 1940s, antibiotics, vaccines, and improved sanitation became available. This decreased the spread of communicable diseases such as typhoid fever, tuberculosis, syphilis, and leprosy (Mills & Momsen, 2022). A Public Health Ordinance was passed in 1953 that established a Board of Health (Barker, 2013). St. Kitts was divided into four medical districts. Nursing services in the hospital were organized with a matron who was responsible for overall hospital operations. The assistant matron was responsible for training nurses. The most senior nurse on the ward, called the Ward sister, was responsible for the Wards daily operation. There was only one doctor in the hospital who treated all the patients and conducted all the surgeries. The matron administered the anesthetics in the operating room (Barker, 2013).

A network of 11 public health centers and two outposts in St. Kitts and three public health centers in Nevis were built, which made free health care accessible to everyone in the Federation. These public health centers were managed by midwife nurses trained in community

and public health. Barker (2013) described how this led to dramatic reductions in infant and maternal mortality and morbidity rates:

> The shift from communicable disease to chronic diseases may be attributed to the active role that Public Health Nurses…played in the three islands played in prevention, education, treatment, mass campaigns and epidemiologic surveillance...programs that were successfully implemented under health were immunization, oral rehydration, and family planning in which public health nurses worked tirelessly. The results of these programs are noteworthy. (p. 91)

Community health nurses and midwives lived in the local community. They administered vaccines, tracked infectious diseases, provided health education, wound care, perinatal care, monitored the growth and development of children, and visited people's homes to deliver babies and care for the bedridden (Barker, 2013).

In 1953, public health nurses undertook a campaign to prevent and cure tuberculosis (TB) by skin testing every member of the Federation and administering TB vaccines to children. These nurses' efforts were so successful they were able to close the tuberculosis ward at the Cunningham Hospital (Mills & Momsen, 2022). A annual report by the Chief Medical Officer in 1951 stated, "The public health in St. Kitts and Nevis had improved in many aspects, but there were still serious deficiencies that required improved funding and training of nurses" (Barker, 2013, p. 40).

Despite these improvements, working conditions for nurses in the hospital during the 1940-50s continued to be very difficult (Barker, 2013). Winifred Walters-McMahon, a hospital matron during that time, described how challenging conditions were at the start of her nursing career in 1945:

> Health care providers worked tediously as a team to provide nursing care using available limited resources. .... an employee at the St. Kitts Sugar manufacturing Corporation, would take surgical instruments to his workplace to be sharpened. She also recounted many times when gauze and bandages were washed, dried, and re sterilized as supplies were limited. ...in spite of the deficiencies and challenges that nurses faced, they performed at their highest potential. (Barker, 2013, p. 40)

According to colonial tradition, managerial positions such as hospital matron or assistant matron were coveted and only occupied by nurses from Britain. There was a large disparity between the pay of British matrons and locally trained nurses. English matrons remained in charge of the Cunningham and Alexandra Hospitals until the 1950s. In 1950, the first local matron, May Stevens, was appointed. However, the organizational structure, modeled after the British system, remained hierarchal (Barker, 2013). The first local Superintendent of Public Health Nursing in St. Kitts, Bronte Welsh, was appointed in 1957. Ms. Welsh expressed the sentiments many nurses in St. Kitts and Nevis still value today: "Nursing is the oldest profession and one off the best; yet, it has always been shortchanged. I chose nursing as my profession and in spite of discouragement and difficulties I pursued my dream of becoming a nurse and I am proud to be one" (Welsh, 1971, preface).

The Alexandra Hospital was severely damaged by an earthquake in 1950. In 1961, it was renovated, a maternity ward was opened, and the Flamboyant Nursing home was built adjacent to it. In 1967, the Joseph N. France (JNF) hospital was built to replace the Cunningham Hospital in St. Kitts. In 1986, a psychiatric ward was added to the hospital. It had a maternity ward and was staffed by two physicians and an anesthesiologist (Welsh, 1971). As the availability and quality of health care improved, infectious diseases decreased and the focus switched to chronic

diseases. Increased staffing was needed for the new JNF Hospital. To meet the demand for more nurses, a program in general nursing and midwifery was developed in 1956. This led to the opening of the JNF School of Nursing in 1966, the creation of a full-time nursing Tudor position, and structured nursing education curriculum in 1968 (Barker, 2013). For the first time, priority was given to student learning instead of providing free labor for the wards. The nursing students spent the first six weeks learning theory in the classroom and then they were given an exam. Students who passed the exam started their clinical rotations. Clinical supervision was provided by senior staff nurses and Ward Sisters, who gave feedback to the school of nursing instructors. The students took another exam at the end of their first, second, and third years (Barker, 2013). With only two high schools in St. Kitts, which were both private during that time, made it challenging to find students academically prepared to enter nursing school. There were also no males in nursing and nursing students had to be single. Any student who got married or who became pregnant was expelled from the program. Students lived in the Nurses Home, where they were required to follow strict rules and eat meals together. Nursing students often had to attend lectures after working long rotating day and night shifts. However, the students developed close supportive relationships with one another that lasted throughout their lives.

Nurses remained in their positions for long periods of time and received low wages. As a British Colony, continuing education and advancement in nursing administration and nursing education were available through scholarships from the Royal College of Nursing in England. In the 1950s, a few nurses were able to earn a certificate in public health nursing from the West Indies School of Public Health in Jamaica. Nurses who were married did not receive retirement benefits and were ineligible for any overseas continuing education required for promotion. There was no formal in-service education program until the 1960s (Barker, 2013). Shortages of staff,

medicine, and supplies were commonplace. Despite the historic lack of opportunities for advancement, Barker (2013) stated:

> Even though nurses remained in the same position due to limited senior positions, educational opportunities and lack of specialization courses in nursing for career advancement, they displayed an inner strength that seemed to fill them with contentment as they became specialists in their own right as they carried out specific procedures at the bedside, emergency room, and in the operating theatre. (p. 91)

In 1959, nursing leaders throughout the Caribbean met to discuss strategies to improve nursing in the region. This led to the organization of the Regional Nursing Body (RNB) in 1972 (McGann et al., 2016). Before 1962 Commonwealth citizens could enter Britain without any restrictions. The National Health Service in England actively recruited and relied on nurses from the Commonwealth countries to fill their nursing positions. By 1972, 30% of nurses in Britain were from overseas (McGann et al., 2016). Many nurses and midwives in St. Kitts and Nevis migrated to Britain for higher pay, better working conditions, and educational opportunities. Some of these nurses and midwives returned to the islands to share their knowledge and assume leadership positions (McGann et al., 2016). The Royal College of Nursing has continued these strong international ties and hosted many students from the Commonwealth in its advanced training courses. Some of the most distinguished members of the Royal College of Nursing were foreign born. McGann et al. (2016) noted:

> It has long been the case that nurses from the Commonwealth come here for training and so take back to their own countries the high standards of nursing learned here; this is a very desirable situation... the founders of the Royal College of Nursing viewed nursing as

> an international community and long welcomed overseas nurses into its educational courses. (p. 272)

In 1966, the Advanced Nursing Unit at University of West Indies was established. The Advanced Nursing Unit has been very instrumental in the development of nursing leadership and education in the Caribbean region. Today, the University of West Indies offers Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN) and doctoral degrees in nursing. In 1977, health services in St. Kitts and Nevis were expanded and reorganized to provide a structured team approach and increased continuity in levels of care between the community health centers and the hospitals. In the 1970s, nurses implemented the expanded program of immunization, oral rehydration therapy, and family planning public health programs. The national program for family planning and family life education was implemented by nurses with the assistance of PAHO, UN, and Planned Parenthood in 1978. Until family planning became widely available at the community health centers, it was common for women in St. Kitts and Nevis to have 10 children. The local nurses were able to overcome cultural resistance to the birth control pill and the commonly held traditional belief that if a woman's period came early or late, it was a sign their male or female partner was having sexual intercourse with another person (Barker, 2013).

1980-Present: Nursing Practice and Education

In 1975, the RNB recommended that nursing education be moved to the college level. In 1988, nursing educators achieved this goal by moving the JNF School of Nursing from the hospital to the Clarence Fitzroy Bryant College (CFB) in St. Kitts and began to offer the Associates Degree in Nursing (ASN; Barker, 2013).

In 2006, the RNB recommended that the (BSN should become the standard for entry into nursing practice across the Caribbean (Brathwaite, 2017). In 2013, plans were developed to advance nursing education to the BSN level in St. Kitts and Nevis. Former and current educators described how challenging it was to turn the ASN program into a BSN program. Because their program was not accredited, they had to become a franchise of the University of West Indies (UWI) School of Nursing. The UWI came and inspected the CFB ASN program and made recommendations about changes they had to make to meet BSN standards by a specific deadline. Some of the staff had to obtain an MSN degree to teach at the BSN level. The former Dean, who led this process, stated they faced some initial resistance from the Ministry of Health because it was so expensive. They used the budget for an entire school year but they were able to successfully complete the project in 2016. Participant 27 described how and why they undertook this monumental challenge:

> The leaders of the School of Nursing wanted to keep up with current trends and didn't want to fall behind...they…had to expand classroom space and update the curriculum. The had to negotiate with the University of the West Indies (UWI) in Jamaica and ask if they could franchise their program because the St. Kitts program was not accredited. The UWI came out to assess the school... it was a very demanding process…a major deficit was the skills lab, it was outdated and obsolete...they needed to upgrade it to a simulation lab to teach higher level thinking skills...and the library needed additional materials..... they had to pay for them to come ...the UWI team spent 3 days going to the library, skills lab, interviewing students, stakeholders, college staff and administration and clinical sites. The college sent 3 nursing leaders to UWI Jamaica to learn about simulation... they

formed a task force team... and staff had to be MSN prepared...when they came back in 2 years to do the reassessment they said they had done an amazing job, it looked like UWI.

The CFB College of Nursing also created continuing education courses for practicing nurses such as health assessment. According to one participant, one of their priorities was to implement an ASN to BSN program to help nurses feel a greater sense of unity and a deeper understanding of current evidence-based practice initiatives.

Today, St. Kitts and Nevis have a higher standard of education for entry into practice as a registered nurse than many developed countries including the United States. Midwives must first complete a BSN in Nursing and pass the RENR Caribbean regional exam, work as staff nurses, and then undergo an additional 18 months of training including an oral exam and 20 supervised deliveries at CFB College to become registered midwives. Today, 98% of deliveries occur in hospitals. The majority are attended, free of charge, by midwives. Only midwives are eligible for promotion or leadership positions such as Ward Sister, Assistant Matron, Matron, or Public Health Nurse (Sebastian, 2001). In 2006, the Nurses and Midwives Act was updated to include annual registration and a requirement that all nurses must complete 30 hours of continuing education **(**PAHO, 2015).

The Impact of Culture on the Experiences of Nurses and Midwives

A very interesting theme that emerged from the data was the amalgamation of indigenous and African practices, their history of colonialism, and the multicultural influence of travel and trade had created a very unique and vibrant culture that profoundly influenced the experiences of nurses and midwives in St. Kitts and Nevis. The following open-ended questions were used to explore the impact of culture on the experiences of the nurses and midwives:

- Please explain how your culture influences the care Nurses and/or Midwives provide in St. Kitts and Nevis
- Please describe how living in a small independent island nation affects healthcare in St. Kitts and Nevis

Warm, Close Knit, and Formal

Several nurses described how warm, kind, and caring people in St. Kitts were. They lived in a close-knit community where everyone grew up together and knew one another. The foreign nurses who were interviewed expressed that they felt very welcomed and accepted as healthcare workers even though they came from a different culture. “They're very warm. They're very kind…. they say, good morning…and it's a good morning comes from the heart. That is what I love about here” (Participant 1).

Because the islands are small, several participants explained that many people, including nurses, wanted to keep their concerns private. They were hesitant to seek treatment, especially mental health counseling because they were afraid their problems might not be kept confidential. Several nurses also noted that people in St. Kitts and Nevis were very proud and independent. This was especially true for men who due to their cultural value of stoicism often reluctant to ask for help or seek healthcare. “We still have issues related to men…accessing care…the culture that men don't get sick, they have to go in work. And so, they want to maintain an image of being strong...so it's definitely a challenge to get men to come in” (Participant 14).

They also shared that many people feel the culture in St. Kitts and Nevis tends to be more formal, reserved, and polite in comparison to some other Caribbean islands. Respect for the elderly is highly valued. However, several older nurses stated this seemed to be changing among the younger generation. “When I was little, people had more respect for teachers and

doctors…now …everybody feels that, I'm entitled…the older folks, they are more appreciative…more than the younger generation. They don't say thank you as much" (Participant 7). Several nursing leaders commented they received a lot of complaints that younger nurses did not treat the seniors with enough respect. They felt the nursing profession was becoming more relaxed and less disciplined than it used to be. They stated in the past, "you respected your seniors. …And if you work your duty and you left something undone they would call you and tell you, come and fix it that now, you are a nurse…now the nurses…seem to say what they want to say… Some of them will call in sick when they're not sick" (Participant 28).

Predominantly Christian

The majority of the population in St. Kitts and Nevis stated they are Christian and the local churches played a prominent role caring for the poor and elderly in the community. "In St. Kitts, it was mainly just Christians, but different denomination of Christianity… Methodist and the 7th day Adventist and the Anglicans and the Catholics" (Participant 23). One nurse stated it was socially acceptable for nurses to pray out loud with their patients when they were working. She described an experience she had caring for a young patient with asthma. He was ill and they had to intubate him. She prayed over the bed and he got better and all the staff and patient thanked her for saving his life:

> I had a young male in his early thirties. He's got asthma…one time he came to hospital… and I realized he was…not responding. …. I talk to God…when I was finished praying…he started moving…and the doctors and the nurses around me were…looking at me in amazement…then he woke up, fighting the tubes, …and the doctor said to me, thanks … his mother said that's your…Guardian angel. And every time he comes to the

> hospital, he doesn't want anyone else to look after him…and he said…she saved my life. (Participant 16)

According to several participants, it is socially acceptable for the participants in St. Kitts and Nevis to openly express and share their faith and religious practices, such as prayer, as a part of their nursing practice.

Laid Back and Not Taking Responsibility for Their Health

Quite a few nurses and midwives noted that people in St. Kitts and Nevis were very "laid back." They noted that this has a negative effect on people's desire to go to nursing school or comply with medical treatment. One participant noted a difference in students she has taught in other Caribbean countries:

> They study, they are more driven…because…life is harder…everybody's rushing …to get to the top, to get out of poverty and education is the way forward. ...Here…you have to constantly be on students to perform, to rise to the occasion. So instead of maybe two academic sessions per semester, you find yourself doing four or six with a student…we're facilitating your learning. We're not opening your heads, stomping all the information in there, but it's challenging. And I think it has a lot to do with the culture. It's very laid back. (Participant 2)

Several participants noted that another effect of the laid back culture in St. Kitts and Nevis was some people did not seem motivated to take responsibility for their health.

> From what I see, most people, like if they go to a doctor, they get some medications, they just take the medications. So, when they come to the hospital and I ask them, they don't even know the name. They don't know what it's for. They don't even know how long

> they're taking it… People just accept things…they don't take much responsibility for their health. (Participant 24)

Bush Medicine and Rastafarians

The use of home remedies called "Bush" to treat illness has been passed down from generation to generation and is widespread in St. Kitts and Nevis:

> If they know that they have a problem, they're going to look to Bush first…And then after that they don't work, they would come. We kind of try to get people to move away from that but it's still there and we have to work with it because even as nurses, we do it too. Some of it is beneficial. We just have to know when it's not working. …They prefer not to have to take insulin also. So, they would say this Bush is for diabetes. And they would use it, but they wouldn't check the blood sugars… So that is something that we have to keep in mind and work with people, it's a part of our culture. (Participant 7)

There is also a large Rastafarian community in St. Kitts and Nevis:

> Certain things they don't eat, but we call in a dietician. and sometimes that is rectified. Most of them accept the treatment. …The only thing we have issues with…is if they will they actually take the medicines. … but they don't really have an issue with modern medicine…they don't take vaccinations and…some still give birth at home, but that's just like a one half… I think they're coming around. (Participant 24)

Collectivist Family-Oriented Culture

The local population's African heritage and history of overcoming oppression has led to a very family oriented, collectivist culture. Some of the ways they celebrate their culture are through an annual Carnival festival and their local Calypso music that makes witty social commentary. Collectivist cultures such as St. Kitts and Nevis feel it is important to care for the

wellbeing and provide health care for all members of the community regardless of their ability to pay. These values have been a major influence in the development of St. Kitts and Nevis' health policy and their community-based public health system (Snyder et al., 2011).

Because they are a close-knit collectivist culture, the public has very high expectations about nursing care: "If you're a nurse helping, they expect a lot from you…in the United States you can put your parent in the hospital and they'll get taken care of. You just leave it at that, but people here …they come and make sure that it's done" (Participant 9).

Cultural Practices

Many of the participants described how St. Kitts and Nevis is becoming increasingly diverse and multicultural. They stated they care for patients from all over the world including East India, Africa, China, Cuba, the Philippines, South and Central America, and other Caribbean islands. Participant 19 noted: "We have a wide diverse culture now. So, you have to learn to appreciate everybody and their beliefs. …It's very multicultural. I mean, most of the people are descended from Africa, but they do have a lot of other culture influence….some Cubans, Spanish people …they have also few Chinese…other nationalities are also…in the health centers."

Some of the specific cultural practices participants mentioned were that common law marriage in St. Kitts and Nevis is widespread. Some parents hang a cross on babies' necks made of matchsticks when a baby has a cough and tape a coin to their umbilicus to make is lay flat. People prize fat babies so they often pressure breastfeeding mothers to feed their infants cream of wheat earlier than it is recommended. The nurses said they have to provide a lot of education and encouragement to help moms breastfeed. In addition, some parents also fed their infants bush tea with a natural sedative, which could be dangerous, to get them to sleep.

The nurses and midwives stated that some of the Muslim and Rastafarian patients need a special diet. The nurses stated some of the East Indian patients consulted with grandparents about what name to give their baby and felt that a new mother should stay in bed for 40 days. Some Spanish speaking patients felt it was important to feed their baby formula and had trouble breastfeeding. They said they spent a lot of time encouraging and helping new mothers breastfeed.

Need for Cultural Education

Several of the nurses and midwives felt the staff needed more cultural education so they could help patients feel comfortable seeking care and coming to the hospital. At times, they had seen nurses and midwives act disrespectfully toward their patients. One participant shared an experience she witnessed when a Jehovah's Witness patient did not want a blood transfusion: "The nurse, I think she was a bit too persistent…the patient had already told her…I can't because of my beliefs and the nurse got a bit aggravated… The nurse's intentions were good. It still was a bit disrespectful to the patient and her beliefs" (Participant 20). Another nurse stated even when people speak the same language, there can be cultural misunderstandings: "Some of the words that they use, the phrases that they use, they're different…like do-do…is poo in American. ….and in French do-do …means sweet" (Participant 1).

One of the most surprising findings in the study was commented by many of the nurses that they did not feel their culture affected the way they provided care. Some of them admitted they did not know of any differences because they had never visited a hospital outside of St. Kitts or Nevis. However, the nurses who were interviewed from other Caribbean islands were aware of many differences in the culture between the Caribbean countries.

Current Nursing and Midwifery Educational Experiences

Another important theme identified in the data was the unique educational experiences nurses and midwives had in St. Kitts and Nevis. The following open-ended question was used to explore this phenomenon:

- Please describe how registered nurses and/or midwives in St. Kitts and Nevis are educated and the curriculum that is used.

The CFB College currently runs three concurrent programs: the BSN in Nursing, post graduate Registered Midwife certificate, and Nursing Assistant certificate.

> The Health Science Division has a tradition of academic excellence through a student-centered approach to nursing education. We place emphasis on research and scholarship in the development of nursing knowledge and the application of that knowledge to ensure evidence-based health care outcomes. Our nursing faculty…are well-versed in active teaching/learning strategies including cutting edge technology and current nursing practice experiences to prepare students to promote the health of the population in the 21st century (Clarence Fitzroy Bryant College, 2022).

Participant 1 noted:

> We have had positive outcomes. All nursing students have passed the regional exam, which is a finalizing exam or qualifying exam to get a license. All our midwifery students so far for the past three years that have been in St Kitts, they have successfully completed the program. …The standard is comparable…to other Caribbean countries… that's one of the reason for the success. We use the simulation lab, we have access to the hospital, which is very important. We have different health centers.

Nursing education is a cross ministry collaboration between the Ministry of Health and the Ministry of Education. Because there are two branches of the government involved in nursing education, one nursing leader said it could cause challenges with communication and collaboration. At times, she felt they did not get the support or equipment they needed from either Ministry. Most nursing leaders were local graduates of the CFB nursing and midwifery programs who had graduate level education in administration, education, public health, or infection control (Gardner, 1993). Several nurses expressed they felt nursing education in St. Kitts had come a long way from where it started.

Bachelor of Science in Nursing Program

The BSN is not accredited; it is approved by the St. Christopher and Nevis Nursing Council as a franchise of the UWI. They follow RNB standards and graduates can practice in other Caribbean countries. They have maintained many of their British traditions. For example. BSN students still earn one stripe after they complete their first year, two stripes after they complete their second year, and three stripes after they finish their third year. Once they successfully pass the RENR exam, they get to wear a white uniform and after they complete the midwife certificate, they get a colored belt for their uniform. They cannot advance into leadership or community nursing positions until they complete their midwifery certificate. Sometimes nurses have to wait several years to enroll in the midwife program. There is no cost to local students and they receive a stipend to cover expenses while they are in school in exchange for a commitment to work in St. Kitts and Nevis after they graduate. Some of the nursing students at CFB College are from foreign countries. They stated it was easier to get into nursing school in St. Kitts. The program includes a lot of hands-on training and clinicals in both the hospital and the community health centers. The BSN is focused on providing them with a

foundation of general nursing knowledge and critical thinking. Several nurses expressed that they received a good, well-rounded, hands-on education; they just did not use much technology.

Several nurses attributed the success of their program to the drive of the instructors and their state-of-the-art simulation lab. Participant 1 described how she felt the instructors incorporated evidence-based teaching methodologies:

> I like guided learning. I give them activities and you come and discuss it. We do flipped classrooms…we use presentations. We do videos, we role play. …They get all excited about some stickers… So, you have to encourage them. You have to motivate them. You have to reward them. So, these are some of the things that…make them…come into class.

One participant felt the faculty were very committed and supportive of the students. They always tried to guide and nurture the students, and make decisions that were best for the students. One of the nurses described how she loved the teamwork at the CFB School of Nursing: "What I love about teaching here is that…you have the support of your colleagues. I can literally call, this place and say, you know, I can't figure out how to deliver this to the student. Do you have any idea? We can bounce things off each other easily" (Participant 2).

One midwife stated she felt they tried to teach students cultural awareness by having multicultural patients in the simulation lab. She observed how the instructors created experiences that met specific objectives and kept patients safe using simulation. The teachers incorporated their clinical experience and critical thinking into the scenarios to challenge the students and make the simulations as realistic as possible. One nurse said she felt the instructors enjoyed putting the simulations together. Another nurse felt the simulations enhanced learning because sometimes the students could not visualize or understand what they were trying to teach until they did it in simulation:

> There is little to no limitations when it comes to simulation. We work really hard on that in SIM lab. We use our knowledge from our clinical practice …so we know how to make the patient look like a real patient. …we write our own scenarios and come up with our grading guidelines…we have high fidelity simulators and task-oriented simulations… you try to help students visualize what it looked like to have a tube in, but when we did it in simulation, they understood the process a little bit better. (Participant 9)

However, not all of the nurses were comfortable with simulation:

> It's a total different type of education. It takes a lot of time. It takes debrief, pull down, cleanup…I prefer real people. They do the simulation, but they tend not to think of them as real persons. We actually keep on reminding them that they are not just mannequins. They are persons and we give them names. And when they do their simulation, they address them as such…they don't get much of the emotional aspect of it. Client's reaction. They do the physical thing. They get the emotional aspect…in the clinical area. (Participant 9)

Midwife Certificate

The 18-month midwife certificate program at CFB College is also free for local students. After graduation with their BSN, students generally have to wait several years until a spot opens up for them to enroll in the midwifery program. The midwife pupils observe 10 deliveries and then take an oral mechanisms of labor exam and simulated delivery demonstration, which one participant described:

> They were all nervous because of what they heard. But we try to make it easy for them. We tell them you have been doing it…so now they have to complete this mechanism of labor exam so they can start supervised delivery with the assistance of the ward staff. …If

> they don't do it well, the first time you tell them it is practice…you get three chances… We set up everything including the documents, so the students did it as if they were in the clinical area. …we had the Mannequin as clients, we had the parents, so they ask questions and they address us like they would've addressed the client. …so this was making use of the lab to the fullest. (Participant 1)

The students got three chances to take the exam. Then they were required to attend 20 supervised deliveries. They felt the instructors had to be very flexible because sometimes they are rushed into the clinical area before they had all the information they needed so they could focus on getting the required number of deliveries (Sebastian, 2001). Some foreign nurses who earned an ASN in another country are able to enroll in the CFB midwife certificate program, and then they pursued a BSN online. One participant felt it was good to work as a nurse for a few years first before enrolling in the midwife program. Several participants stated they felt that nurses in St. Kitts and Nevis had an advantage in the job market overseas because they earned both a BSN and midwife certificate, and they got a lot of hands-on clinical training in many areas of the hospital and the community.

> They consider them to have a bachelor's. Especially if you have the additional two and a half years as a midwife. …we are not really up to par with the most updated machines and everything, but this knowledge and the skills that we acquire from the BSN in school…we can use them anywhere in the world. (Participant 32)

The CFB also runs an 18-month nursing assistant certificate course where they teach students to help the nurses provide basic care and give oral medications. They wear a blue uniform and work in both the hospital and at the community centers. One nurse explained:

"Nurse assistants study 15-18 months at the college and…get a certificate…you see the navy blue color" (Participant 3).

Current Experiences of Nurses and Midwives Practicing in the Hospital

In addition to their educational experiences, the unique experiences of nurses and midwives practicing in hospitals in St. Kitts and Nevis emerged as a significant theme from the data. The following open-ended questions were used to explore this theme:

- Please describe the work you do as a nurse and/or midwife in St. Kitts and Nevis.
- How would you describe the role of a nurse and/or midwife in the hospital in St. Kitts and Nevis?

Structure of the Healthcare System in St. Kitts and Nevis

The healthcare system is designed to provide universal access to preventative and primary health care. Nevis and St. Kitts work together to develop policies and share financial resources. The Ministry of Health regulates and finances health care, which is free for all citizens of St. Kitts and Nevis who are aged 0-18 years, over 62 years, pregnant, or disabled. Working adults aged 18 to 62 years receive free preventative and primary care in the community health centers but care at the hospital is either self-pay or covered by their health insurance. The Ministry of Health in St. Kitts contains the Office of Policy Development and Information Management, Community Based Health Services, and Institution Based Health Services. The Minister of Health, Permanent Secretary, Chief Medical Officer, Principal Nursing Officer work for the Office of Policy Development and Information Management. They oversee institutional and community-based health services.

There are two main hospitals, the 156 bed Joseph N. France Hospital (JNF) in St. Kitts and Alexandra Hospital in Nevis. St. Kitts also has two satellite hospitals, the St. Charles and Pogson Health Centers, where patients generally stay for less than 24 hours. Free residential care for the elderly, disabled, and mentally ill is provided at the Cardin Home and Saddler's Senior Citizen's Home in St. Kitts and Flamboyant Senior Citizens Home in Nevis. The hospitals in St. Kitts and Nevis are not currently accredited but are working toward achieving this goal (PAHO, 2010).

The JNF Hospital has an emergency physician and surgeons on staff, an X-ray, CT, MRI, blood bank, operating room, diagnostic laboratory, blood bank, and dialysis. Emergency medical technicians (EMTs), who are skilled at performing CPR and starting intravenous lines, are dispatched via ambulance from the hospital to community members homes during emergencies. Most surgeries can be performed on the island. However, some specialized medical care is not available in St. Kitts and Nevis so patients have to travel off island to places like Barbados, Puerto Rico, Jamaica, or Miami to receive treatment. Generally, when a patient needs a higher level of care overseas, it has to be covered by personal funds or private insurance. When the JNF Hospital began offering dialysis in 2018, several participants noted it was a big improvement. Patients used to have to leave the islands to get dialysis.

The 52-bed Alexandra Hospital in Nevis has an x-ray machine, small diagnostic lab, and an operating room where some surgeries are performed. The Alexandra Hospital is in the process of building a dialysis unit. Currently, patients have to travel to St. Kitts to receive dialysis, CT, MRI, or a mammogram. There is no blood bank at the hospital, which could be difficult for patients, especially if they are too unstable to travel. Nurses were sent to Taiwan to train in dialysis.

Allocation of Resources

Because St. Kitts and Nevis is such a small geographically isolated island nation and all their supplies must be shipped in, the cost of living is high. They lack many healthcare resources and have a severe shortage of nurses and health care providers (PAHO, 2010). Despite these challenges, all of the participants who were interviewed stated they did not see a difference in the way people were cared for based on their income or ability to pay unless it was an extensive surgery that could only be done off island. One nurse explained, "Sometimes we have to tell the patient, oh, we don't provide this service. So, you have to go overseas. …This is going to be a financial issue for the patient. So sometimes they don't seek further treatment and they get worse…that's one of the challenges" (Participant 3). However, no one was ever turned away from receiving care at the hospitals regardless of their ability to pay:

> I don't think there's a big difference unless it comes to extensive surgeries. That might be a bit of a disparity deal, but generally, the services that, we provide are a generally free…. They are putting the funds in the right, place. …They would be billed most of the time …unless the patient goes to like a private physician and had already paid at the office, then that would be covered. But if it's like a situation where they come in and it has to be like an emergent surgery, then they would just be billed after. Which sometimes they pay…some doctors want the cash up front because some people are not paying. (Participant 20)

They stated that even though resources were limited, they believed the Ministry of Health managed funds well and got them to the people who needed them. They also expressed that even though they were a small country, they performed way above their level of resources; they were very proud of the progress they had made over the years.

Hospital Inservice Education

In 2000, the JNF Hospital created an in-service education unit that provided nursing continuing education and taught a 12-week nursing attendant and EMT course. Nursing attendants wore a pink uniform and assisted nurses with the daily physical care of patients like hygiene and feeding. According to one participant, "The very beginners are the maroon or pink… that have about two months at the hospital, the nursing attendant, …they do custodial care…which is a 12 week training, which assists us as registered nurses in giving care to all the patients" (Participant 3). The nurse attendant program was not affiliated with or taught by nursing instructors at CFB College. A midwife at the hospital explained:

> We have an inservice department…responsible for seeing that continued education is done because each of the nurses has to get 30 hours per year. …we organize access for all the departments where we see deficiencies. We try to upgrade personnel…to a level that we want them to be. The clinical instructor, she deals with the clinical part of training …we work in collaboration with each other. So when the students come here, their tutors are also here. But we sometimes assist them to make sure their clinical competency is on par with the institution…so that when they come into the workplace, they're able to apply it more efficiently. (Participant 5)

The in-service education coordination officer also collaborated with the CFB school of nursing. But the college provided their own tutors who sometimes assisted in the hospital to make sure the nursing and midwife students could apply the theory they had learned in practice.

Traditional Hierarchy

Because nursing practice in St. Kitts and Nevis was originally modeled after the British system, it has retained a formal hierarchal rank and seniority system of matrons, assistant

matrons, ward sisters, staff nurses, pupil midwives, nursing assistants and nursing attendants. One midwife explained:

> We have the seniority system. We have managers. We have assistant nurse managers. We have staff nurses. we have registered nurses. We have generally trained nurses. we have, nursing assistants and nursing attendants. Each unit has assistant and staff nurses assigned to them. And the assistant nurse manager is basically to oversee and make sure that the patient assignments are right. (Participant 5)

The hospital matron and assistant matron are in charge of all inpatient and outpatient departments attached to the hospital. The unit manager oversees the daily operations of each department. The assistant nurse manager oversees each department's staffing. Each unit has at least one staff nurse and a nursing assistant assigned to patient care each shift. In St. Kitts, nurses currently work eight-hour shifts and in Nevis, they work 12-hour shifts. One midwife explained: "Because we are more senior, we end up the nurse in charge…we teach the junior staff, certain things that they don't know. So, we have to also be teachers. So, it is more responsibility on us to do a lot of things" (Participant 35). Nurses who practice in St. Kitts and Nevis who were educated in a foreign country do not have to earn a midwifery certificate; however, they are restricted from working on the maternity unit and they are not promoted into leadership positions in the hospital or community unless they become midwives.

Floated To All Areas

Nurses in St. Kitts are educated as generalists who are expected to be proficient in and work in all areas of the hospital. Every year, the nurses are usually rotated and assigned to a different unit. One participant described how they could be pulled to work on any unit whenever they are needed:

> You get comfortable in your zone and you don't want to move, but here you have do it. …especially when it comes to midwifery, … if you are in a clinical area and somebody goes into labor, you can't just run off and say, oh, I'm not a midwife. I can't deliver. You have to be able to do it. it's a requirement and it should stay required. …you may not want to do it, um, for a lifetime, …stay in what you like, but you should have that. (Participant 9)

Some nurses stated they did not like being rotated, while others liked it because they felt the variety kept their skills up and it was interesting. One participant described:

> It can be challenging. We have to deal with everything. Most nurses here, they work in every area, med surg, accidental, emergency operating theater, hemodialysis eye clinic. We have to rotate to all. Even though we have some who are specialized, most of us have to be able to work in all the areas so if there is a shortage, we must be able to fill in. So we are more versatile. (Participant 5)

The nurses and midwives are paid a salary. They do not receive overtime and they are required to work rotating day and evening shifts. Recently, some nurses started receiving bonus' for working double or extra shifts because they are so short staffed. As staff nurses advance and become more knowledgeable, they are put in charge of a unit and might be assigned to it for a longer period of time. If a nurse is certified in a specialty area, they have more of a chance of working in that area. The nurses stated they did not have a lot of nurses who were certified in a specialty area because this required resources such as the completion of additional continuing education.

Areas of Practice

Many of the participants described the work they did on various units in the hospital. One nurse on the medical and surgical unit stated:

> I do baths…I do medication. We could take the patients to theater (operating room), prepare them for theater, feed them, take them back to the ward, do their vitals to make sure they are okay… on the medical ward, you more do high blood pressure, diabetes. I've seen amputations. I've seen my appendectomies. If they need a heart bypass, the patient will have to be flown out. And they'd have to use a lot of their own money. They'd have to pay for that themselves. (Participant 31)

The nurses said they cared for a lot of patients with chronic diseases such as diabetes, cardiac, and kidney disease. In the operating theater, scrub technicians assist the surgeons and the nurses circulate. They do surgeries such as appendectomies, amputations, and mastectomies for breast cancer.

There is an inpatient and outpatient mental health facility at JNF Hospital. Because privacy and self-sufficiency are highly valued in St. Kitts and Nevis culture, one participant stated, “It's very difficult to get some participants on mental health treatment…the family members are very reluctant to do it” (Participant 19). According to several nurses, there is no big opioid or methamphetamine problem in St. Kitts and Nevis but according to one participant, there is a high incidence of depression and alcohol and marijuana addiction:

> Mostly it's marijuana…because, it could really have a big effect on their mental function. There's a lot in the health center I work with. There are several men in particular who have a history of alcoholism. It's difficult…especially those depressed ones, I mean that it's very draining sometimes listening to them and you, yourself, have something within

> you that you're dealing with. Of course, you need to support yourself because you have a patient to deal with. (Participant 19)

The government houses homeless, mentally ill people, often in the Cardin home. In Nevis, they do not have a specific mental health facility so patients are treated for mental health issues such as alcohol withdrawal on the regular open medical unit. As one nurse stated, this could be very challenging:

> Psychiatric patients are with the medical patients and I do not think, that's a good idea. They don't have a psych unit…we have quite a few of them. Like sometimes they may be drunk, they fall. So, they have to stay in hospital for a while. After a day or two, they start to misbehave…having to nurse psychiatric patients with the medical patients on the open unit you could put the patients at risk. (Participant 31)

If mentally ill patients get extremely difficult to care for on the medical floor in Nevis, they are sometimes sent to the hospital in St. Kitts.

Both JNF and Alexandra Hospitals have an emergency department, adult, and pediatric intensive care units. One nurse who worked in the emergency department stated she liked caring for critically ill patients because she gets to use a lot of hands-on skills and critical thinking. However, she described how sometimes it could get stressful: “It gets really hectic because the emergency room be very small. So sometimes maybe you have 10 patients in the ER …and patients keep coming in. You never know what's coming. And sometimes there's just one nurse” (Participant 22).

Another participant described the types of patients they cared for in the intensive care unit:

> All the general ICU cases. …Infection, …person who might have unstable labs, traumatic injuries to the chest, head, or neck, lymphomas, metabolic deficiencies …some patients do request to go back to their home…because you have visiting, individuals…here on a trip and they prefer to go back to their country of origin, for the specialty care and medical coverage, they have the insurance. So, we do Airlift and sometimes some local individuals, we just don't have the specialty here and they would have to go and fly out… Most of the time it is, Trinidad, Puerto Rico, Jamaica…Miami. (Participant 6)

One participant explained that if a patient had an acute myocardial infarction, they are stabilized but they do not do open heart surgery or cardiac catheterization procedures. They do administer anticoagulants to dissolve blood clots. Another participant stated they do not transfer premature babies off island. They have several newborn intensive care beds and ventilators but one nurse explained, "We don't have equipment and certain medications, drugs, to have a premature baby survive…viability is 28 weeks" (Participant 28).

Foreign Nurses

To help alleviate the longstanding nursing shortage that became even more severe during the worldwide COVID-19 pandemic, the Ministry of Health started recruiting nurses from Africa, other Caribbean islands, and the Philippines to help provide care. The nurses from the Philippines who were interviewed stated they paid better in St. Kitts and Nevis than they did in the Philippines. Many of them sent money back home to support their families. When foreign nurses come to St. Kitts and Nevis, sometimes the language is a challenge because people seem to speak English very fast but they said they learned to adjust. One of the local nurses who was interviewed stated: "They are generally good nurses…they speak English…they're professional and they hard working individuals" (Participant 24). All of the foreign nurses who were

interviewed said they felt they received a good orientation to all of the departments in the hospital. They generally did not work on maternity if they had not been trained as a midwife but some of them were able to work in the community health clinics.

Maternity

Ninety-eight percent of newborns are delivered at the hospitals by midwives. It is not illegal to have a home birth in St. Kitts and Nevis but practicing lay midwifery is illegal. All midwives are required to earn an approved post-graduate certificate and be registered with the Ministry of Health. Their scope of practice is very similar to Certified Nurse Midwives in the United States who are advanced practice registered nurses (APRNs). As one midwife described, "The midwives can do the delivery, they don't need a doctor. Unless if there is a complication. Then they will call in a doctor, but they can practice independently" (Participant 1). They function as independent practitioners who refer high risk cases, complications, and scheduled or emergency cesarian sections to physicians.

Every nurse is expected to earn their midwifery certificate. There is always a midwife on duty in maternity. One participant explained:

> Once you're a nurse, you have to be a midwife. I don't know how they came about doing that. But I think it was a very good thing. I'm thinking that maybe because they were short staffed so each nurse should be able to fit into every department when called upon. All of us are generally trained…nurses are rotated. So, if we're drowning in one department, I could call any nurse. (Participant 18)

They encourage women to bring their husband, mother, or friend to support them during labor. They do inductions and augment labor with oxytocin. A few mothers have requested and received epidurals but they are not generally done. They encourage first time moms to do a trial

of labor and offer vaginal births after cesarean sections. The midwives assist the pediatrician with newborn resuscitations. Although the midwives do the majority of the deliveries, they report that some of the physicians encourage their patients to have a private delivery. After new mothers deliver, Participant 9 explained:

> Before they come to hospital for delivery. The health center office…we have to book them. And in booking we have to do labs. We give them literature about labor and pain and what happens after. Knowing what to expect when they come to the hospital. And we educate them. We do stress tests. For the first…five days after delivery…we don't let them go home. They have to have…enough milk to supply the baby and they have to know how to breastfeed the baby, how to take care of the baby, especially if it's the first time…for cesarean sections, it's basically a week. And they have a baby welfare clinic.

The inpatient maternity services coordinate with the community health clinics.

The Role of Nurses and Midwives in Community-Based Healthcare

One of the most significant themes that emerged from the data was the vital role nurses and midwives performed in community-based health promotion and prevention in St. Kitts and Nevis. The dramatic improvements in maternal and neonatal mortality, communicable diseases, and malnutrition in St. Kitts and Nevis could not have been achieved without the dedicated efforts of their nurses and midwives. The data also revealed their efforts were still needed to address the increasing morbidity and mortality the Federation now faces from chronic non-communicable diseases caused by aging and modifiable lifestyle factors such as diabetes and kidney disease (Barker, 2013). The following open ended questions were used to explore the role of nurses and midwives in community and public health:

- Please describe the work you do as a nurse and/or midwife in St. Kitts and Nevis.
- How would you describe the role of a nurse and/or midwife in the Community Health Center in St. Kitts and Nevis?
- Please describe how living in a small independent island nation affects health care in St. Kitts and Nevis.
- What are your greatest challenges providing care as a nurse or midwife in St. Kitts and Nevis?
- Please describe the work nurses and/or midwives have done to protect the health of residents of St. Kitts and Nevis during the Covid 19 pandemic?

Focus on Prevention and Health Maintenance

Many nurses and midwives in St. Kitts and Nevis' history have worked tirelessly to improve the health of their community. Their pioneering work continues today in neighborhood community health centers strategically located in neighborhoods throughout the islands. Each health center is managed by a midwife who has been trained in public health. One midwife explained that "in order for them to transfer to community nursing, they require public health training…the government offers scholarships and they encourage persons to go to Jamaica, …but they also have online courses" (Participant 17). They provide free preventative and primary health services. A physician visits the community health center once a week to provide primary care (PAHO, 2010). One of the community health nurses described some of the responsibilities the nurses and midwives have at the health centers:

> My role is giving primary healthcare to the community…blood pressure and blood sugar checks, child health, immunizations, antenatal, family planning, vaccines, geared toward prevention or maintenance. We try our best to ensure that our clients are educated. We do

> community outreach services, blood pressure check, blood sugar check, weight, screening, HIV testing, school health. We do different screenings, like pap smear. We do breast examination, but not mammogram, we facilitate a doctor during their clinic once per week. (Participant 15)

The goal of the nurse and midwives is to keep the community healthy and prevent complications through education and preventative services. As one participant explained,

> We seek to ensure that they remain healthy through education and through various services that we provide. The prevention services, the screening services, as well as we have a very good immunization program and, basically we just encourage persons to remain healthy. And we stress a lot on mental health as well because mental health is also a part of community health. (Participant 15)

They keep records of immunizations at the clinic. If a child falls behind on their schedule, they follow up with the family and ask them to come in. A big focus of the health centers is providing antepartum and post-partum care. Participant 39 described,

> If they go to the health center, they don't have to pay for the visit. They don't have to pay for most of the investigations and then they don't have to pay for the delivery. I think that's why they encourage all nurses to be midwives. They want that every time on every shift there's a midwife available. In case a pregnant woman comes in and requires care. They can be treated at any health center anywhere in the island.

They try to visit mothers within 10 days of delivery to assess the home situation, sanitation, encourage and help with breastfeeding, and educate family members. However, some people did not want to come to the clinic because they were only open during weekdays, which was

inconvenient for working adults, and they did invasive procedures like pap smears and breast exams.

The community health nurses also did community outreach in the schools and visited patients at home who could not come to the health facility. They did referrals, followed up on people discharged from the hospital, and visits the elderly and bedridden in their homes. One nurse described,

> They have a list of shut-ins persons who are not able to come into the health facility. So, they go and, do house visits and they have a schedule for that. Or if someone had a special request, they can contact the health center for them to visit, or depending on what the need is, they would also get the doctor to visit those clients as well. (Participant 14)

Some of the community health nurses stated they felt that their role was more autonomous than it was in the hospital and they have more control of their own schedules. However, they sometimes got called in the middle of the night to care for patients. The community health nurses stated they had good collaborative relationships with the doctors. The doctors were only able to come to the clinic once per week so they often have to consult with them on the phone. They felt the doctors listened to them and they could call them any time at any hour. One of the community health nurses was in charge of mental health. The community health nurses work five days a week from 8am to 4pm. Sometimes they worked extra days on weekends but they did not receive overtime or bonus pay for working extra shifts.

Holistic Care

Community health nurses provide care for people throughout their lifespan and see the entire family from newborns to the elderly. Because the nurses are able to build long term, trusting relationships with their clients, they are able to provide more individualized, holistic care

and the patient is more adherent to their treatment plan. In addition, when they make home visits, the nurses are able to assess and care for the entire family or household at once. As one participant described,

> I meet more people in the community than I do at the hospital… I touch more lives on the outside. We see…the children before the day they were born, we would examine them after birth. We give them their immunization. We see them through preschool. Then through primary school, up to high school age…when we go into a home…we look for everybody in the household. So, if somebody is there with diabetes, we teach and we assist. If somebody bed ridden, we teach and we assist. And so, we cover holistic care for all the whole household in the community. You really build relationships over time…when you see…the situation in their homes. (Participant 30)

The community health nurses and midwives felt they made the most of their limited resources but there was room for improvement in the management of chronic illness and the mentally ill. They saw a lot of complications from non-communicable diseases like diabetes, heart, and kidney disease. It was very frustrating for the nurses when the patients were non-adherent to their plan of care:

> So, you said, this is your medication and you have to take it…and they will not take it, you know, because they don't like it…so you have to keep on saying…don't eat this…and sometimes it's the same person over and over again for the same thing. …Right now…it's mango season and we have so many different types of mangos. …You know, some people, I mean, tell them eat one. You know, they never tell them not to eat a little small mango… I have lady I know is diabetic. …I have some trees in my yard…and she came there, picking up and I just keep watching her, but I didn't say anything. And I

> was just hoping that she doesn't eat, you know, all of that today. …public health is hard… I think you have to keep at it. (Participant 30)
>
> Another aspect of our culture is we believe herbal medicine or traditional medicine has a role, but sometimes, unfortunately we find that person waits until it is too late. …So, instead of accessing care or getting help, they might turn to these traditional, herbal medicine and when the problems…can't be managed properly they seek care too late. (Participant 14)

The nurses care for a lot of elderly and bedridden patients and treat a lot of bedsores. One nurse said they needed more nursing homes and mental health providers:

> If I had the money, my aim would be to build a nursing home because I find here that the people don't like to take care of their elderly. …Some of them are left alone. …the relatives will say, oh, they don't have time. They work. The elderly come in for repeated admissions because of the lack of care. You do your…personal best to support the family. But sometimes…it's challenging. (Participant 21)

St. Kitts and Nevis does not have any hospices but they try their best to give support to families when patients are dying. It is rare for patients to die in the hospital. The nurse is called to the home when the patient passes away and they verify the death.

The Universal Ethics and Rewards of Nursing and Midwifery Practice

One of the most profound themes that emerged from the data was the expression by every single participant in the study of how important the profession of nursing's universal ethics and values was to them and how rewarding and meaningful their work was for them personally. The following open-ended questions were used to explore this phenomenon:

- What do you enjoy and find especially rewarding about the work you do as a nurse or midwife in St. Kitts and Nevis?
- Please share one of the most memorable moments you have experienced in your work as a nurse or midwife in St. Kitts and Nevis

Nursing a Calling

Despite the many challenges the nurses and midwives faced in their practice, almost every single participant expressed how much they loved nursing. They shared how proud they were of the work they do and the progress the profession of nursing and midwifery has made in St. Kitts and Nevis despite being in a small country with few resources. One nurse stated:

> It's rewarding to know you…have skills that can help people. The feeling you get when you make a difference no matter how small in someone's life. I mean, sometimes patients don't have to physically say thank you, but their affect. And you can see the, just the look on their face, the entire demeanor and something just small you do for them. It's, quite rewarding…it's really an honor practicing nursing. I really don't see myself doing any other thing in life. I don't know what else I would've done. Had it not been for nursing. (Participant 17)

Participant 7 commented,

> It is a personal feeling. you feel happy that you are able to help. You feel happy when you see people who come in really ill and they get better and they go home. it's a personal gratification that you have, like a gift that you've embraced and are able to use. And you see people on the street and they say, hi nurse and you don't ever remember them so much, but they remember you. It's challenging. It's tiresome. But I think nursing is a

> rewarding job to see, your assisting people in their moments of need. And you help them through it.

Several people who were interviewed explained: “Nursing in St. Kitts can be a challenge. but it is rewarding and I really hope and pray that others would see nursing as a calling and join this noble professional” (Participant 3). One of the pioneers of nursing in St. Kitts, Bronte Welsh (1997), wrote a booklet entitled “*Nursing – A Calling or a Career*?” (p. 2). In this pamphlet, Ms, Welsh stated, “Nursing is the oldest professions and one of the best; yet, it has always been shortchanged, I chose nursing as my profession and in spite of the discouragement and difficulties I pursued a dream of becoming a nurse and I am proud to be one” (p. 9). Another historical pioneer in nursing in St. Kitts and Nevis, Vivian Stevens (as cited in Barker, 2013), stated, “A nurse must have a caring and sympathetic attitude since nursing is a calling as well as a skill and a science.” p. 69). Many of the nurses and midwives said they always wanted to be a nurse and felt it was their calling in life. One midwife commented, “My nursing was a calling… A lot of people say you're where you're meant to be. It's a calling. When I was younger, I used to take care of everybody around me. It's a part of me” (Participant 16).

Importance of Bedside Care

Several of the participants in leadership roles stated they felt that bedside care was what really mattered. Everyone else in health care was just there to help support the nurses so they could care for people. They commented that no matter how many advanced degrees a nurse got, it was important not to lose the human touch and to be kind and patient. One nurse described visiting a healthcare organization in Miami. They had all the latest technology at this hospital but they did not have the human touch like they did in St. Kitts and Nevis. The nurses in Miami did not really talk to or assess her.

Compassion and Empathy

Many nurses expressed that compassionate and empathy were the most important qualities a nurse or midwife should possess. One participant described what a rewarding feeling it was to help a person get healthier no matter what condition they were in: “What keeps me going? my passion of helping…because I really want to touch lives. I mean, to impact someone's life” (Participant 19).

Several nurses described how they loved getting to know many different types of people as a nurse or midwife. One nurse described how being a nurse had taught her how important it was to listen to people:

> One time a patient. …all the nurses, they were just passing him over to each other, because for some reason they couldn't get through to him… He was just one of the most difficult patients. …he was mean to a lot of nurses… he made them question why they became a nurse because he was so difficult to deal with. I just…asked him how I could help him for the day. And for some reason he just stopped and he started talking…all I did was listen. It was like for a good 45 minutes. He told me about everything from how he was feeling to what happened years ago. And it made me feel like he really had truly just wanted someone to talk to. So, it made me realize that the nurses were so focused on getting tasks done, they wanted to give him his medication, wanted to give him his bath. No one actually took the time to just stop and listen. And that was the most surprising part because that was the first encounter we've had. So, in my mind I was like, oh no, he's going to be mean to me as well, but I didn't let that prevent me from going to him. He was the nicest patient and at the end of it, he thanked me…for just giving him a listening ear. And I think that was one of the valuable lessons I've learned as a nurse. You know,

> just sometimes it's okay to just shut up and just listen. Yeah. Listen to their concerns, listen to their fears, …and when it's time, then you respond. (Participant 23)

Another participant expressed that she felt nursing and midwifery were the most humbling profession a person could get into because you get to know people in their most vulnerable moments. She described how it had taught her to be less judgmental:

> While working in the community you see people all the time, but you never know what's going on because persons always have on their smile…this person had been coming to the health center all the time and they had on a mask, that everything was good. And in talking to that person, I realized that she was next to just letting go of her children, …she was a single mother and she couldn't afford to care of her children…but you would' not have known that, …she would not have been comfortable speaking to me initially. And so that situation showed me that I should be sympathetic to people because you don't know what a person is going through, to not be judgmental. …you don't know if they have been going through abuse…so being in public health has helped me to look at people differently as individuals and realize that everybody's story is different. (Participant 15)

One nurse stated they teach their students to envision they are taking care of a family member when they are performing their clinical duties: “So it'll bring it home to them that you're not just caring for somebody. You don't know who I am. You might not know she's my sister. …Care for her as if she was your relative…whether you know them or not” (Participant 1).

Sharing Knowledge

Many of the nurses and midwives expressed that they enjoyed critical thinking and sharing their knowledge with patients and students. For example, an emergency room nurse

shared, “That's my favorite part. Great part of the profession because you get to do a lot of hands on skills, a lot more critical thinking. I like that aspect of it” (Participant 22). A community health nurse explained: “I love giving health education. …because, informing people what to do can prevent diseases. …being a nurse is like also a teacher, because you are giving health teachings” (Participant 26). One participant expressed how personally rewarding teaching was to her:

> You see the students…you watch them grow from year one to year two to year three …you have to train them academically. You have to train them professionally. And so I always tell them in orientation you're in a profession. … so, we got to get it right. And so, when you see them grow and develop into that professional…that brings a sense of accomplishment…and they go into … practice in the community or hospital, …you see them in action. And you, feel like, you have contributed, you are part of making this person part of the body professionals of the nation. And for me, I feel very proud about that. (Participant 7)

They loved to see their students get excited about learning and grow into professionals who wore the staff nurse’s white uniform once they graduated.

Strength and Commitment

Some of the participants described how much strength and commitment it took to be a nurse or midwife: “A nurse has to be committed. They have to be dedicated…the nurses in St. Kitts, they are amazing… We work hard. We come early and go home late just to finish up” (Participant 3). Another nurse described how dedicated one of her colleagues was:

> If she worked this morning and somebody calls and asks her to hold on for them in the afternoon, she would just say, okay. And she continues working…on her day off, they

> call her in she'll come and say, okay. Some persons work without taking vacation. So that's dedication. (Participant 24)

The participants also shared the strength of character it requires to be a nurse or midwife:

> I have to have a strong mind to be able to deal with insensitive patient and then just carry on with your day with other patients… If I had a bad feeling with a patient, I'm not going to carry that feeling to the other patients. It's hard. You…cannot be emotional…you come to work and if you don't feel like doing anything…you feel depressed about the situation at home. You just have to leave that aside to work. And you do your best. (Participant 3)

Several participants shared how they respected "someone who, no matter what…did what was right" (Participant 5). Other nurses spoke about how important it was to have a good attitude, work ethic, can do attitude, and a willingness to help others. Participant 3 described it as "always willing to answer questions. …go out of their way to get things done…to ensure that the unit they're working on has what it needs."

Personal Experiences

So many of the participants shared personal experience they had practicing as nurses or midwives that had touched them deeply. One participant told of a burn patient who made a big impact on her:

> I would do sterile scrubs and apply creams. But I would manage his pain before I did that. And he said you are the only nurse that ever inquires about my pain. If I go in town to the supermarket, sometimes I feel at tap of my shoulder, how are you today? Nurse? …Sometimes I don't even remember his face because the burn has changed him so much over time. That memory has always stuck in my head with that patient. And I feel so

> proud. I'm a stranger…and somebody can remember me from just one little teeny action. (Participant 2)

Another nurse working in the eye clinic described witnessing what she considered to be a miracle: “A patient had bilateral cataracts…he was totally blind…so we decided to do both eyes, put him on general anesthesia and he was so amazing the next day. He was so happy. And he could see color, …he was like a miracle” (Participant 3). A midwife described caring for a woman in preterm labor:

> She delivered a 27-week baby alive. We had the baby in the NICU for at least maybe 25 days…the baby had a lot of hiccups. She had her good days, bad days, days that she thought that she was gonna make it one minute. She's there pink and crying. And you look around, she just turned white but then she came back and she's now actually better. She's breastfeeding. She's doing great. (Participant 35)

An ICU nurse shared an experience she had caring for a young man with a head injury in the intensive care unit:

> A young guy was involved in a terrible vehicle accident, which none of us thought that he would survive and he did against all odds… I worked pretty hard with him over time. It became a very emotional case for me, even though I didn't know him. Because we were thinking the prognosis would turn out to be bad. But it didn't. God said otherwise. He is doing very well, up and about and living his life. So, I was glad I was a part of that care. (Participant 18)

A community health nurse described how rewarding it was to teach a 14-year-old who had a baby about family planning: “I just walked in the supermarket and she stopped and she told me, sir…I just want to thank you… I encouraged her to use a family planning. She told me that

she has dreams…so she's very thankful that she uses family planning now so she will not get pregnant again" (Participant 26).

A final example of one of the rewarding experiences the participants shared was by a community health nurse:

> A patient was in a lot of distress…chest discomfort. …And I did my assessment and I said, I think something is wrong. …So, when I called the doctor, I said, you have to come now…when the doctor came was indeed having an MI. So, we had to get him over to Florida…, he went straight into surgery…he had a heart bypass surgery. (Participant 32)

Heroes During Crisis

Nurses and midwives in St. Kitts and Nevis have a long history of heroically responding to crisis in the community. An event that would never be forgotten was the sinking of the MV Christina Ferry on August 1, 1970. Over 200 of the nurses and midwives' loved ones, colleagues, and community members lost their lives in the disaster. Harney Meade (1990) described the heroic actions of the nurses during the disaster:

> Very soon some of the survivors started arriving at the hospitals, assisted by the nursing staff…the hospital yard was packed with people! ...those manning the stretchers did an excellent job...helping to collect and bring in patients and bodies...the small mortuary was soon full of the dead bodies, then they were put in the x-ray room downstairs, and when this became full, they were put in the classroom!....one of the senior nurses almost collapsed when she saw her dead mother on the truck.... In the mortuary I saw the bodies of three nurses who had recently worked at the Alexandra Hospital. ...however, I had no time to stare, only to act.... the quick, quiet, efficient, unselfish, and heroic work of those

> nurses who were on the staff of the Alexandra Hospital at that time for many days following, the nursing staff gave of their best. (Harney Meade, 1990, p. 3)

One of the heroes who responded to the disaster that night was Mary Walwyn. A midwife who studied management in Barbados, Mary was a ward sister and nursing instructor for many years. She was an advocate for lifelong learning and assisted in the development of written and practical examinations for midwifery students. She responded to the M.V. Christena ferry disaster, where she heroically helped the staff and patients who had lost loved ones cope (Barker, 2013). Another hero who organized and led the team of nurses and first responders who helped the survivors, relatives, and staff during the sinking of the M.V. Christena ferry was Mrs. Harney-Mead. Mrs. Harney-Mead was a native Kittian and went to England to become a nurse, midwife, and take nursing management courses. When she returned to St. Kitts, she became the matron of Alexandra Hospital and a public health nurse. She was described as strict, fair. dedicated, and hard working (Barker, 2013).

The Worldwide Coronavirus Disease-19 Pandemic

Another crisis in which both hospital and community-based nurses and midwives worked tirelessly in a coordinated effort to protect and care for the citizens of St. Kitts and Nevis was during the worldwide COVID-19 pandemic. The nurses and midwives' efforts were vital to the Federation's success at keeping the morbidity and mortality from the virus to a minimum. In October of 2021, it was reported:

> St. Kitts and Nevis…experienced two major surges in COVID-19 cases…as of October 25, 2021, there have been 2,637 confirmed cases of COVID-19 with 21 deaths. 50,045 vaccines have been administered, 76.6% have received one dose and 24,197 or 72.1% are fully vaccinated…The Covid-19 vaccination coverage rate in St. Kitts and Nevis is

> high. This has been credited to very robust implementation strategies, including the fact that the Covid-19 vaccination strategies were built upon a very solid general vaccination program in the country. Historically, St. Kitts and Nevis has a successful record of having a high vaccination rate. In terms of childhood vaccination, the overall rate is between 96-97%, so they would have built upon that platform when rolling out the Covid-19 vaccines. (PAHO, 2021)

The Prime Minister recognized the dedication, sacrifice, and service the nurses and midwives performed during the COVID-19 pandemic:

> I want to thank the nurses for their faithfulness of service at this time when the country is undergoing a significant health challenge. They have stood tall in executing the task with a certain degree of seriousness, dedication and patriotism of which we all can be proud… while they have been attending to this global pandemic, they still have to do the normal other clinics …So the response to Covid-19 superimposed on their daily routine at the health centres. (St. Kitts Nevis Information Service, 2021)

Several participants expressed that they felt the Ministry of Health handled COVID-19 well. At the height of the pandemic, they stated they only had to intubate about four patients. Once they put protocols in place and understood how to diagnose and treat COVID and do contact tracing, they said it was less stressful. They did not experience a shortage of vaccines or medicine but they did have to spray some of their personal protective equipment with alcohol and reuse it. The PAHO donated a lot of medicine. The nurses stated they felt they had enough supplies, ventilators, vaccines, and oxygen.

The nursing educators provided training about isolation precautions and suctioning to alleviate everyone's fears. Nursing education was switched online and a lot of things had to be

put on hold, including continuing education and promotions, because they had limited resources. The population achieved a high vaccination rate but due to social media, some people pushed back against getting a COVID vaccine. One community health nurse stated: “Initially persons were hesitant. …You dunno what these virus are about. But eventually they came around…they didn't believe that this thing is there, but then they would get sick. Then all a sudden find whole influx of persons coming for the vaccine” (Participant 17). Another community nurse also stated,

> I was really surprised to see in our culture here that people really did not trust the COVID vaccine. over time…most of them accepted it after we had our first big outbreak of COVID cases…we didn't have any deaths for a long time. …after we had the first deaths people sort of panicked, oh gosh. Like this thing is serious. This thing is real. Yeah. Cause now someone is dead. Yeah. And people went and got vaccinated. They got scared…we did get quite a few healthcare workers who got sick. We had a few admitted but we didn't lose any. (Participant 7)

The COVID-19 vaccinations were not mandatory for the nurses. One nurse said she felt she did not get enough education about the vaccine.

Many of the participants stated all of the hospitals and community health centers were very short staffed during the COVID-19 pandemic. At times, there were only two nurses on a unit to care for 30 patients. The nurses and midwives worked many extra hours, coming in early, staying late, and working every weekend, often without any extra compensation. Some community health nurses said they worked 80 hours a week administering vaccinations. The nurses also got pulled to areas they had never worked in before. Often, they would find out later that a patient they cared for had COVID-19. Some nurses did get COVID but they recovered and came back to work. Some of the participants described how difficult it was caring for patients

during COVID-19, “I used to work with the COVID patients… it was kind of difficult because you had to leave your family because…we had to stay in the guest house. We couldn't go home to our family” (Participant 31). Another community midwife expressed,

> It was terrible…we had to create an entirely new unit which was isolation, and then we had to revert to a 12-hour shift. Sometimes five days of 12-hour shifts. So with COVID even though we were short staffed, we had to put on hold, actually hiring anybody …promotion for the nurses was kept on hold…. We had to order stuff that we needed and not the stuff that we wanted…it held us back in a lot of ways…but we made it work…we had a lot of donations, like with PAHO. (Participant 29)

Another nurse described how overwhelming their work was:

> We had some days, you would have like hundreds of persons coming in to be vaccinated. And at that point you might have just had like one or two nurses. A lot of people had a greater appreciation of how important nurses are since Covid 19. It was horrible. …We had patients come in with COVID and they would come in as if they didn’t have it, but when we would check them, and they would have it without us even knowing…it was scary…once they had to get oxygen, they were in hospital. (Participant 16)

The majority of COVID positive cases were isolated and cared for at home by the community health nurses unless they needed oxygen. The nurses said they were scared going into homes where people had COVID because they did not have much information about the virus. However, several of the participants stated they did not hesitate to help because they said they went into nursing to help people:

> When I went into nursing, I went there to look after patients, no matter what condition came in. So, for me, when I heard about COVID I was the first one who volunteered. I

> would look after somebody with COVID because, if I was ill, I would want somebody to look after me. And if it was my family member, I would want to know that somebody's there to look after them. So, the joy, it gives me to actually look after patients and they recover that gave me the best feeling in the world. (Participant 18)

The Ministry of Health brought in foreign nurses to help with the nursing shortage. One nurse stated,

> It has kind of eased since we got additional nurses. …it was really bad. Sometimes there were two nurses for 30 patients on a unit. We got help from the Filipinos and the Cuba nurses …but the nurse patient ratio needs to improve because…when I visit other wards, sometimes they'll look overwhelmed still. (Participant 3)

Several nurses felt the proactive actions of the Ministry of Health and work of nurses helped protect many people in the Federation from COVID 19. The numbers of people who got sick or died from COVID-19 in St. Kitts and Nevis were low.

The Impact of Lack of Recognition of and Support for Nurses

The most frequently identified theme in the data was the lack of recognition and support for the nurses and midwives and how this experience impacted them and their patients. The following open-ended questions elicited data relevant to this theme:

- Please describe the work you do as a nurse and/or midwife in St. Kitts and Nevis.
- How would you describe the role of a nurse and/or midwife in the hospital and/or Community Health Center in St. Kitts and Nevis?
- Please describe how living in a small independent island nation affects healthcare in St. Kitts and Nevis.

- What are your greatest challenges providing care as a nurse or midwife in St. Kitts and Nevis?
- Please describe what is especially hard, stressful, or frustrating about the work you do as a nurse or midwife in St. Kitts and Nevis.
- What suggestions would you like to share to help nursing leaders improve healthcare in St. Kitts and Nevis?
- What changes would you like to see in nursing and/or midwife practice and education in St. Kitts and Nevis?

Short-Staffed

Every single participant in the study described how being short-staffed was the nurses and midwives' greatest challenge in St. Kitts and Nevis. The nursing leaders verbalized they tried to utilize their staff the best they could. However, every nurse and midwife who was interviewed felt the staffing needed to be improved. Participant 10 stated: "We have always been understaffed. And so, it puts pressure on us …because the staff is so limited…its tight and it could lead to frustration…it could lead to Burnout syndrome…it's too much." They stated that each unit was staffed differently but on Nevis, for example, the medical ward might have three nurses on to care for 33 patients. One nurse expressed they were short staffed about 80% of the time. Maternity always had two nurses but often on the medical or other units, there was only one nurse on duty. The nurses in maternity said it was hard to provide support in labor when they were short staffed. In the Emergency Department, when it got busy, there could be one nurse caring for 10 patients. Nevis was more short-staffed than St. Kitts. Participant 20 stated:

> We're extremely short staffed. For example, the pediatric unit is usually always one nurse. …the other units, like the medical ward, which is like the most hectic ward, it

> might have like three nurses that cover a shift of up to like 33 patients. we're always short staffed so it feels very normal and it should not be normal…but we still got the work done because you have no other choice, but to do it. but I also feel like, because we're still short staffed and the nurses already know that's the norm. They don't really try to fix it. They go, well …the nurses get it done, so it doesn't really matter…because we always get it done. They're not really too pressed to make it actually staffed.

The nurses stated many of them were burned out so they used a lot of sick leave. They said it was frustrating because they did not have time to provide the kind of care they wanted to or did patient teaching. One midwife explained that if staffing improved, they would have better outcomes:

> I find staffing to be a very, very big issue here because it's like one nurse, to like 15 patients. …some of the things that you are supposed to do, you have to cut short because maybe you don't have the time. You just have to do quick education. A lot of the educational aspect of nursing, get compromised a lot…that's why most times nurses are seen as these superheroes because you, sometime, you, even ask yourself, how did we get through this. (Participant 25)

Several nurses expressed they felt that when they were short staffed, they had less ability to critically think or make good decisions. The nurses expressed that someone needed to advocate for the nursing attendants as well. Some of them were responsible for providing custodial care for 30 patients.

Several participants indicated they were not only short of nurses in the clinical areas but in education as well. They stated it was hard to recruit educators because the teachers had a high

workload. Some nurses and midwives stated it was frustrating because they felt the administration did not understand their needs.

No Voice in Decision Making

In addition to being short staffed, the hospital nurses stated they did not feel valued because they did not have a voice in many of the daily decisions made regarding patient care or staffing. Nurses in the hospital were generally not permanently assigned to a specific shift or unit even if they requested it. The nurses were expected to be very flexible. At the JNF Hospital, the nurses worked rotating eight-hour morning, afternoon, and night shifts. In Nevis, the nurses worked 12-hour shifts. One nurse said she worked 13 days in a row with one day off. Many of the nurses on Nevis did not like the 12-hour shifts because they had such a difficult workload. They felt the 12-hour shifts did not make sense unless there was more staff. However, some nurses expressed they preferred 12-hour shifts because they were easier to schedule and they got more days off. However, it was very tiring working 12 hours because they had to do morning and evening tasks in one long shift. Whatever their specific view was about the daily operation of their units, the nurses and midwives expressed they wished they had more of a voice in healthcare operations so they could do things more effectively and efficiently. They felt this would improve patient outcomes.

Although the nurses and midwives stated they had great teamwork at the School of Nursing, some of them felt the educators did not get to participate in decision-making with the UWI about how the BSN program was run. One nurse explained:

> For the BSN program, I wish it was a home grown program… There would be more flexibility in offering all the courses. Because it's a franchise program…they dictate the entry requirements, the courses that are being offered, the progression, …so we don't

> have control over the exams because it comes from UWI. So, we don't prepare the assignments. Even if we do, it still has to go back to them for vetting…, we contribute to the questions, but you don't get to see the exam. (Participant 1)

Another participant voiced similar concerns:

> Maybe the distance has something to do with it, but I feel like we're often left out of the decision-making process…it's very UWI dominant. …I sent back some messages to say, Hey, we need to revise how this is done. …to make sure the students' practice reflects the new guidelines. It took weeks to hear back from the lady. It's a simple email. So, we often feel left out. (Participant 2)

Lack of Resources

In addition to being short-staffed, almost every single nurse and midwife said another major problem was they lacked the resources they needed to provide the high-quality care they would like to provide and which the public was increasingly demanding. The nursing leaders said it was very challenging but they tried their best to secure the funding and find the resources they needed for the nurses to provide evidence-based care. One leader stated, "There's always room for improvement. But I believe that we make the best of our resources that we have available" (Participant 25). Another participant stated, "We do get what we need. It might take a little while, but eventually if there's a need for something we do get it" (Participant 6).

Several community health nurses said the health centers needed to be updated. Participant 14 explained,

> We have quite a few challenges with the structures, which are old, they were built in the late 1940s, so they definitely would need an upgrade...all of them need an increase in size and…investment in technology… I don't think our facilities are very user friendly for

> young adults…in terms of providing health information, maybe have blood pressure machines, a person can go check instead of waiting and have Wi-Fi available. That would make it a friendly place that they would want to access. If they have health concerns, they could feel safe and comfortable, coming to that place. (Participant 14)

Another community health nurse also spoke about the need for more room and equipment,

> Maybe some upgrading of the equipment…some computers…we don't have enough room … the little, small room…that's the same area where we assess the children, and it's the same area where we do dressing changes… You have to have an office. ...I'm not a secretary, I'm a nurse. The bed is in the office. (Participant 17).

According to several participants, the lack of resources was especially acute on Nevis:

> The smaller island in some aspects, I feel it's neglected a little bit more. In some cases patients have to come over to St. Kitts to access certain services, like for instance, to do a simple MRI or CT scan…because not all patients will be stable enough to travel to St. Kitts.to have a CT done. (Participant 23)

In addition, one nurse said the patients got frustrated and blamed the nurses if the equipment was broken and they did not have anyone to fix it:

> Sometimes some machines aren't functioning. so that's a problem because at the end of the day, if something isn't done, they, tend to blame the nurses. Like it's not a nurse's responsibility to maintain a machine. ...other machinery that the outside world has that we don't have, that could be beneficial to us…we could use it to help save more lives…you just feel depressed because you don't like how the institution is functioning. (Participant 24)

Several of the participants stated they needed more space and updated equipment to meet accreditation standards at the CFB School of Nursing:

> We have to be creative. We have three different programs that we run concurrently…and everybody needs to be in the lab. So, it becomes challenging. …so, we need more space. We need more updated equipment to meet international standards and accreditation standards, … there are so many programs that could help us design our simulations, but we can't do them because our machines are not the best …it's not like we get a stipend to fix those. So, it leaves us at a disadvantage, but it doesn't interfere with the quality of education that we try to bring to our students. For our lab, we make it work with expired stuff and we create our own stuff…most of us buy our own books. We don't get a book grant and every academic year you find changes in the main book that comes from the university… by the time it gets to me, the access code is used. (Participant 2)

Several of the participants also stated they felt sometimes the teachers did not have the resources they needed to work with the UWI franchise program:

> The University of the West Indies…. The distance was frustrating. Because there would be things that they expected of you here, but we didn't have the capability to do it. So sometimes, they'd call a zoom meeting and we didn't have equipment sometimes to connect with them on a zoom. (Participant 9)

One participant suggested:

> The public system is okay. It can definitely be better. One of the reasons why it is where it is, is because of, not enough funding. So, I wouldn't say necessarily you should, introduce a private facility. I just think that certain services that they're offering, they can,

> have a small cost attachment to it. That way it can offset some expenses that the hospital will be going through to try to avoid budget cuts. (Participant 23)

Nurses Have to Do Everything

Many of the nurses verbalized it was very frustrating that they were expected to do and be responsible for everything. One nurse stated, “The nurses do everybody's work. They do the doctor's work. The housekeeper's work. Everybody’s work. And they look at nurses as if they're supernatural, not human, that's hard” (Participant 16). Another midwife commented,

> I think that the nurses, they are given a lot of responsibilities. There is a lot expected of them. …because sometimes when the doctors come and they just say, do this, do that. …They just leave everything on the nurses. And even if they do a procedure, they don't want to tidy up after themselves. …So, a lot is put on nurses. (Participant 3)

Disrespect from Community Members

Several nurses commented that the lack of respect they got from some patients’ family members could be very discouraging. One participant explained, “I don't mind taking the stress from the patients, but not from the relatives. They get very demanding. And when people are home with them, they do not take the good care of them, so they become hospitalized. They want you to perform miracles” (Participant 31). Another participant explained,

> Sometimes the unit is very busy and with limited staff and things aren't done as quickly as they would like, and they get aggravated, sometimes you feel like you're looked down upon I guess sometimes it's just the way they speak to you. I think because everybody knows everybody, sometimes you can't separate the professional from the personal…so it's just basically a lack of respect. (Participant 24)

In addition, one nurse expressed that because St. Kitts and Nevis is a small, close-knit community, she felt that people had a hard time separating their personal relationships and problems from the nurses' professional roles. They felt the public did not understand what nurses did and how many professional responsibilities they had. So, the public often did not talk to or treat the nurses and midwives like professionals. Another nurse felt part of the problem was nursing "it's not that respected. there's still some stigma against it" (Participant 23). The nurses stated they would like to see more males in nursing. They had two local men going into nursing now and they had two international nurses working in St. Kitts and Nevis. The male nurses were from the Philippines.

Lack of Respect from Leadership and Slow Advancement

Another concern expressed by the participants was even though they felt nursing and midwifery had come a long way in St. Kitts and Nevis, they did not feel respected as professionals. They felt nurses and midwives were just expected to do whatever the medical provider said they should do. And since the government employed the majority of the nurses and midwives, they did not have the option to work somewhere else if they did not like their working conditions. One nurse who came from another Caribbean island felt the nurses in the hospital worked under a very rigid authoritarian structure:

> When I just moved to this island, I worked in the hospital for about five months and I found this is not the place I needed to be. …I found…nursing was stuck in the era of when the doctor says you do this and you do that. It was very task oriented, there is no critical thinking…and that just blew my mind. (Participant 2)

Several participants expressed they did not feel protected by administration when there was a complaint: "Our hospital is too political. …they call the ministers of government when

they don't get what they want. They call the politicians, and the reporters. And then the politicians call and report us. And it's the locals, they don't respect the nurses here" (Participant 35).

Another nurse expressed:

> I think…they should try and protect the nurses…the government pushes the nurses down. When people go to them instead of coming directly to you, they make the assumption that what this person is saying is true. But…that's the last thing they should have done. Get the nurse's point of view first. …They make the nurses look small. There's nobody to back you. And people don't respect you. (Participant 16)

One nurse commented, "Even during nurses' week…it still doesn't really feel sincere because, you only hear it annually. It just feels routine. It just feels like this is something that they have to say" (Participant 20). Another participant stated,

> The challenge that we have is that when people go to the university…most of them take on an administrative role and they kind of lose that human touch of wanting to be a bedside nurse anymore. …they have the connotation. If I have a degree, I should be more in a leadership role as opposed to being a nurse. (Participant 6)

Nurses and midwives in St. Kitts and Nevis are paid a salary. They do not receive overtime for extra hours worked but they do it because they are dedicated. Recently some bonuses have been offered to nurses for picking up extra shifts because they are so short-staffed. There was a recent pay increase but many nurses felt they are poorly paid for how hard they work, their level of responsibility, and their level of education

Surprisingly, some of the nurses felt the basic pay was adequate but the process to advance took too long. A nurse moves up the pay scale as they are promoted but one nurse stated,

> The problem is, the process of you advancing, …increasing your basic salary from one skill to a next, the process is too long and drawn out. So, by the time they do appoint you as a staff nurse or something you already have probably 10 years and more, you are almost close to retirement…you move up this scale, you advance according to your skills. But it takes forever. It becomes very discouraging. (Participant 32)

Migration

Because of the low pay, difficult working conditions, and slow career advancement, there is a serious problem of nurses and midwives in St. Kitts and Nevis migrating to other countries in search of better opportunities. As one participant stated, “Some train and then leave. But others, they train outside and they stay outside. They don't really come back because the cost of living is really high here too. And the salary, you don't want be like a pauper” (Participant 17). Another participant explained:

> You don't get many people coming into the nursing profession. …Mostly foreign students and they will go back after they finish training anyway. …A lot of people have resigned over a few years. A lot of nurses, young nurses who just came into the profession have left…they go overseas and advance themselves…sometimes they come back when they're ready to retire…they have to think about themselves and what's better for them. (Participant 24)

Lack of Emotional Support

Many nurses described how difficult being a nurse or midwife was due to the traumatic events they had experienced in their practice and the emotional toll these experiences had on them. One midwife shared:

> I have seen a lot and I take a lot of things personally, if someone dies on my shift… I always go home feeling guilty. Like I've missed something. Or I should have done something else or something better. I think that every time someone dies, especially if it's somebody with a chronic illness and you know, eventually that they will pass, I think that's different. But if there's somebody that crashes and dies, I think that institution should always come to the nurses and refer to the psychologist. I don't see that happening. So, most of the time you go home, you feel guilty. You go back, you go to the same place, and it just gets compounded. (Participant 24)

Another nurse stated,

> We grieve when they die. She asked me, how do you guys feel when you have people who died? I said, just like you and even worse. She said how? I said, we cry with you, but we sympathize with you, …I don't know if you notice, …we come back and cry. We take a break to cry. Yeah. It's hard if it's a young person. …It's a shock… What we didn't do. What went wrong and think what we could have done. (Participant 16)

Some of the difficult experiences the participants shared included one nurse who stated,

> I was a student at the time…I could remember getting my first wound to clean and he was elderly with…maggots in the bed sore. So, I had to clean it and had to clean him up. As soon as I finished and put on his clothes, he gave one breath and then he died. I felt like I killed him. …I felt like I did something wrong. (Participant 25)

Another midwife shared,

> There was this incident in maternity where lady during delivery, she had a seizure and the baby died and she died a day, two days after…if I was in that situation, I would've been broken down. So, I'm thinking I should have followed up, but I'm hoping that the institution reached out to him, and he had counseling and the support that he needed… I know they have a psychologist they refer patients to… I think that the counselor is supposed to be available to you at any time regardless if it's a personal or institutional matter that you have. But I don't think that is being done. I think for years they didn't. And then I think they had a moment where a lot of things were happening and a nurse started to speak out about how they feel emotionally and so on. And I think that they did implement something where you can go and see the psychologist. (Participant 24)

An emergency room nurse told about an experience with a patient:

> He shot and killed an individual in the emergency room. That was very traumatic for those on call. I was coming on duty, so I felt fearful as well. I think at that moment they started to allow you to go and see the psychologist. Like it was never in place before. Like it was never like something that you knew you could do, but I think that has since been introduced. (Participant 21)

And a midwife shared a traumatic experience:

> Something that I will never forget. She was full term and she went into labor. …the baby's shoulders got stuck during the delivery so I ran to the phone and I called for the doctor. …I was trying to have her turn to do a squat, to deliver… The baby was hanging out. …But the baby never made it…it was 10 pounds, 14 ounces. …it was impossible for her to deliver a baby that big vaginally. (Participant 35)

None of the nurses who shared difficult experiences felt like they got the support they needed to cope with their trauma. One nurse said:

> I don't think we have a debrief. You don't go and seek medical attention. …If you feel violated or disrespected in any way, or discriminated against, there are places you can go and report it, but that's another problem too because lots of nurses don't know about these things. So, they don't know what to do. So they just don't do anything. …there's times when I would feel like I'm ready to quit. (Participant 17)

This participant also described how the nurses and midwives turned to one another for support:

> I know that the health services are there, the counseling service, mental health service. I'm not going to sit back and try and handle any issue alone. I can go seek help. …there is a concern in this kind of society that your drama, you should keep it to yourself. If it's a support group or anything like that, I wouldn't go…all the nurses just talk about the incident. …you look for somebody who was in your group to say I have a difficulty…and we lean on each other and get their expertise. (Participant 17)

Student Shortage

One consequence of the lack of support for nurses and midwives in St. Kitts and Nevis was many of the youth did not want to go into nursing. Participant 35 stated, "A lot of the young people, some of them see the verbal abuse happening and they decide, why should I do that to get verbally abused…we don't have enough nurses because of that" (Participant 35). Other students did not feel the pay was worth the amount of schooling and hard work required, so they did not go into nursing. Each class of nursing students at CFB College only starts with around 10 students and only about five are left by the time they graduate. There are a lot of barriers to attending nursing school. One nurse stated:

> We need to do more campaigns, go to the public, recruit more people to come into nursing…cause some people, when they think about nursing, they just think about blood and vomit and stool. But it is more than that. They'll be interested in nursing, but then they don't… know what to do. (Participant 3)

Another participant suggested:

> The government needs to invest more into nursing, basically starting from the school level or with somebody who's showing interest…to help them, assist them more financially and see what they can do to make the process friendlier for you to become a nurse here in the Federation. This is why we now have the shortage that we have now… It is four years…to become a registered nurse…it's a very, tedious, sacrificial, long process…it is too overwhelming for some people. (Participant 32)

The government does provide a stipend for local students to go to nursing school. However, as one pupil midwife explained:

> Sometimes as you are starting out, when you're a teenager, financially it becomes difficult, to find housing…this stipend that we receive is not enough for us to pay our expenses and meals and everything. So that's become a challenge for us. So…if a group starts with 10, sometimes by, the second year, we only end up with five people because it is a struggle. It is a long process. (Participant 32)

The Need for Specialized Training and Advanced Practice Nurses

An additional theme that emerged from the data was the need for and desire of many nurses and midwives to engage in more specialized training. The following open-ended questions were used to explore this phenomenon:

- Please describe how registered nurses and/or midwives in St. Kitts and Nevis are educated and the curriculum that is used.
- Please describe any opportunities you have had to participate in nursing and/or midwife education.
- What suggestions would you like to share to help nursing leaders improve health care in St. Kitts and Nevis?
- What changes would you like to see in nursing and/or midwife practice and education in St. Kitts and Nevis in the future?

Need For Specialized Clinical Education

St. Kitts has an amazing legacy of training all nurses at the post-graduate level in midwifery. The advanced practice they engage in has been vital to the Federation's traumatic improvements in maternal and child mortality. However, St. Kitts and Nevis is now facing a new challenge—the increasing morbidity and mortality caused by chronic, non-communicable diseases. Several participants also noted that as health care continues to advance and people have greater access to information and travel, they are asking for more healthcare services not available in St. Kitts and Nevis. As one participant stated, "The world is so much more open now to access information, …so with that, they may ask a question if they see something about what we have here. Do we have this here and how this can help me" (Participant 14).

As healthcare knowledge and treatments have progressed, they have created a need for more specialized and advanced knowledge by nurses to prevent and manage complex chronic illnesses in the hospital and community. Ms. Rose Brooks (as cited in Barker, 2013), a historical figure who was a nurse educator in St. Kitts and Nevis, stated, "Nurses should be involved with continuing education to keep up with the many changes that are taking place in the arena of

Health. ....nurses should be in the forefront of all issues relating to the profession, so that appropriate changes can be made with their involvement in the process" (p. 74).

Need For Specialty Certification

Several of the participants felt that nursing education in St. Kitts and Nevis needed to change with the times and adapt to current needs. They verbalized that more nurses need and want to be trained and certified in specialties such as trauma, the operating theater, dialysis, pediatrics., IV therapy, hospice, oncology, diabetes, wound care, mental health, and intensive care. Some nurses have been sponsored to study diabetes, hypertension, and kidney disease in Taiwan when they started the dialysis unit on St. Kitts. However, several nurses stated they sometimes had to rely on the expertise of foreign nurses in some areas of practice such as IV therapy and ICU. The nurses stated they felt they received a good generalist education in the BSN program. But as health care continued to get more complex and specialized, they did not feel comfortable getting pulled to any unit in the hospital. One nurse stated,

> Investing in education is a big priority, especially because we rotate so often…because sometimes you get pulled to a unit that you haven't worked in a while. And so, you kind of have to catch up and try to remember, what is it I have to do here? So, they don't really provide training much. (Participant 21)

Participant 25 stated there was a need for training in specialized areas of practice: "I would like to see more…psychiatric nursing, …people who specialize in geriatrics as well." Participant 2 shared: "Emergency trauma nursing, operating theater, ICU nursing, oncologist specialist, dialysis nursing, pediatric nursing. There is so much room when it comes to specialization in nursing." Another nurse agreed:

> There's a need for so many other specialists. …We lack specialties…all of our nurses here, we are generally trained. So, we are able to work anywhere on the units… But we sometimes have to get our specialized Filipino or Spanish nurses to help us with something we need, like if you have a difficult intravenous, if you have a nurse specialized in that we call on that person to help. (Participant 3)

Need Clinical Preceptors

Several of the participants discussed the need for preceptors with specialized clinical knowledge. The UWI requires any clinical preceptors to be certified in their area of clinical practice. Many nurses stated their general education program was good but there needed to be greater continuity between what the students were taught at CFB and what many of the nurses did in clinical practice. Several participants stated the students needed preceptors who could provide guidance during their clinical experiences so they could apply what they learned in the classroom. One midwife explained,

> The same teachers in the classroom all day, they have to go with the students, it's too much. …The students in the clinical area they need guidance, supervision…I mean mentoring and support so that the students develop…clinical competence. That's going to matter. …you have to give a, incentive to the preceptors on the unit. (Participant 10)

Another participant stated,

> The hospital themselves says that they're short staffed, so they don't have any time with the students, …and they must focus on…their patient care, getting them ready for surgery, … so they really don't have the time…to be bothered with students who need handholding…you couldn't leave it to the clinical persons. (Participant 10)

A different nurse explained,

> I do feel like it could be a lot better just in terms of how…they, assist the students, cause it almost feels like it's self-taught. You mostly get, all your experience and knowledge from on the units. You get a little bit of class and then mostly gather up the rest from the units itself. Like a lot more supervision from the actual coordinators themselves. Rather than the staff...because then that's like giving them extra work to do…so the nurses on the unit don't get compensation for that. It's like it's added into their work. (Participant 20)

Participant 2 explained that a barrier to providing preceptors for the students besides the cost was "the requirements from UWI is that you're certified…but our presence there it makes a difference…if we're not there, students often give the feedback we're left on our own."

Need For More Advanced Practice Nurses

St. Kitts and Nevis is suffering from a shortage of advanced practice nurses. Quite a few nurses felt that the original mandate that all nurses in St. Kitts and Nevis have to be trained as midwives was no longer needed because the majority of deliveries now occurred in hospitals where there was always a midwife on duty. One midwife explained:

> It was a compulsory that you finished both because…we had to go out to deliver the babies at home. So that's why…it came down from England anyway…we were using their policies. All of the countries in the Caribbean, they wanted it to happen. So, they'd have access. It was necessary because you couldn't bring everybody to the hospital. So, you had to deliver babies at home. (Participant 27)

Participant 30 stated, "I don't think it's necessary. Because the island is small. So, we have access to midwife nearby…where I'm from, …not obliged to be a midwife. There you can

choose other options…now we have so many other branches, but it's still nursing. …the needs change with the times."

With the increased emphasis needed on primary care to prevent and manage chronic illness, some of the participants felt that APRNs in specialties besides midwifery, such as family nurse practitioners, could help relieve the shortage of providers in St. Kitts and Nevis. According to one nurse, there are currently two certified registered nurse anesthetists practicing in St. Kitts and they have had APRNs in the past. Participant 14 explained:

> It's hard to recruit physicians…and particularly specialized positions…we rely heavily on Cuba right now. They really helped to fill a gap for the past 10 years, most of our specialties, OB GYN, orthopedics surgery, those gaps were filled through physicians on their mission.

In Cuba, medical doctors are required to work for two years in a low resource community after graduation.

Another nurse suggested:

> Some nurses are thinking that the midwife program should now be by choice just in case you want to specialize in another area. …you can use that…two years to do something different…so instead of requiring the midwife, some nurses are saying they should be able to pick a different area to specialize in. There is a great need in mental health. It is a mistake to require everybody to become a midwife…because after you study four years, and then almost two years to be a midwife, you mentally become drained. You don't want to do anything else. (Participant 32)

One participant explained that nurses already have good collaborative relationships with physicians because of the work they do as midwives and community health nurses. They do a lot

of consultation with specialists over the phone: “We don't even have a psychiatric doctor on the island. So the doctor cannot come and prescribe a medication…we have to call on the phone… for them to prescribe the correct medication for them to be sedated properly” (Participant 34).

Another nurse stated,

> We have close relationships with our doctors…we are able to call the doctors and say… this is what happened. And can you advise me what to do? …we always refer them to the doctor, for something we think we can't manage. …We assess them, call the doctor and doctor says, okay. (Participant 30)

Because St. Kitts and Nevis have a long standing track record of requiring their nurses to earn a BSN and post graduate certificate in midwifery, they are well positioned to integrate more APNs into their healthcare system to help alleviate the shortage of primary and specialty health care providers. However, there are several significant barriers to accomplishing this strategic goal. First, the role of APN is not clearly defined in most Caribbean countries. Secondly, midwives in St. Kitts and Nevis are very proud of their historical accomplishments and legacy. It might be very difficult to change their legislative and educational infrastructure or divert needed funds to another area of education in a nation that is already so short on resources. However, one participant stated:

> She has seen many changes in nursing and healthcare throughout her long and distinguished career, but feels the most significant one is the introduction of specialties in nursing and the advanced practice role in nursing such as nurse anesthetist. She feels this has opened the door for new opportunities in nursing. (Gardner, 1993, p. 48)

The Impact of Nursing and Midwifery Leadership and Collaboration

One of the most important themes that emerged from the historical and participant interview data was the legacy of effective leadership and collaboration engaged in by nursing leaders that has resulted in major advancements in the profession of nursing and midwifery in St. Kitts and Nevis. As one participant stated, “We're really working hard and as a small country…even though we have challenges, we are really proud of the progress that we've made over the years” (Participant 1).

The following open-ended questions were used to explore the impact of nursing and midwifery leadership in St. Kitts and Nevis:

- What current or past nurse and/or midwife in St. Kitts and Nevis do you admire most and why?
- How do you think politics influences healthcare for the residents of St. Kitts and Nevis?
- How do you feel economics affects healthcare in St. Kitts and Nevis?
- Please describe how nurses and/or midwives collaborate with other professionals in St. Kitts and Nevis.
- Please describe any opportunities you have had to participate in nursing and/or midwife research, leadership, policy development, or education.

Desire for Continued Learning and Improvement

One finding in the data that really stood out was how many nurses and midwives expressed they felt it was important to keep up to date with current trends and regional standards. One participant explained this drive to continually learn and improve has been central to St. Kitts

and Nevis' ability to adapt and advance the profession. Another participant stated she believed that knowledge was power. Some nursing leaders had the opportunity to go overseas and obtain advanced education in administration, education, infection control, and public health. These experiences filled them with a desire to come back and share what they had learned and modernize their healthcare system. One nurse described how rewarding she felt it was to share her expertise to help the profession advance in St. Kitts and Nevis:

> It was rewarding trying to share some of the knowledge that I had gained outside…with the nurses here… I was able to sort of transplant some of the knowledge here, that made me excited. you know, saying you are doing it one way here, but they're doing it another way out there we could just mesh everything. …it was welcomed. …I was able to help them set up the simulation lab. I was able to do that with them because I've learned that abroad, so I think it was a good thing we had to up nursing education…on a higher level. (Participant 9)

However, another participant noted that most nurses who got a master's degree assumed administrative roles far removed from bedside nursing. This participant felt they needed more nurses to take courses focused on clinical care. This participant felt when leaders took courses in administration, sometimes they got out of touch with bedside care, which was what she felt really mattered.

Evidence-Based Practice and Education Initiatives

The nursing leaders in St. Kitts and Nevis worked very hard and have been very successful at implementing many evidence-based changes in nursing education and healthcare. For example, the Health Science Division at CFB College stated they had

> a tradition of academic excellence through a student-centered approach to nursing education. We place emphasis on research and scholarship in the development of nursing knowledge and the application of that knowledge to ensure evidence-based health care outcomes. Our nursing faculty…are well-versed in active teaching/learning strategies including cutting edge technology and current nursing practice experiences to prepare students to promote the health of the population in the 21st century (Clarence Fitzroy Bryant College, 2022).

The community and public health nurses implemented very successful maternal/child immunizations, family planning, and nutrition programs. One midwife felt some of the reasons they had been able to accomplish so much was because they have a small nation; people live in small, close-knit communities; and they have health clinics close by. Another participant explained that nursing and midwifery leaders in St. Kitts and Nevis had a vision of the big picture and set the standard of pursuing new ideas and initiatives. This retired nurse helped the RNB set up the standardized RENR exam students in the entire Caribbean region are required to pass to become registered nurses. She also founded the Student Nurses Organization. Another retired nurse, who was also a nutrition officer and president of the Nurses Association, was the ICN and CNO representative for 27 Caribbean nations.

One midwife explained their main motivation for establishing the BSN was to advance the profession of nursing. She shared her vision:

> To provide advancement for nurses and improve the quality of care for our public…to meet international standards and keep up with international trends. …opportunities for graduate studies would be better and the patient would get a more skilled nurse to take care of them so patient care would better meet the needs of an evolving society and health

> sector. To enhance the quality of care. Also, to build national human capacity and regional human capacity through reciprocity…it involved harmonizing the curricula … The faculty…pursued master's degrees. There was also aggressive advertising of the BScN program. We invested substantially in the skills lab. So it was mainly resources, faculty upgrade and marketing...The students who were already nurses who pursued the two year upgrade program were paid 80% of their salary. There was reduced tuition for CARICOM nationals and an immediate transfer to a higher pay scale upon graduation, with a five year bond...I don't think we let up on the pressures we put on them. Because we too as a department wanted to grow …I was like a tractor moving nursing forward. (Brathwaite, 2017, pp. 198-199)

Regional and International Collaboration

Nursing and midwifery leaders in St. Kitts and Nevis have had an admirable historical record of collaborating with local, regional, and international leaders and organizations for many years to help advance the profession. Several participants noted that many nurses and midwives in St. Kitts and Nevis throughout history have assumed leadership roles in the Caribbean region. They set an example for the world of what could be accomplished despite limited resources and geographic isolation.

In 1969, the St. Kitts Nurses Association was able to negotiate an improvement of salaries with the government. They were also able to change the policy prohibiting married nurses from receiving pensions. Several participants stated they would like to see nursing have more of a voice in government policies and the Ministry of Health. The hospital matrons attend meetings with officials from the Ministry of Health. However, one participant said there was an assumption that if nurses wanted to advance in their careers, they had to take on an

administrative role. But she wondered if this really made much of an impact at the bedside. She felt that nurses in leadership roles become far removed from and out of touch with bedside nursing. She felt a greater emphasis needed to be placed on empowering nurses in clinical positions to provide compassionate, high-quality care.

The CFB College had a collaborative relationship with Chamberlain University. Participant 2 explained:

> We were able to, complete two courses with them on simulation and principles of simulation. And that was helpful for the team because not everybody in here was comfortable with simulation so they were able to appreciate where simulation was coming from. And how we could implement it. …So for those who didn't have any experience in simulation before, it was really helpful. …And, we had some support material from Chamberlain to use along the way. That we could implement in our practice.

Another nursing leader expressed that she hoped they could develop more collaborative relationships with foreign universities. At one time, a nursing program was started in St. Kitts from the United States. They were disappointed when it closed because the students became ineligible for U.S. federal student loans. However, when this university closed, they shared a lot of their equipment with the CFB School of Nursing and the medical school.

In 1956, the St. Kitts, Nevis, and Anguilla Nurses Association and the Caribbean Nurses Organization (CNO) were established to advocate for improvements in nursing practice and education. Their goal was to improve conditions for nurses and negotiate with the government for positive changes for the nurses (Gardner, 1993). This organization joined the CNO, which was founded in 1957. The first regional CNO conference was held in 1959. The CNO represents

nurses and oversees the education and registration of nurses and nursing assistants in in 24 countries in the Caribbean. The CNO provides a forum for nursing organizations across the Caribbean to share information and raise the standards of nursing education and practice.

Between 1965 and 1980, fellowships became available through the PAHO and WHO for leaders to pursue advanced nursing education and management certificates. In 1966, the Advanced Nursing Education Unit at the University of the West Indies was created to prepare experienced registered nurses for administrative, educational, and leadership roles in nursing and healthcare. In 1972, the Advanced Nursing Education Unit began developing family and pediatric nurse practitioner programs. In 1996, they began offering a mental health psychiatric nurse practitioner program.

The RNB was established in 1972 to promote collaboration and improve the quality of nursing education and nursing care standards. In 1965, the RNB conducted a survey and developed a strategic plan to improve 23 schools of nursing in the Caribbean. Their efforts led to better qualified teachers and improved curriculum and physical facilities. They developed a system of accreditation based on PAHO criteria (Gardner, 1993). Participant10 stated: “The regional nursing body comprises all the principal nursing or chief nursing officers in the division, and they meet twice a year… So, they meet and they are the advisory body.” The RNB developed the regional qualifying exam (RENR). Caribbean nursing education has had reciprocity with the General Nursing Council in England and Wales since 1952. Caribbean nurses pass the U.S. National Council on Licensure Exam at a higher rate than other foreign graduates. The nursing and midwifery leaders continue to collaborate extensively with the PAHO, CNO, and RNB to improve nursing education and practice. The RNB is currently

comprised of all the principal nursing or chief nursing officers in the division. Their advisory board meets twice a year and have an annual general meeting.

The nurses and midwives in St. Kitts and Nevis also make an impact internationally as members of the ICN. They actively participate in regional and international conferences, and some of them are ICN board members. They actively collaborate with international organizations such as the WHO, PAHO, United Nations Educational Scientific and Cultural Organization, United Nations International Children's Emergency Fund, and the International Committee of the Red Cross to achieve the United Nation's *Sustainable Development Goals*. One nurse explained, "We get a lot of technical assistance from the Pan American Health Organization so any project that we're working on that requires any technical advice, we make that request" (Participant 14).

Policy Development

In the late 1950s, the PAHO and WHO provided technical expertise to St. Kitts and Nevis to help them develop nursing policies and procedures. Their policies were updated again in 1979. Between 1972-1978, nursing leaders in St. Kitts and Nevis extensively updated and strengthened the nursing and midwifery curriculums to align it with regional standards. The policies for public health nurses were also updated, which led to improvements in nursing administration on both islands and an increased the focus on maternal and child health. Several nursing and midwifery leaders stated they thought the JNF Hospital needed to develop more standardized policies and procedures. They felt this would improve the quality and consistency of the practice they provided because everyone would know what to do. One leader stated: "Right now everyone multitasks- the nurses, the doctors, they have to. They're in clinical care and they still have to do policy development. Sometimes things get left behind. So, if we can do

some work on policy development, then I think it would strengthen our services" (Participant 14).

Several leaders also expressed a desire to computerize their records and update their technology. One participant explained:

> For us to continue to improve, we need to have more protocols in place so that the systems are robust. …we need to have documentation policies written and available. …You need the data trail so you can put your hand on it directly…that would be a big help right now. …so, you could pull up the hospital records and everything from when you are in the community. …So, if you are an inpatient, I can still see your records when you are outpatient. …we are keeping up in the community, particularly in the health center…people who are given vaccinations for COVID… there's already a digital record for those, and then also for the immunization for the child. (Participant 19)

Research

Some of the participants verbalized that they wished there was more documentation of nursing and history in the Caribbean. One nurse stated: "I'm happy that you're, tracking the history of nurses in St. Kitts. I wish we could do that in all the Caribbean countries. I think that's one of our issues in the Caribbean. We don't have documentation about our history" (Participant 1). Another leader shared her passion for research:

> I have a passion for research. And so, I led the research agenda for many years. I introduced…a one-day research symposium where the students get an opportunity to speak to a scholarly environment…invite the different lecturers to come…so that became an annual feature in the science institution. (Participant 10)

She and her colleagues have conducted internal research on subjects including midwifery, diabetes, non-communicable diseases, and pain management but these studies have not been published. She has published articles on epidemiology and the impact of simulation on learning. Another participant said they had submitted two abstracts for the conference at the CNO. A former nutrition officer had the opportunity to travel to Rome, Greece, and Africa to present the nutrition program she developed. Another nurse said she has been able to attend virtual conferences.

One participant stated she felt like it was nursing leaders' responsibility to engage in research, but a lack of financial resources was a major barrier. She said she had observed that faculty members wanted to attend conferences but they had to pay for their own flights, lodging, and conference registrations. She stated,

> Flying across the Caribbean is expensive. In October we have a Caribbean nursing organization conference and most of us in here want to go, …the registration is $300 USD, which we would pay for ourselves. The accommodation is like $485 USD per night So we would share together. The plane fare is going to be ridiculous. …If you were going by yourself, you need to have $5,000 USD for that. We have submitted two abstracts. We have their research, but I don't know if we are going to present it at the conference. (Participant 2)

Leadership Characteristics and Roles

The nurses and midwives engage in many leadership roles and responsibilities. For example, the matron and assistant matron are in charge of the overall clinical operation of JNF and Alexandra Hospitals. The unit and assistant manager in the hospital are in charge of the institution on a daily basis. They perform administrative and clinical duties, ensure each unit is

staffed properly, and things are going well. They deal with patient complaints. When there is an emergency, the nurses call the nurse manager who updates the matron and assistant matron. The clinical nurse educator of JNF Hospital and her two assistants orient new staff, organize and teach continuing education classes, and train the nursing attendants and EMTs.

The Dean of CFB's College Division of Health Sciences runs the school of nursing and assists the educators and staff. The coordinator of community nursing services works closely with the district medical officers and department of public health. Each community health center is run by a midwife trained in public health. They supervise the community health nurses and other staff who operate the center and conduct home visits. Several of the participants said the nurses learn to be leaders once they become midwives because once a nurse becomes a midwife, they assume a leadership role. They have a lot more responsibilities and they have to train people. This experience teaches them to be assertive in both their personal and professional lives.

Many nurses and midwives also assume other leadership roles within their community. One retired community health nurse described how she became the president of the St. Kitts and Nevis Nurses' Association. Because of the relationships she built in the community and the respect others had for her, she was elected as the Minister of Health in Nevis. The local population loved her and knew she loved them. They knew she had their best interests at heart. She was able to successfully petition the government for increased salaries for the nurses and get community health nurses transportation if they did not have cars so they could work on holidays and in bad weather like hurricanes.

Many of the participants described some of qualities they admired in nursing leaders. One nurse described some of the qualities she admired in her mentor:

> I like her go get it done attitude. the importance that she puts the nursing profession, she views it…like banking, being a lawyer or a doctor. She holds the profession in Prestige. So, she takes the approach that nursing is a profession. She dresses like an executive nurse. She behaves and demands and commands attention from persons in power and that just inspires me so much because I love nursing. She's got the vision and she's got the drive. (Participant 2)

One leader noted that a real strength of nursing and midwife leaders in St. Kitts and Nevis was their sense of caring and the legacy they had built through sacrifice and hard work.

Several participants expressed that they felt the current Dean of CFB's College School of Nursing is a great leader. One midwife described some of her leadership skills:

> I don't think this woman sleeps…she gives you the support that you need to get things done. When it comes to interaction with students, she'll just pop by the classroom to make sure students are going along with the rules and participating in class. …she reacts very quickly. You draft an email and send it to her. You can expect an answer within 24 hours… I'm going to look at what the curriculum guidelines say. I'm going to look at the student handbook and then I'm going to reach out to the right persons and get back to you. Great leader. (Participant 2)

A different participant described how she tried to set an example of professionalism, teamwork, and efficiency for the people she worked with so they would respect and work alongside her. She felt people work well together when they have mutual respect. One nursing leader described how she and her colleagues focused on helping one another and not competing as it's not about self. Another administrator said she felt she had a voice in her leadership role and people listened to her. Quite a few leaders verbalized that people's attitudes could be

challenging such as refusing to do work and not understanding what the rules and their responsibilities were.

Historical Role Models of Leadership

Many courageous nurses and midwives worked tirelessly throughout their nation's history to advance their profession and improve their communities' health. One participant shared that she was a former president of the CNO that represented 27 Caribbean countries and assisted with the development of the RENR by the RNB. One midwife shared an out-of-print book entitled *The Pillars of Nursing: St. Kitts, Nevis and Anguilla 1950-1980* (Barker, 2013) that described a few of the visionary nursing and midwife leaders who advanced the profession and improved health in their federation.

Mrs. Baker was the first Sister Tutor, who developed the curriculum for the JNF Hospital and Alexandra Hospital Schools of Nursing based on Caribbean regional nursing standards. She also shared resources and collaborated with nursing schools in St. Kitts, Antigua, and Monserrat to develop and administer the first regional nursing registration exams (Barker, 2013).

Vivian Stevens was a public health nurse who attended infectious disease and public health courses in Jamaica and Trinidad. She was the supervisor of public health during the time when the tropical disease Yaws and malnutrition were prevalent. She helped lead many improvements in health care including providing immunizations and nutritional supplements to children and increasing access to care such as antenatal and post-partum checkups, family planning, immunizations, health education, hypertension and diabetes screening programs, and outreach to vulnerable populations (Barker, 2013).

Katherine Ernestine Fahie, who studied management and infection control in Barbados was a ward sister and clinical instructor at the JNF School of Nursing. She developed the first

quality improvement and infection control programs at the hospitals in St. Kitts and Nevis, conducted education about nosicomial infection for the staff, and developed a reporting system for the Caribbean Epidemiology Center (Barker, 2013).

Bronte Welsh became the first national superintendent of public health nursing. She dedicated her life to improving nursing education and health conditions in St. Kitts and Nevis during the 1950-1970s. She attended courses in infectious diseases in Trinidad and Tobago, public health in Jamaica, and public health, and nursing administration in London. Bronte Welsh helped to introduce public health nursing to the islands, replace nanas with trained midwives, and witnessed the replacement of English matrons with local nursing leaders. She was a founding member of St. Kitts, Nevis, and Anguilla Nurses Association. In 1954, she implemented a campaign to test all residents of St. Kitt and Nevis for tuberculosus (TB) and vaccinate all school children for TB. Her efforts were so successful they were able to close the TB ward at the JNF hospital (Barker, 2013).

In the 1950s, May Stevens studied nursing, management, and nursing education in England. When she returned home, she became the first native-born Kittian appointed to the position of matron in St. Kitts and Nevis at the Cunningham Hospital. She served on many Caribbean regional committees. When she retired in 1967, she volunteered as a leader for the Red Cross. She dedicated her life to raising the educational level of nursing in St. Kitts and Nevis. She even taught evening courses in English and math to students to prepare them to become nurses and sought scholarships for staff nurses to attend the Royal College of Nursing in England. She was described as a disciplinarian, good communicator, and motivator who advocated for the profession of nursing (Barker, 2013).

Ms. Aurora Turner also studied nutrition in Jamaica and became a nutrition officer in the 1950s. She implemented a United Nations Children's Fund and WHO program to educate people about nutrition and distribute high protein milk powder to malnourished children. Her efforts decreased the high mortality in children from diarrheal diseases and malnutrition (Barker, 2013).

In the 1960s, Lucille Lousy-Walwyn, who studied nursing and midwifery in England, was a hospital matron and the first Principal Nursing Officer of St. Kitts, Nevis, and Anguilla. She advocated for improvement in nursing education and collaborated with other nursing leaders to develop a nursing education program in the 1950s based on the syllabus for training nurses and midwives in Great Britain. In the 1960s, she developed joint planning between all of the community and hospital nursing services. She successfully lobbied the government to create a full time Sister Tutors position so they could create the JNF Hospital nursing and midwife training programs. She also developed a public health nursing exchange program with other Caribbean islands and developed the community health aide and nursing assistant roles in the community to extend health services. Ms. Lousy-Walwyn was also instrumental in the development of the legal registration process for nurses and midwives in the 1950s (Barker, 2013).

In 1972, Ms. Dolpher Hobson was a nurse who studied management in Barbados. She advocated for improved working conditions for nurses. She developed scheduling patterns that included three shifts and allowed nurses to have two days off in a row. She also helped develop the Caribbean Regional Nursing Exam (Barker, 2013).

In 1972, Sylvia Manning, a nurse who studied administration and nutrition in England, Jamaica, Trinidad, and Tobago was appointed as a nutrition officer. She started a nutrition education program at health clinics, schools, and in the nursing program. She became the project

manager for the World Food Program where she managed supplementary feedings for children at clinics and schools and mothers at antenatal clinics. She traveled extensively, collaborating with other countries about nutrition. She was also a leader on the St. Kitts and Nevis Nursing Council (Barker, 2013).

In 1974, Viola Warton was a nurse who was very concerned about the lack of mental health care in St. Kitts and Nevis. She studied mental health nursing in Canada, established community groups, and implemented strategies that improved the care of the mentally ill in St. Kitts and Nevis (Barker, 2013).

In the 1980s, Dianne Frances-Delaney was a nurse who introduced family planning in the health centers and became administrator and regional leader of the National Family Planning Project in collaboration with the International Planned Parenthood Federation. She also coordinated the maternal and child health program and implemented the Teenage Family Life education project in secondary schools that successfully decreased the incidence of teenage pregnancies in the 1980s. She was also a board member of the Midwives Council and International Red Cross (Barker, 2013).

In the 1980s, Margery Welsh was a midwife who completed public health training in Jamaica and became superintendent of public health nurses. She then studied in St. Vincent and Grenada and became a family nurse practitioner who worked to increase access to health care. She directed the Expanded Program of Immunization, which significantly increased the vaccination rate of children on the islands, and became a consultant for the Caribbean Epidemiology Center of the PAHO and WHO (Barker, 2013).

In 1983, Ms. McIntosh-Henry was a public health nurse who studied family planning and public health in New York and Jamaica. She developed the national family planning service

program. She conducted education in schools and the community about family planning and collaborated with the International Planned Parenthood Federation to create and manage the Teenage Family Life Education Program. Her efforts helped reduce the incidence of teenage pregnancy (Barker, 2013).

Sylvia Ward was a supervisor of public health in 1983 who studied health administration in the United States and became a family nurse practitioner at the University of the West Indies. She helped lead the Expanded Program of Immunization and oral rehydration therapy, breastfeeding, infectious disease, and nutrition programs (Barker, 2013).

In 1989, Ms. Connor-Williams, a public health sister who completed a bachelor's degree in management in the United States and a health sciences education program in Guyana, was appointed tutor of the JNF School of Nursing in 1989. She was very instrumental in the transfer of the JNF School of Nursing to the Clarence Fitzroy Bryant College in 1997. As head of the health sciences division of the college, she helped evaluate and expand the College's general nursing, midwifery, and nursing assistant programs. She was also a leader in the St. Kitts and Nevis Nurses Association, St. Christopher and Nevis Nurses and Midwives Council, and the Caribbean Nurses Organization (Barker, 2013).

Agnes Byron-Dickenson studied nursing and midwifery in England, nursing education and fertility management in Jamaica, and administration in St. Lucia and Barbados. She was appointed principal tutor until 1990. She developed a block system of education so students could attend lectures instead of just working on the wards and helped develop and implement a new general nursing curriculum based on regional standards. This curriculum was used to develop the Regional Examination and registration for all nurses in English-speaking Caribbean countries. She also developed the role of nursing assistant to help with staffing shortages. Ms.

Byron-Dickenson also served as the Principal Nursing Officer, where she developed a nursing coordination committee comprised of the heads of all the nursing departments, and she developed management courses for the University of the West Indies. She represented St. Kitts and Nevis at a commonwealth meeting of chief nursing officers in Malta in the 1990s. After she retired in 1996, she continued organizing educational programs and examinations for the University of the West Indies (Barker, 2013).

Sylvia Manning, a retired nurse who used to manage the youth nutrition program, was president of the St. Kitts Nurses Association and several other community business and women's organizations. She traveled to Greece and Africa as a delegate of the ICN and CNO (Barker, 2013).

One participant who was interviewed exemplified the extraordinary contribution nurses and midwives have made to their Federation. She was in charge of a community health center for many years and was active in the St. Kitts and Nevis' Nurses Association. Even after this midwife retired, she remained active in leadership positions in several organizations where she advocated for the needs of nurses and improvements in their healthcare system.

Many nurses and midwives continue to serve their community after they retire. One participant stated:

> I volunteer for the nursing council two days a week, …I have assisted in the community that I help. …I do a lot of charity work. I go out and I assist many seniors and anybody who need my help. people are calling me all the time. …I can't say no to people who need help. …I've been president of several other organizations outside of nursing. (Participant 16)

Another retired midwife described her volunteer work:

> I help them on the elderly care program that they have. The other days I do volunteer for my church. There's a little bookstore downtown that I volunteer at. Then on Fridays…we drop off meals to people who are shutting and homeless… I'm on the care foundation …who provide help to people who need food and money. We take care of all kinds of patients. Some people are out of work, not enough food, no money, …so we give them little baskets…so they can eat. …We make assessments and see what they need as some people just need a meal. (Participant 9).

Conclusion of the Findings

The themes that emerged from the data revealed that nursing education in St. Kitts and Nevis started from indigenous practice and collective wisdom passed down through the generations. The profession overcame oppression and geographic isolation to become a modern autonomous, scientifically-based profession. The African heritage of many of the participants, the British System of Nursing, and the multicultural influence of many residents of St. Kitts and Nevis had a significant impact on their practice today. Despite facing many barriers, the nurses and midwives in St. Kitts and Nevis have worked tirelessly to establish and continually improve the publicly funded, preventative-focused, community-based healthcare system that is accessible to all the citizens of the Federation. They have achieved dramatic improvements in maternal child health outcomes and the incidence of infectious diseases. However, they continue to face many challenges including the increased morbidity and mortality from non-infectious chronic diseases, a lack of resources, short staffing, a traditional hierarchal structure that has led to widespread dissatisfaction among nurses and midwives who felt they had no voice, little opportunity for advancement, and they were not recognized as professionals. Despite these

challenges, there were many historical and current examples of visionary leaders who strove to continually advance the profession and improve the health of their communities.

CHAPTER V

DISCUSSION

An in-depth analysis of the themes—Nursing and Midwifery Education and Practice Experiences in the Past, Current Nursing and Midwifery Educational Experiences, Current Experiences Practicing Nursing and Midwifery in Hospitals, and the Impact of Culture on Nurses and Midwives Experiences—that emerged from the data identified several implications and recommendations for nursing education, practice, leadership, and research.

The Universal Right to Health Care

Jormsri et al. (2005) described how cultural values are derived from a nurse's family, community, religious traditions, upbringing, and work experience. These cultural values influence a nurse's professional goals and guide their practice. The people of St. Kitts have strong historical roots in African culture. African and Afro-Caribbean culture are considered collectivist. In collectivist cultures, the welfare of the community is of primary importance rather than the needs of the individual (Nwosimiri, 2021). The African ethos of putting the welfare of community above personal interests might have influenced the development of and support for their community-based, free public health system.

> Close cultural ties and a sense of belonging are characteristic of the culture in St. Kitts and Nevis, therefore, home visits and care for the elderly, cost effective interventions because of the low socioeconomic status of the majority of the population such as making health care screenings and visits accessible due to limited transportation and resources

> such as screenings in schools, and home visits, and neighborhood health centers, and incorporating effective local remedies in their care was effective. (Gardner, 1993, p. 42)

In addition, St. Kitts and Nevis' legacy of overcoming slavery to become a self-governing autonomous nation has been a profound influence on the Federation's motivation to develop a free, accessible health care system for all of their citizens regardless of race, nationality, or socioeconomic class. The fundamental right of all people to access healthcare is recognized by many international nursing organizations, the UN, and the WHOs International Bill of Human Rights. (Easley & Allen, 2007).

Nurses and Midwives Role in Empowerment

Afro-Caribbean culture is patriarchal. The traditional role of women has been in the home caring for the children, ill, and elderly. During slavery, only males could hold skilled positions. After the emancipation of slaves, many male laborers migrated in search of opportunity, leaving women home to run their households. Women were excluded from political or managerial roles. Some Caribbeans use their traditional Christian beliefs to justify gender inequality (Blank, 2013). According to Hull (2021), in St. Kitts and Nevis, nursing is considered to be a female profession and calling: "In St. Kitts and Nevis' there is a general consensus that nursing is a female profession and calling and therefore monetary rewards should not be the most important motivator for nursing work" (p. 2021). The expectation in St. Kitts and Nevis that women are to unselfishly care for the elderly, ill family members, and children might influence many nurses' acceptance of low pay and poor working conditions. However, many nursing leaders have set a historical precedent and become role models by empowering themselves by traveling overseas to learn managerial skills, which they used to assume leadership positions in nursing and midwifery when they returned home. Education, health promotion, and disease prevention have been

described by some scholars as an emancipating social movement and a form of empowerment (Whitehead, 2004). These nurses and midwives have been excellent role models of empowerment as they have sought to pursue post graduate education, advanced practice nursing roles, and assumed leadership roles in the Ministry of Health and the Ministry of Education in St. Kitts and Nevis. They have also empowered many of their patients and improved the quality of their lives through health education and promotion, disease prevention, and family planning.

Positive Historical Contributions

In addition to the Afro-Caribbean ethos of communalism, the historical influence of the British system of nursing and midwifery was a major influence on the development of nursing education and practice in St. Kitts and Nevis and helped lay the groundwork for their public health system. Ninth century utilitarianism in England provided the philosophical foundation for public health nursing practice (Archibald, 2011).

Public health and health promotion can trace their origins to Florence Nightingale and the British system that was so influential in the development of nursing in St. Kitts and Nevis during the mid-19th century. Nightingale's curriculum for the first training school to educate district nurses in 1862 was focused on social and economic issues that affected health. One full year was devoted to district nursing and promoting the health of communities. Nightingale (1992) wrote that "money would be better spent in maintaining health in infancy and childhood than in building hospitals to cure disease" (p. 4).

There has been much discussion in the literature of the horrible damage caused to societies and cultures from colonial exploitation and oppression. However, the data from this study also demonstrated that some positive things evolved from St. Kitts and Nevis' difficult past. The strong centralized British colonial government issued recommendations in the report

from the Moyne Commission that led to the establishment of St. Kitts and Nevis' centralized preventative, focused, community-based, free healthcare system. Several nurses spoke about how the British system of nursing contributed to the establishment of discipline and high standards in St. Kitts and Nevis' nursing education and practice. As scholars, these findings illustrated the importance of examining all of the evidence when conducting research.

Respect for Cultural Diversity

Another important implication of this theme was the vital importance a population places on their cultural values and traditions and how they need to be respected and incorporated into nursing education and care. According to Archibald (2011), the International Human Rights Committee proposed that respect for human rights included access to culturally appropriate health care. To achieve the ICN's goal of improved communication and mutual understanding between nurses throughout the world, nurses and midwives must understand that nursing education and practice are culturally and historically defined. This is reflected in the ethics of public health nursing practice that supports the right of people to participate in and preserve a nation's unique cultural life and traditions. The UN also issued a Declaration on the Rights of Indigenous Peoples that emphasized the need for nurses to:

> Incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community... to provide an environment in which the human rights, values, customs, and spiritual beliefs of the individual, family, and community are respected. A logical extension of this mandate could be the need for nursing research to be developed and implemented in collaboration with diverse communities and populations such that advancements in nursing knowledge are appropriately applicable to the enhancement of their health status. (Easley & Allen, 2007, p. 27)

Many nurses and midwives commented on how their unique Afro-Caribbean heritage influenced the care they provided. The participants described how some of their patients would use “Bush” medicine to treat illness and wait until it was too late to seek medical care. According to (Archibald, 2011), many Afro-Caribbeans have superstitious health beliefs such as illness being caused by sin or supernatural powers so they sometimes sought health care as a last resort after their traditional remedies had failed to work. Treatments with herbal and folk medicines and traditional foods are integral to the care of people with chronic illnesses such as diabetes. Noncompliance with health care and the use of herbal remedies is common among Afro-Caribbeans. Churches and religious beliefs such as dreams and prayers are also a vital component of their treatment. Patients who feel these cultural beliefs are disrespected are less likely to comply with health care or listen to health teaching and adhere to routine exams and health advice. “Religious and spiritual beliefs are interwoven with health beliefs, and life and health are controlled by divine will and fate... and sickness is a test of one's allegiance to God for many Afro-Caribbeans” (Archibald, 2011, p. 114).

This research demonstrated that improvements in health outcomes such as decreases in maternal and neonatal mortality and a reduction in communicable were most effective when they were led by local leaders who understood the local culture at the grassroots level. The dramatic improvements in public health and nursing education and practice began during the 1950s when native Kittians assumed control of their own healthcare system and the profession of nursing. It was their vision and the initiative of local nursing leaders who recognized what the local health care priorities were and what would make the eradication of TB, public acceptance of vaccinations, family planning, and hospital deliveries accepted by the local population. The literature supported the finding that no matter how well designed a healthcare model or

intervention was, unless it fit the culture and needs of the local population it was unlikely to be effective (Maier-Lorentz, 2008).

Need for Cultural Education

A surprising finding of this study was how many native Kittians did not feel their culture or history influenced the way they provided care. Interestingly, it was easier for nurses and midwives from other Caribbean islands and nations to identify how the predominant culture in St. Kitts and Nevis affected their practice. This illustrated the pervasive cultural bias all people have. Several participants spoke about the need for education for their nurses about how to provide culturally sensitive care. One midwife expressed how she demonstrated cultural humility by teaching patients how to safely incorporate the local natural remedies into their care so they could use both Bush and modern medicine. Another participant stated the nurses needed to find a way to help patients from India, South America, and Asia feel comfortable seeking health care and coming to the hospital. Cultural awareness is an essential component of nursing and midwifery care in today's increasingly diverse world. A lack of understanding of a patient's culture provides a significant barrier to their ability to provide individualized holistic care to their patients. Culturally sensitive care has been associated with increased patient satisfaction and positive health outcomes. Nurses must first become aware of and gain an appreciation for cultural differences to understand how they affect patient care (Maier-Lorentz, 2008). This research also illustrated the vital importance of transformative educational experiences that expose students and nurses to diverse cultures so they can examine their bias. In addition, this theme highlights the need for grassroots participation on the actual and perceived efficacy of traditional folk remedies such as Bush medicine in St. Kitts and Nevis (Archibald, 2011).

Overlooked Needs of Vulnerable Populations

This theme also identified that the needs of two vulnerable populations, men and nurses who experience trauma in St. Kitts and Nevis, might be overlooked. St. Kitts and Nevis is a close-knit patriarchal society where privacy and self-sufficiency is highly valued. As part of their historical legacy of colonialism, people in St. Kitt and Nevis might also value what is commonly referred to in British culture as a "stiff upper lip" mentality. According to Archibald (2011), men in St. Kitts and Nevis highly value being strong and independent, and they do not like to seek help. Nurses have an obligation to provide education and a healthcare environment where men, and patients and nurses who may have concerns about privacy, feel comfortable seeking care. Since the Ministry of Health has recruited foreign nurses to help alleviate the nursing shortage in St. Kitts and Nevis, a few men are now working as nurses in the Federation. In addition, the Retired Energetic Nurses Association conducted a public awareness campaign on the radio about the need for men in nursing (Hanley et al., 2020). Several nurses spoke about the traumatic events they experienced caring for patients and the lack of support they received to cope. According to Shahrour and Dardas (2020), nurses are considered a vulnerable group because many of them experience psychological distress and they are at high risk for developing an acute stress disorder. This, compounded with their reluctance to seeking help due to their concerns about privacy and their perceptions that they need to be strong just like men, highlights the need for nurses and researcher to be aware of the needs of some populations that are not traditionally associated with vulnerability.

Application to Theory

The findings from the themes related to The Impact of History and Culture on Current Nursing and Midwifery Educational and Practice Experiences were consistent with the

theoretical models used to guide this study. The model to guide nursing and midwifery in the community (Leahy-Warren et al., 2017) discussed how important it was for nurses to gain understanding of diverse cultures to provide effective, respectful care and incorporate indigenous health care practices such as the Bush medicine in St. Kitts and Nevis to be effective.

The model for upscaling global nursing and midwifery partnerships (Spies et al., 2017) stressed the vital importance of engaging in cultural sensitivity and humility to build effective collaborative relationships. Cultural humility is essential to cultivating cooperative efforts necessary to improve health outcomes and advance the profession of nursing and midwifery globally.

Universal Ethics and Experiences of Nurses and Midwives

An in-depth analysis of the Universal Ethics and Experiences of Nurses and Midwives theme identified several implications and recommendations for nursing education, practice, leadership, and research. The historical documents on nursing in St. Kitts and Nevis and every participant in the study expressed values and shared moments in their practice that were universally recognized and experienced by nurses and midwives all over the world. According to Jormsri et al. (2005), the ethics and values of nursing are based on timeless values and a theoretical foundation of holistic unity between mind, body, and spirit, human caring. and the development of knowledge to empower the individuals and communities to achieve their highest level of health. These foundational values transcend history, culture, or geography.

Ethics of Nursing and Midwifery Practice

Despite the many challenges the nurses and midwives faced in their educational, clinical, and leadership roles, the majority of the participants verbalized their deep love for and

commitment to nursing and caring for members of their community. They expressed that even though what they did was difficult and so much was expected from them with little reward or recognition, they were glad they were a nurse or midwife. The values and ethics these nurses expressed was congruent with findings in the literature. Jormsri et al. (2005) identified eight universal attributes of ethical nursing practice: kindness, compassion, sympathetic joy, equanimity, responsibility, discipline, honesty, and respect for human values, dignity and rights. All of the participants shared inspiring stories of how they integrated these attributes in their nursing or midwifery practice.

Vital Need to Maintain Clarity About Disciplinary Values and Ethics

A significant implication of this theme identified in the literature was the vital need for nursing and midwifery to maintain clarity about these foundational disciplinary values and ethics. According to Watson (2018), nursing and midwifery scholars have a responsibility to preserve nursing as a distinct caring-healing-health discipline guided by a theoretical foundation unique to nursing. Nursing leaders' efforts to advance the profession globally cannot be achieved without clarity about nursing's ethics, mission, and values. Healthcare organizations employ many people but only a small number of them engage in direct patient care. These organizations are governed by global finance more than by individual needs or ethical values. In today's economic climate, there is intense pressure on healthcare organizations to demonstrate that they are profitable (Oh & Gastmans, 2015). One participant expressed that since the prestige and pay of nurses and midwives was increasing in St. Kitts and Nevis, there was a concern that some people might enter nursing for the wrong reasons, which would not sustain them long term or support the unique contribution the discipline makes to health care and society. As many of the

participants shared, the challenges and depth of character required to provide effective nursing and midwifery care require more than the motivation of pay or external recognition. These findings highlighted the vital importance of instilling in new nurses and midwives the discipline's professional values and ethics.

Another implication of these findings was that nurses and midwives are frequently confronted with ethical dilemmas in their practice that results in them experiencing moral distress. Moral distress could lead to caregiver burnout and decreased quality of care. Research is needed to identify the ethical conflicts nurses and midwives face in their practice in St. Kitts and Nevis and effective interventions to help them cope with them (Oh & Gastmans, 2015).

Social Justice

An implication of the importance of nursing and midwives' universal ethics and values is the professional responsibility to support social justice or the fair and equitable distribution of social benefits and burdens through community cooperation. The ICN code for nurses stated, "The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations" (Easley & Allen, 2007, p. 127). A surprising finding from this study was that in a centralized, government run, healthcare system with limited resources, several nurses who were not in appointed leadership positions stated they felt the government was distributing the resources as fairly as possible. They felt there was no discrepancy in the way citizens with limited means were treated compared to the wealthy other than the ability to pay for and be transported off the islands for more advanced care. The majority of participants in the study felt the citizens of St. Kitts and Nevis were treated the same regardless of their ability to pay.

The right to health care is not universally accepted in all nations and cultures, especially by many people living in individualist cultures such as the United States. Interestingly, some nurses noted that with increased travel and the widespread use of social media in St. Kitts and Nevis, exposure to the ethos of individualist cultures such as the United States led to some resistance to public health measures during the COVID-19 pandemic such as vaccinations and quarantine. In addition, as more residents of St. Kitts and Nevis are exposed to other healthcare systems, they are increasingly demanding higher tech, expensive, and specialized healthcare services. The success of St. Kitts and Nevis' community-based, universal healthcare system is an important reminder of the importance of ensuring everyone, regardless of ability to pay, has access to high quality health care. These findings also challenge nursing scholars to examine how social justice could be achieved in countries with privatized healthcare systems (Allan et al., 2008).

Need for Holistic Knowledge Development

Another implication of the findings was the vital need for all forms of holistic knowledge development to sustain and further develop the theoretical and ethical foundation of the nursing discipline. Research on the profession's ethics, values, and its caring-healing-health theoretical framework cannot be achieved by the exclusive use of positive theoretical frameworks and methodologies (Watson, 2018). Only by gaining an awareness and appreciation of the ethics and values of others can we meet their needs, improve health outcomes, and advance the profession.

Application to Theory

The findings from the Universal Ethics and Experiences of Nurses and Midwives theme were consistent with the theoretical models used to guide this study. The model to guide nursing and midwifery in the community (Leahy-Warren et al., 2017) focused on empowering the

individual through intentional listening, a sense of stewardship, and an awareness of and commitment to the growth and wellbeing of others. In addition, according to the model for upscaling global nursing and midwifery partnerships (Spies et al., 2017), the focus of nursing leaders should be on the goal of improving health outcomes and achieving health equity. This model also proposed that positive change is dependent upon nursing leaders' commitment to an organization's mission, ethics, and values.

The Impact of Community-Based Health Promotion and Prevention

Several implications and recommendations for nursing education, practice, leadership, and research emerged from an in-depth analysis of the Impact of Community-Based Health Promotion and Prevention by Nurses and Midwives theme.

Legacy of Improvements in Public Health

The nurses and midwives in St. Kitts and Nevis have created an admirable legacy of establishing a highly effective system of coordinated antepartum, intrapartum, and post-partum care in the hospital and community settings. Their efforts have led to a dramatic decrease in maternal and neonatal mortality and infectious disease (Martin et al., 2011). According to the literature, the work of nurses and midwives is key to reducing health inequities and addressing the social determinants of health and reducing health inequities, especially among diverse and vulnerable populations (Hemingway & Bosanquet, 2018). As nursing scholars search for solutions to long standing global health problems, the dramatic improvements in maternal and neonatal mortality and communicable diseases in St. Kitts and Nevis illustrate the impact community-based health promotion interventions by nurses and midwives can have.

Need to Focus on Chronic Health Care Prevention and Maintenance

Another implication of this theme was that although St. Kitts and Nevis have demonstrated significant improvements in maternal and neonatal mortality using their current preventative focused, community-based public health system, there is a high incidence of people in the community with chronic health issues. Many nurses stated they strove to provide care for individuals, families, and communities across their lifespan and continuum of health and illness. However, the treatment of chronic health conditions such as heart and kidney disease or diabetes continues to be a challenge. Chronic illnesses in the community increase healthcare costs and morbidity (Redeker, 2021). The incidence of cardiovascular diseases and strokes, which is a major cause of morbidity and mortality worldwide, has accelerated in the Caribbean (Hayman et al., 2015).

Need to Invest in Infrastructure

According to Berra et al. (2006), there are serious concerns in the Caribbean about the level of preparation as well as the structure and availability of support systems for nurses and midwives to provide the level of care required by the aging population and increased incidence of non-communicable diseases (Catrambone, 2015; Ocho et al., 2020). According to many participants in the study, the Ministry of Health needs to give a higher priority to investing in community health infrastructure to help prevent and manage chronic diseases. For example, the nurses and midwives on Nevis stated the smaller island needs to be equipped with more essential services such as dialysis, CT, mammograms, and MRIs so patients who are too unstable to travel to St. Kitts could get the care they needed. Some additional recommendations the participants proposed included creating a separate inpatient psychiatric facility on Nevis and more outpatient

mental health facilities on both islands. They would also like to see more specialized care someday such as interventional radiology so patients would not need to travel overseas to get procedures like cardiac catheterizations.

Several nurses stated there are many things the Ministry of Health could do to improve the functioning and size of the community health centers and make them more user friendly such as comfortable chairs, private examination rooms that are not the nurses' office, and space to store medical records and supplies. They stated the hours of operation need to expand to accommodate working adults. In addition, several community health nurses stated that because so many adults have to work outside the home due to the high cost of living in St. Kitts and Nevis, they need support to care for the elderly, such as lifts for bedridden patients, and more rehabilitation and long-term care facilities. They would also like more investment in educational and recreational programs to promote exercise and proper nutrition to decreased morbidity and reduce long-term health care costs. These findings were congruent with recommendations in the literature to promote health and encourage patients to take responsibility for managing their chronic health conditions (Redeker, 2021).

Investment in Technology

The participants in the study also recommended that the Ministry of Health needed to invest in technology to make health care more interesting and user friendly for the younger population. For example, if patients had access to internet service at the health centers, they could design engaging health education modules and if machines were available for people to monitor their blood pressure, they would not have to wait to have it checked. Several participants stated it would be good to move away from paper documentation and computerize medical records. Currently, they cannot look up records of previous visits. If a database was created so

they could access both inpatient and outpatient medical records on both St. Kitts and Nevis, it would increase the continuity of care, increase compliance, and provide a framework to track the effectiveness and quality of health care. If videoconferencing was available, nurses and midwives could consult with providers via telehealth, this would increase the ability of nurses and midwives to consult with needed specialists and increase the quality of care without the expense of recruiting them to live on the islands. The positive benefits of increasing the use of technology to improve health care in remote locations supported similar recommendations in the literature (Alhalaseh et al., 2021). Investing in technology and infrastructure is extremely challenging in communities with limited resources. However, the healthcare leaders in St. Kitts and Nevis have a longstanding record of effective collaboration with international agencies to obtain needed resources and supplies. One nurse said she was not in favor of privatizing the healthcare system but if there was a small cost for services, it might offset some of the expenses so they could avoid budget cuts.

Care Management

In addition to recommendations by the participants that the Ministry of Health needs to invest in upgrading their healthcare infrastructure and technology, the findings highlighted the important role nursing case managers could have in decreasing the incidence of chronic disease. A lack of knowledge, motivation, access, and poor self-efficacy were all cited in the literature as reasons patients with chronic health conditions such as cardiovascular disease were non-adherent to their plan of care (Berra et al., 2006). The nurses and midwives stated they worked very hard to address the health needs of individuals, families, and communities with chronic conditions. They were very aware of how the social determinants of health influenced the care they provided (Redeker, 2021). But many of them stated it was very hard to provide holistic care,

such as having the time to properly teach about health promotion, disease prevention and management, and do follow up with patients when they were so short staffed. They also verbalized how frustrated they were with the lack of adherence with healthcare recommendations by many of their patients. Research supported the vital role of nurse case managers in improving health outcomes among patients with chronic diseases (Sutherland & Hayter, 2009). Expanding the role of nurses to act as case managers, independent of their many other nursing care and administrative responsibilities, could focus on coordinating a multidisciplinary team to manage the health of people with complex chronic health problems and help patients adhere to risk reduction strategies such as counseling, smoking cessation, blood sugar and blood pressure monitoring, medications, and diet and exercise plans. Research demonstrated the cost effectiveness and improved chronic disease outcomes associated with these interventions in low resource global communities (Berra et al., 2006; Hayman et al., 2015).

Research analyzing the cost of increasing utilization of case managers to prevent and treat chronic disease in relation to the benefits would help officials in the Ministry of Health make informed choices about where best to allocate their limited resources. In addition, a study on the most effective and culturally appropriate strategies to increase compliance with chronic disease treatment in St. Kitts and Nevis is needed.

Application to Theory

The significant improvements in maternal and neonatal mortality and infection disease rates in St. Kitts and Nevis demonstrated the effectiveness of community-based health promotion and prevention by nurses and midwives described in the model to guide nursing and midwifery in the community (Leahy-Warren et al., 2017). In addition, the findings from this study illustrated the need for collaboration between primary and secondary healthcare services to

promote health throughout an individual's lifespan. The increased utilization of nursing case managers in acute and community care settings could help facilitate this.

The Impact of Lack of Support for Nursing and Midwife Practice

An in-depth analysis of the Impact of Lack of Support for Nursing and Midwife Practice theme identified several implications and recommendations for nursing education, practice, leadership, and research. According to Nelson and Gordon (2004), the historical and political devaluation of nursing as a female profession has had a profound effect on the professionalization of nursing and midwifery, especially in a traditionally patriarchal society like St. Kitts and Nevis. Several articles in the literature described how short-staffed nursing midwifery was throughout the Caribbean region. There continues to be a decline in the number of registered nurses in the Caribbean from 63.4 nurses per 10,000 in 1997 to 4.2 in 2015 (World Bank, 2023). This was attributed to dissatisfaction with working conditions among nurses, decreased interest in and enrollment in the nursing programs, migration of nurses to developed countries, and an aging population. Unfavorable work environments, inadequate staffing, the threat of physical or verbal violence, stress, burn out, low pay, little involvement in decision making, public demand for services, opportunities for migration, aging nursing workforce, shrinking student enrollment, excessive workloads, inadequate support systems are all cited as reasons in the literature for job dissatisfaction among nurses (Allan et al., 2008). Almost every nurse and midwife verbalized they did not feel supported in their practice. They spoke frequently about being short-staffed, excessive workloads, not having the resources to do their job, and not having a voice in decision making about their everyday practice.

Negative Effect on Patient Outcomes

Research indicated that when nurses and midwives, who represent the largest percentage of skilled healthcare providers, do not feel valued, it negatively affects patient outcomes, health care costs, and has a profound ripple effect on the well-being of society (Allan et al., 2008). Studies in the literature also demonstrated that stress and nursing shortages led to errors, cross infection, and higher morbidity and mortality rates (Haddad et al., 2022). Most of the nurses and midwives in St. Kitt and Nevis verbalized they entered nursing because they wanted to help care for people. However, this desire was often frustrated by workplace realities when they could not give the kind of care they wanted to give (Watson, 2018). According to Čartolovni et al. (2021), burnout often results from chronic workplace stress and is characterized by feelings of exhaustion, disconnection, cynicism, and reduced productivity.

Media Campaign

Several nurses verbalized how disheartening they felt with the disrespectful way the public sometimes treated nurses. They suggested that if nursing leaders created a public awareness media campaign about what nurses do and how challenging and rewarding a calling and noble professional role it is, it might help the public be more understanding and increase their confidence in the care they receive.

Negative Stereotypes

Several nurses stated the public was interested in what nurses and midwives did but many people in St. Kitts and Nevis thought nurses only engaged in unpleasant tasks to provide physical care for ill people. They did not realize the level of knowledge, critical thinking, and expertise a nursing professional must possess (Allan et al., 2008). This lack of understanding affects the recruitment, morale, and the retention of nurses. Research demonstrated that nurses are highly

respected by the public for their ethics, honesty, and compassion. While this provides an excellent foundation, it cannot be the only basis of public perceptions of and appreciation for nursing. However, according to Nelson and Gordon (2004), a negative consequence of public health campaigns to increase the public's understanding of nurses' skill and knowledge could be the unintended reinforcement of the historical stereotype of the menial work nurses did in the past. Historically, nurses practiced using the most up-to-date science, technology, and cumulative wisdom of the era in which they lived. Nursing leaders need to help the public understand that nursing, just like other professions, has progressed as it has adapted to the scientific developments and social needs of the era in which nurses lived (Nelson & Gordon, 2004). This corroborated what one nurse said who shared an experience she had when she received health care in Miami. She noticed that not only did the nurses there rely too much on technology, their assessment skills were not as thorough as what she had observed among the nurses in St. Kitts.

Student Recruitment and Support

Another recommendation from the nurses and midwives related to the Lack of Support for Nursing and Midwife Practice theme was the need for leaders to get students interested in nursing. Several nurses and midwives stated there was a perception among the public, and supported in the literature, that the amount of schooling, work, and responsibility required by nurses was not worth it for the low pay they received (Cowin, 2002). Therefore, there was a shortage of students applying for the nursing program. They recommended going to high schools to recruit students, speaking to them about the rewards and opportunities to make an impact as a nurse, and what the requirements were to enter the nursing program so they could prepare. They are seeing more foreign students coming into the program. The CFB College has begun an online

student recruitment drive, which has increased the number of African student applicants in the program. Several of the participants also noted that the time and expense required to complete both the BSN program and Midwifery Certificate was overwhelming for some students. They recommended that the Ministry of Health provide more support for students who enter nursing the nursing program. The government does provide a stipend for tuition in exchange for a commitment to work a number of years after graduation. However, the participants felt this needed to be increased. Many students drop out of the program because they struggle to pay their expenses and find affordable housing.

Role Clarity

Many nurses and midwives expressed frustration that they were expected to be all things to all people. According to Allan et al. (2008), this stemmed from stereotypes in traditional patriarchal societies that women should be self-sacrificing. Several nurses verbalized they felt they were not given the same social status or recognition as other more socially prestigious health professions. This was perpetuated by the authoritarian organizational structure in health care in St. Kitts and Nevis. Several articles in the literature discussed the stress caused by unrealistic expectations, workloads, and tasks relegated to nursing that had nothing to do with their professional role (Khademi et al., 2015). A number of participants said there was need for more role clarity and written protocols and policies regarding the specific responsibilities of nurses. For example, one nurse stated she would like clear written policies that outline what their specific duties are in relation to infection control so physicians understand they have to dispose of their own sharps when they do a procedure so nurses do not have to clean up after them and risk getting a needle stick injury.

Cost-Effective Strategies to Help Nurses Feel Valued

Some nurses expressed that though the pay was adequate, it was not appropriate considering the level of education required, how difficult their jobs were, and the level of responsibility it required. Several participants mentioned the Ministry of Health was starting to offer some extra money when nurses picked up extra shifts but there was no overtime pay and they felt there was no recognition of the value of experience. To attract more nurses, the pay was increased so some of the new nurses earned almost as much as the nurses with extensive experience. Although the Ministry of Health might not have the financial resources to significantly raise pay for nurses, raising the pay for experienced nurses, and providing more incentives bonuses for nurses to pick up extra shifts and working overtime might in the long run be more financially viable than having to rely on sponsoring foreign nurses due to the nursing shortage.

Increasing the pay of nurses in a country with limited resources is extremely challenging. However, several of the participants identified cost effective strategies that could make the nurses and midwives feel more valued. These findings aligned with a study by Hull (2021) on job satisfaction among nurses in the St. Kitts and Nevis. This study found that in addition to low pay, nurses and midwives in St. Kitts and Nevis were dissatisfied with the lack of promotional opportunities, benefits, working conditions, the dictatorial authoritarian communication style of their managers, lack of accessible childcare, and inflexible hours. Several participants spoke about how important their ability to care for their own families and balance their personal lives was critical to their ability to deal with the stress and sacrifice required to be a nurse or midwife. They suggested that letting them participate in decision making about what shift and unit they worked on, providing high quality daycare with flexible hours adjacent to the hospital, nutritious

food, and a private break area where they could decompress would help the nurses and midwives feel more valued. They also recommended that all nurses in leadership positions need to take a course in effective communication skills and conflict resolution. These recommendations were supported by research in the literature that highlighted the importance of work life balance in the retention of nurses (Aamir et al., 2016). Research is needed on the most effective way to staff and schedule units, the development of a clinical ladder, what specific low-cost interventions such as daycare could be feasibly implemented, and the implementation and outcome of a leadership course for nurses in positions of authority.

Advocacy

A significant finding from this theme was that many nurses and midwives in this study did not only feel disrespected by the public but they did not feel supported by nursing leaders as well. Several participants stated that they needed to have confidence that they would be respected and protected by the nursing leadership whenever disagreements arose. They felt it was important for nursing leaders to actively listen to their concerns when patients or families complained and advocated for their needs. Several nurses also acknowledged that many burned out nurses needed to reform their attitudes and treat patients with better customer service. A few nurses also suggested that the Nurses Association needed to hold meetings somewhere besides the hospital so community health nurses could be more involved. These findings supported the findings by Allan et al. (2008) who found a discrepancy between the way governments and policy makers said they valued the profession of nursing and how nurses perceived they were valued. This is especially challenging in a nation where the government determines healthcare policies and pay for the nurses and midwives. Because the nurses and midwives are employed by

the government, they have limited options to go anywhere else besides migrating to other countries if they are dissatisfied with their working conditions.

In addition, some of the nurses expressed frustration that they had few opportunities for advancement and lacked professional autonomy. Nursing leaders throughout the Caribbean have expressed that the working conditions of nurses in the region need to be improved. According to Catrambone (2015), nursing leaders in the region have recommended the establishment of a clinical promotional ladder including a broader nursing scope of practice that is tied to increasing level of education, practice, and pay. Allan et al. (2008) stated the profession of nursing and midwifery needs to understand the value of their profession and to make the pursuit of excellence their driving force for the profession to receive greater recognition. The choice to work in the specialty area and pursue advanced training and professional advancement in an area of nursing that is personally interesting, even though it might not be in midwifery, public health, or administration would be very meaningful and motivate nurses to enter, remain in, and make long term sacrifices for the profession. Some specific areas the nurse educators recommended would help them feel they had more a voice in decision making included the need for funding to pay for books, the opportunity to provide input on curriculum, and the technology to participate in training via Zoom. One educator expressed a desire for the BSN program to be under local control rather than as a franchise of the UWI so they could have more flexibility in course offerings, entry requirements, progression, exams, or assignments. This theme highlighted the important responsibility nursing leaders have to advocate for their professional needs. According to Tomajan (2012), “Every nurse has the opportunity to make a positive impact on the profession through day-to-day advocacy for nurses and the nursing profession” (p. 1).

Ethics of Overseas Nurse Recruitment

An important implication of this theme is the need for healthcare leaders concerned with safeguarding the right of all people to access healthcare to examine the ethics of actively recruiting nurses from low resource countries to alleviate the nursing shortage in developed countries rather than working to develop long-term solutions to the problem (Easley & Allen, 2007). Recruiting foreign nurses has become one of the United Kingdom's key strategies to combat their severe nursing shortage. In 2003, more than half of the nurses newly registered with the Nursing and Midwifery Council had trained outside of England (Allan et al., 2008). According to Easley and Allen (2007), the migration of nurses from the Caribbean was the result of the inability of low resource countries to adequately pay nurses; aggressive recruitment of Caribbean nurses by the United States, England, and Canada; and the desire for nurses in St. Kitts and Nevis to take advantage of better pay, working conditions, and advancement opportunities overseas (Ocho et al., 2020). The nursing shortage in St. Kitts and Nevis has become so acute in recent years, the government has had to rely on foreign nurses from the Philippines and other Caribbean countries to fill their vacancies. Migration has resulted in the loss of many experienced and highly skilled nurses in St. Kitts and Nevis. Leaders need to develop long-term strategies to this problem such as providing greater incentives for nurses and midwives to stay or return to St. Kitts and Nevis. A cost analysis of the benefits of increasing pay needed to offset the negative effects of chronic nursing shortages and migration could help the Ministry of Health make informed decisions about the most effective way to allocate public funds.

Application to Theory

The nurses and midwives in St. Kitts and Nevis have implemented innovative ways to extend their practice by developing the nurse assistant certificate program at CFB College and the nursing attendant course at JNF Hospital as recommended in Leahy-Warren et al.'s (2017) model to guide nursing and midwifery in the community. However, much more work needs to be done to address the long-standing nursing and midwifery job dissatisfaction that has led to severe student and staffing shortages. Nursing leaders need to continue advocating for the needs and improved working condition for their nurses and midwives. The model for upscaling global nursing and midwifery partnerships (Spies et al., 2017) recommended that nursing leaders engage in continued collaboration and policy development to find innovative solutions to the challenging issues embedded in this theme (Catrambone, 2015).

The Need for Specialized Training and Advanced Practice Nurses

Several significant implications and recommendations for nursing education, practice, leadership and research emerged from an in-depth analysis of the Need for Specialized Training and Advanced Practice Nurses theme.

Need for Specialized Training

The nurses and midwives in St. Kitts and Nevis have a longstanding history of pursuing advanced education in nursing administration, education, nutrition, public health, and infection control overseas in places like Britain, Jamaica, and Barbados. St. Kitts and Nevis' high educational standard for nurses that required them to earn a BSN and post-graduate certificate in midwifery has been instrumental in the Federation's significant reduction in infectious diseases and maternal and neonatal mortality. However, as discussed previously, a shift is now needed to focus healthcare efforts and resources to the prevention and management of chronic non-

communicable disease. An important implication of this need was the recommendation of many of the participants to increase specialized training in areas besides maternal/child health. All nurses are trained as generalists who are required to work in any area of the hospital where they are needed. However, there has been a significant increase in the specialized healthcare knowledge needed to treat complex chronic conditions such as heart and kidney disease and diabetes. In addition, all nurses in St. Kitts and Nevis are expected to train as midwives because until the 1970s births occurred at home. Now the vast majority of deliveries occur in the hospital. The UN and WHO called upon global leaders to develop the infrastructure, policies, and regulation needed for nurses to expand their knowledge to meet the healthcare needs of local populations (Cassiani et al., 2017).

Research demonstrated a positive correlation between nursing specialty knowledge and certification and improved healthcare outcomes (Kitto et al., 2017). Increased specialized education and certification is needed to keep pace with advances in treatment, care delivery models, and the increased complexity of nursing care for specialized populations such as the elderly and people with chronic diseases (Bryant-Lukosius et al., 2017). Nursing must advance from generalist to specialist and to deliver quality patient care in environments beyond the acute care setting. To meet this need, nurses need to increase their knowledge and skills through specialty training. Fuzy (1996) stated:

> Nurses must increase their knowledge base and improve their skills. Specialty training offers both. In a particular area of home health care delivery, allowing the nurse to provide care in a more efficient and cost- effective manner allows the nurse to become proficient in a specific area of home health nursing, such as care of the diabetic patient. (p. 62)

Several of the nurses mentioned that because they were required to rotate and work in all areas of hospital, they did not feel they became knowledgeable about any specific area of care. They also said that sometimes they had to rely on the expertise and skill of foreign nurses in some specialized areas such as intensive care. Increased knowledge could improve health outcomes. For example, prematurity is the leading cause of death in children under five years. Approximately 79% of NICU admissions are late preterm infants greater than 34 weeks gestation weighing more than 2500 grams. Eight percent of newborns experience difficulties of perinatal transition that might last only hours but require expert evaluation and observation not available in the well-baby area of a hospital to prevent complications. Increasing the knowledge of nurses and their ability to assess and implement low-cost specialized interventions such as nasal cpap, gavage feedings, and antibiotics could have a significant impact on reducing neonatal mortality and morbidity (Basnet et al., 2022; Schulman et al., 2018). Multiple nurses and midwives expressed the need and desire to gain additional training or seek specialty certification in other specialties besides maternity such as mental health, dialysis, diabetes education, oncology, hospice, mental health, and advanced cardiac life support.

Need for Advance Practice Nurses

A significant implication from the findings was the need for not only more nurses with specialized knowledge but for APRNs in specialties besides midwifery to address the severe shortage of primary healthcare providers in St. Kitts and Nevis. According to McDowell (1983), "The nurse practitioner…should be seen not as a replacement for or displacement of doctors or any other group(s) of health care providers, but as a complement to the cadre of health professionals possessing high-level clinical skills which are in critically short supply" (p. 340). Throughout the Caribbean, healthcare provider shortages present a significant barrier to

achieving the UN's (2019) sustainable development goals. The PAHO and WHO have called for an increase in the number of APRNs to strength individual countries and global health systems (Cassiani & Rosales, 2016).

Nurses and midwives have engaged in independent advanced practice roles as midwives and public health nurses for over 100 years. The APRN role began out of an overwhelming need to care for underserved populations in the United States and England. The need for anesthesia during the world wars contributed to the development of the certified registered nurse anesthetist role. There is substantial evidence in the literature about the positive impact APRNs had on patient outcomes, the quality of care, and health system efficiency. There were many articles in the literature about the need to expand the role of APRNs in the Caribbean to meet the health care need of local populations.

According to Bryant-Lukosius et al. (2017), progress in the development of APRN roles must be contextually driven at the country and organizational level. St. Kitt and Nevis, which requires a BSN and post graduate midwifery certificate education, is well positioned to increase the role of APRNs in their healthcare system (Bryant-Lukosius et al., 2017). Since there is no longer a need for every nurse to become a midwife, the resources currently used to train every nurse as a midwife could be used to educate nurses in other advanced practice roles such as family practice, anesthesia, or mental health. St. Kitts and Nevis could be an example for other small, geographically isolated, low resource countries of how to implement current evidence-based recommendation to achieve sustainable development goals. The nurses reported there are currently two CRNAs working in St. Kitts and Nevis and they have had nurse practitioners in the past. The ICN defines an advanced practice nursing as:

> A registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which she/he is credentialed to practice. A master's degree is recommended for entry level. (p. 19)

By promoting the APN role as a recognized and desirable career for nurses and establishing a career ladder with clearly defined roles, competencies, and salaries from novice to certified nurses and advanced practice nursing, St. Kitts and Nevis could become global leaders in how to increase access to primary care and manage chronic illness effectively in low resource communities, just like the legacy they have established in maternal child health (Sheer & Wong, 2008).

Barriers to Expanding the Role of Advance Practice Nurses

There are significant barriers to the widespread acceptance of the APN role in the Caribbean such as the cost and limited availability of postgraduate, clinically focused, nursing education programs; a severe shortage of nurses who must focus on meeting basic care needs; a lack of regulation; a shortage of master's or doctoral level nursing educators with APN expertise in the Caribbean; and resistance by other professionals in the healthcare community (Gardner, 1993; McDowell, 1983; Sheer & Wong). In addition, because there is such a longstanding proud tradition of training every nurse as a midwife in St. Kitts and Nevis, it might be hard to change this practice. Nursing educators might fear using limited resources to train advanced practice nurses in areas besides midwifery might put a strain on the current midwifery certificate program at GFB College.

Resources and Innovative Models of Advance Practice Nurses Education

. The PAHO, professional nursing organizations, and the Ministries of Health have taken the first steps toward APN implementation in primary health care in several Caribbean countries. These countries' experiences, as well as collaboration with the United States and Canada, can provide the foundation for the implementation of APNs in St. Kitts and Nevis in the future (Cassiani & Rosales, 2016). Many resources are available to help nursing leaders expand the role of the APN in St. Kitts and Nevis' healthcare system. The ICN launched an International Nurse Practitioner/Advanced Practice Network (INP/APNN) in 2000 to facilitate communication among nurses who share the same interest globally (Sheer & Wong, 2008). Advanced practice and clinical nurse specialist courses are available in the Caribbean. The University of the West Indies (2013) currently offers a Master of Science in Nursing degree in advanced nursing practice as a clinical specialist or nurse practitioner.

With the increasing availability of internet access in the local community, many nurses could complete the majority of their APN education online and arrange clinical experiences with local physicians until enough advanced or specialty practice infrastructure was developed for nurses and midwives to train students locally. Many programs only require limited travel off island for competency assessment, which is much less costly than traveling overseas for an extended period of time for education like nurses in St. Kitts and Nevis have had to do in the past. This online APN model of education has been successfully implemented by many universities in the United States (Gardner, 1993). Eventually, just as they did with general nursing and midwifery, nurse educators in St. Kitts and Nevis could develop a sufficient pool of local expertise so APN students would no longer have to engage in short-term travel for competency assessment and arrange their clinical rotations with local APN mentors rather than

physicians. Many physicians in the United States collaborate and provide consultation and referral for APNs because it expands their practice and revenue (Sheer & Wong, 2008). Research is needed on the interest in and feasibility of widespread introduction of the APN in specialty areas besides midwifery in St Kitts and Nevis. Research is also needed on how best to implement a systematic approach to APN role introduction based on the needs of local patient populations to achieve the greatest gains in health outcomes, healthcare efficiency, and health systems improvements (Bryant-Lukosius et al., 2017).

Risk of Professional Fragmentation

One implication of increasing the specialization of nursing in St. Kitts is specialized skills are often rewarded and given more status in health care. As the education and skill of nurses in St. Kitts and Nevis increases, there is a risk that the current unity within the profession of nursing and midwifery might become fragmented by differences in pay and status between general and specialized or advanced practice nurses. In addition, the increased knowledge and training might make it more difficult to staff certain units or further exacerbate nurse migration as industrialized countries seek nurses with specialized or advanced skills and knowledge to fill their needs (Allan et al., 2008).

An unexpected implication of this study was the need for a clear definition of the scope of practice and standard of education required to become a midwife in some countries including the United States. An interesting finding from this study was the professional unity demonstrated between nurses and midwives in St. Kitts and Nevis. Because all midwives are required to be trained as nurses before they earn their midwifery certificate, midwives are regarded as nurses with advanced training rather than a separate profession. In some countries, such as the United States, there are multiple educational routes to becoming a midwife and the role or level of

competency is not clearly defined. This has led to division within the profession of nursing and confusion among the public (Burst, 2005).

Need For Clinical Preceptors

A final recommendation related to the need for increased specialty nursing education is the importance of preceptors in the clinical environment. The former Dean of CFB School of Nursing wrote a proposal outlining why clinical preceptors were needed at the hospital but it was not implemented due to the cost of paying preceptors. Several midwives and nursing educators stated there was still a need for this type of program to bridge the gap between theoretical and clinical nursing. According to Akram et al. (2018), clinical instructors make a valuable contribution to student learning by acting as role models and creating a positive learning environment.

One participant described how they had to rush pupil midwife students into the clinical area, often before they had been taught the theoretical background for what they needed to know, so they could attend the number of births required in their program. The nursing educators at CFB College said they tried to come over and check on the students in the clinical area but their time was limited due to their workload. Sometimes nurses practiced differently than what the students were taught in their theoretical classes. They felt that if the CFB College could hire clinical experts or the JFB hospital could provide an incentive for clinical experts to work with the students at the clinical sites, such as being able to pick their shifts or get reimbursed for specialty certification fees, it would significantly enhance the students' learning. This gap between theoretical and clinical learning is a widespread concern in nursing education. Several articles in the literature have recommended the use of designated clinical preceptors to address this issue (Saifan et al., 2021). The staff nurses were too short-staffed to focus on teaching

students. Several nurse educators felt this recommendation should be considered again to improve the quality of nursing education. However, barriers to implementing clinical preceptors in the hospital were cost and the requirement by the University of the West Indies that all preceptors be certified in their specialty area. Retired nurses would be ideal candidates, who could share their expertise with students on a part-time basis.

Application to Theory

According to the model for upscaling global nursing and midwifery partnerships (Spies et al., 2017), nurses and midwives are still not able to practice to the full extent of their potential. Raising the knowledge level and skills of nurses is needed to improve global morbidity. This model recommended that nursing leaders need to advocate for developing a comprehensive approach to professional development to help nurses and midwives feel valued and motivated to advance in their career. The model to guide nursing and midwifery in the community (Leahy-Warren et al., 2017) emphasized the need to develop clearly defined levels of competencies for nurses. Level I would be the generalist nurse in the acute and community care setting. They would supervise basic care provided by nurse assistants and nurse attendants. Level II could include certified nurses and care managers with specialized knowledge in a specific specialty area. Level III would consist of advanced practice nurses who provide care in consultation with physicians though telephone or telehealth technology. This team-based approach would ensure the most appropriate care would be provided in a cost-effective manner to meet their preventative and curative health care needs across the individual's lifespan depending on the patients' needs and condition in the most appropriate setting. With this model of care, transfer between levels and across settings would be facilitated. This model also emphasized the need for

strong, effective leadership to plan and coordinate the delivery of comprehensive, collaborative, meaningful, and sustainable healthcare services.

The Impact of Nursing and Midwifery Leadership and Collaboration

An in-depth analysis of the Impact of Nursing and Midwifery Leadership and Collaboration theme that emerged from the data identified several implications and recommendations for nursing education, practice, leadership, and research.

Core Leadership Activities and Attributes

An important implication of this theme was global leaders could learn much from St. Kitts and Nevis' example of transformative nursing and midwifery leadership. Their legacy of what a small isolated island nation with limited resources could achieve when leaders had a clear vision, a commitment to continual improvement in nursing education and practice, and collaboration was remarkable.

The work of nursing and midwifery leaders in St. Kitts and Nevis aligned with the five priority areas the ICN (Oulton, 2006) had proposed to advance the nursing profession and improve global healthcare. The ICN's priority areas included policy development, healthcare funding, workforce planning, regulation, the creation of positive practice environments, retention and recruitment, and nursing leadership. The findings demonstrated that nursing and midwifery leaders have been able to accomplish their goals by engaging in core activities and possessing key attributes described by Oulton (2006). These core activities include the pursuit of knowledge, the exchange of ideas. research, policy development, and service. The core competencies nursing and midwifery leaders in St. Kitts and Nevis have demonstrated include

emotional intelligence, political astuteness, network and collaboration, as well as communication skills.

Vital Need for Continued Collaboration

An implication of this research was how important collaboration with regional and international partners is for nursing and midwifery leaders to accomplish their goals on a geographically isolated nation with limited resources. A recommendation by several leaders was that nurses and midwives continue networking and sharing resources within Caribbean professional organizations, especially in research and publishing. The participants stated they would like more opportunities to present and publish research with their regional partners. Several nursing leaders verbalized that the sharing of expertise and engaging in continuing education was very important to them. They felt very strongly that would help advance nursing education and practice in St. Kitts and Nevis. The ICN, UN, WHO, The Honor Society of Nursing Sigma Theta Tau International, and PAHO have been very instrumental in connecting nursing and midwifery leaders with a shared vision to develop innovative solutions to global problems through conferences, workshops, and summits (Catrambone, 2015).

Need for Mentorship and Leadership Training

Another recommendation identified by the participants was the need for the next generation of nursing leaders to be mentored in the transformational leadership skills demonstrated by current nursing and midwifery leaders in St. Kitts and Nevis so their legacy of continuous improvement in nursing education and practice can be carried forward. The Global Advisory Panel on the Future of Nursing and Midwifery report recommended that the development of critical thinking and leadership skills needs to be emphasized in nursing

education (Catrambone, 2015). According to Oulton (2006), building nursing and midwifery's intellectual and leadership capacity through mentoring, research, and the global exchange of ideas is vital to expanding the scope of nursing practice. Before many of the dynamic nursing and midwifery leaders in St. Kitts and Nevis retire, they need to share their vision and teach them skills the skills needed to influence policy level decisions.

Greater Voice Needed in Policy Development

Another important implication of this research was the vital need for leaders to provide a voice for and advocate for the needs of nurses and midwives in St. Kitts and Nevis. Several nurses stated they wished nurses had a stronger voice at the policy level and the ability to impact decisions made about nursing education and practice. at the national and regional levels. Nursing needs to be recognized by the Ministry of Health as a top priority area for healthcare funding if they are going to continue making progress in the health of the citizens of St. Kitts and Nevis. Nurses also need to be involved in workforce planning and decisions about healthcare infrastructure expenditures (Oulton, 2006).

According to the PAHO (2015), some current initiatives nursing leaders in St. Kitts and Nevis are engaging in to advance the profession of nursing and midwifery include the goals to standardize and accredit all nursing and midwifery curricula at the university level, determine standardized ratios for students and staff in clinical practice, identify training needs for specialist nurses in the Caribbean consistent with changing epidemiological profile, standardize the use of simulation to develop core competencies for entry level nurses, and support evidence-based practice research. They are also collaborating with the Caribbean Examinations Council to standardize tools to assess clinical competencies of nursing students preparing to sit for the RENR regional licensure exam (PAHO, 2015).

Several participants said they needed more written nursing protocols and policies for nursing and health care to continue growing and improving so they have a standardized process for doing procedures they can all refer to. Several leaders stated that nurses are so busy multitasking in addition to providing patient care, they need a separate unit for policy development. They feel this would strengthen the services they are able to provide.

Utilization of More Technology to Advance the Profession

One recommendation that emerged from analysis of this theme was the need to develop technological infrastructure in St. Kitts and Nevis. Many nursing and midwifery leaders in St. Kitts and Nevis stated they would like to upgrade their technology so all of their policies and medical records were accessible online. They felt that creating an electronic data trail would increase the continuity of care. They could also use the data to assess outcomes for quality improvement and research projects. Better technology such as telehealth could also help nurses and midwives have greater access to consult with healthcare providers with specialized knowledge such as mental health. The nurses and midwives also suggested that better technology would help them advance the profession through more accessible, cost-effective education and collaboration.

Application to Theory

The implications and findings of this theme supported the recommendations in the model for upscaling global nursing and midwifery partnerships (Spies et al., 2017). This model emphasized the need for nurses and midwives to develop skills beyond beside and unit level management such as cultural humility, flexibility, relationship building, reflective practice, strategic planning. and a clear understanding of nursing's mission, vision, and values. The nursing and midwifery leaders in St. Kitts and Nevis have used these skills to develop long-term

partnerships with private and government stakeholders, universities, and regional and international professional organizations.

The model for upscaling global nursing and midwifery partnerships (Spies et al., 2017) also emphasized that research was vital to the advancement of nursing and midwifery. Many nursing leaders have engaged in local research projects but often lack the resources to publish or present it at regional conferences. Studies are needed on strategies that could be implemented to overcome barriers to the advancement of the profession of nursing and midwifery in the Caribbean. In addition, longitudinal follow-up assessments of participants' performance and outcomes after completing leadership training is needed (Ortega et al., 2018)

Summary of the Analysis

An in-depth analysis of the themes that emerged from the data revealed significant implications for nursing education, practice, and leadership and recommendations for future research. The themes related to the impact of history and culture on past and current Nursing and Midwifery Education and Practice experiences were congruent with current literature that discussed the fundamental right of all people to access high quality health care. The theme also highlighted the role nursing education played in the empowerment of women and vulnerable populations. The positive contributions the British system of nursing has made to the professional advancement of leaders in the Caribbean were also identified. This theme also identified the need, supported by many articles in the literature for greater cultural awareness and the inclusion of men in nursing education and practice, and the vital importance of community participatory nursing research among diverse populations.

Analysis of the Universal Ethics and Experiences of Nurses and Midwives theme highlighted the vital importance of sustaining and continuing to clarify the values and ethics of

nursing. There were many articles in the literature about nursing's need for disciplinary clarity regarding the unique contribution nursing makes to health care. This theme also supported current literature that discussed the need to embrace all forms of rigorous knowledge development to address longstanding health disparities among vulnerable populations.

The Impact of Community Based Health Promotion and Prevention by Nurses and Midwives theme highlighted the need for health care to be guided by the principles of social justice. This theme also illustrated the profound impact, discussed in the literature, of the work nurses and APRNs could have in low resource communities. This theme also supported need for research on cost-effective interventions to decrease the incidence of chronic diseases such as community-based care management by nurses.

The Impact of Lack of Support for Nursing and Midwife Practice theme highlighted the domino effect of poor working conditions among nurses and midwives, poor health outcomes, staffing shortages, low nursing school enrollment, and migration discussed in the literature. Despite the difficulty of increasing pay for nurses in low resource communities, this theme also identified several cost effective interventions that could help nurses feel more supported and valued. This theme also demonstrated the need for leaders to empower bedside nurses and advocate for their needs.

The Specialized Training and Advanced Practice Nurses theme identified the need for specialized education and the role of APRNs to help address the global increase in non-communicable diseases that was very prominent in current literature. The theme also identified the important role of clinical preceptors in nursing education to address the theory/practice gap discussed in the literature. This theme also drew attention to the risk of fragmenting the profession as nurses continue to specialize and advance in their knowledge and scope of practice.

A significant implication of this theme was the potential increased access to online and distance education could have to increase the number of certified and APRNs globally.

Finally, the Impact of Nursing and Midwifery Leadership and Collaboration theme was the first scholarly attempt to document the legacy of just a few of the many past and current nursing and midwifery leaders who have worked tirelessly to advance the profession and improve healthcare. This theme also illustrated the role technology could play in improving healthcare and the vital need for geographically isolated low resource communities to collaborate and share resources to increase global access to evidence-based healthcare.

Limitations

The purpose of this study was to examine the lived experience of registered nurses and registered midwives in St. Kitts and Nevis. Due to the in-depth nature of qualitative research and a non-random sample, the findingsfrom this research study were not generalizable to nursing or midwife practice outside of St. Kitts and Nevis. This research constituted a preliminary investigation of an unstudied phenomenon. The data were also limited to the information the participants shared. They might not have revealed some of their thoughts because they perceived them to be embarrassing or they felt they cast the organization they worked for in a negative light. Participants were assured they would not incur any adverse consequences for either participating in or declining this study and that all information would be kept confidential. However, some candidates might have still been reluctant to give transparent answers to the open-ended questions out of fear they could be indirectly punished for their opinions or responses. Almost all nurses and midwives in St. Kitts work for the government and nursing leaders are appointed by the government, which might have made them hesitant to discuss perceived negative information.

An assumption of interpretive phenomenology is that when the researcher is interpreting the findings, reality is inextricably related to the participant and researchers' joint consciousness of an experience and the meaning they ascribe to it (Creswell & Poth, 2017). However, despite taking all precautions possible and following best practices in cross cultural research, data collected in phenomenological research are subjective. Therefore, the potential for both interviewer and participant bias and the possibility of multiple interpretations of the experience might have influenced the interpretation of the results. In addition, the research question, the interview questions, and theoretical frameworks used in this study might have also been culturally biased.

Because this research was conducted in the participants' natural settings, it cannot be replicated. In addition, the small sample size of 45 participants might not be representative of all nurses and midwives' experiences in St. Kitts and Nevis. Participants self-selected whether they wanted to participate in the study so data were only included from participants who were supportive of the research. A small thank you that was provided to the nurses and midwives who were interviewed might have influenced their motivation to participate in the study.

Finally, in the process of conducting the interviews, the researcher noted it was inappropriate to ask some questions. The researcher is a Caucasian woman from a privileged educational and financial background who lives in the United States. The researcher felt it would be culturally insensitive for her to ask questions or assume she could have any understanding of the participants' deeply personal feelings about the sensitive topic of their ancestors' enslavement. This type of research is very important but needs to be conducted by someone who is a part of the participants' culture.

Conclusion

This study represents the first scholarly exploration of the historical and cultural context and lived experiences of nurses and midwives in St. Kitts and Nevis. This research was significant because the WHO (2016) had identified that research on the role nurses and midwives perform to improve access to healthcare and health outcomes internationally should be a priority due to global health disparities.

Interpretive hermeneutic phenomenology provided the theoretical framework for this study. An in-depth search of published and out of print literature and historical documents relevant to the research question was conducted to provide the historical and cultural context for this study. Semi-structured questions derived from the model to guide nursing and midwifery in the community (Leahy-Warren et al., 2017) and the model for upscaling global nursing and midwifery partnerships (Spies et al., 2017) were used to interview 45 currently practicing and retired midwives on location in St. Kitts and Nevis. Colaizzi's (1978) seven-step method of qualitative analysis was used to conduct an in-depth analysis of the findings. Rigorous measures congruent with the qualitative paradigm were implemented to ensure the trustworthiness of the findings.

Nine significant themes emerged from the analysis of the data: (a) Nursing and Midwifery Education and Practice Experiences in the Past, (b) Current Nursing and Midwifery Educational Experiences, (c) Current Experiences Practicing Nursing and Midwifery, (d) The Impact of Culture on Nurses and Midwives Experiences, (e) The Universal Ethics and Experiences of Nurses and Midwives, (f) The Impact of Community-Based Health Promotion and Prevention, (g) The Impact of Lack of Support for Nursing and Midwife Practice, (h) The Need for Specialized Training and Advanced Practice Nurses, and (i) The Impact of Nursing and Midwifery Leadership and Collaboration. The implications for nursing education, practice,

leadership, and theory embedded in these themes were discussed. In addition, recommendations for future research and the limitations of this study were identified.

The findings from this study illustrated the significant impact St. Kitts' African heritage and history of British colonialism and overcoming oppression had on the development of the publicly funded, community-based healthcare system and the profession of nursing and midwifery in St. Kitts and Nevis. The findings also revealed rich descriptions of the nurses and midwives' current everyday educational and practice experiences, their accomplishments, the challenges they faced, and the meanings they ascribed to them.

A significant finding revealed in the data was the tremendous positive effect these nurses and midwives' focus on post graduate midwifery education, collaboration, and public health efforts had on maternal child health, infectious disease, nutrition, and the advancement of their profession. Analysis of the themes also identified a need to shift the efforts of nurses and midwives to concentrate on prevention and management of chronic non-communicable diseases and mental health.

The findings from this study also highlighted the critical need for leaders to support the practice of nurses and midwives as vital members of the healthcare team by addressing their valid concerns such as being severely short-staffed, their need for more resources to provide care, and their lack of voice in decision making. The findings also identified the need for leaders to empower clinically focused nurses and midwives as professionals and recognize the potential long-term benefits of supporting their interest in professional education in additional specialty areas and advanced practice. The literature demonstrated the immense potential such strategic investments would have in the prevention and treatment of chronic disease.

The nurses and midwives in this study shared many inspiring stories of how they embodied the universal ethics and values of the profession. This research shared just a few examples of the sacrifice and dedication of many past and current nurses and midwives to advance their profession. This research represented the first scholarly attempt to document the nurses and midwives in St. Kitts and Nevis' experiences as they worked tirelessly to overcome a historical legacy of slavery, gender inequality, limited resources, poverty, and geographic isolation. Global nurses and midwives could learn many valuable lessons about the impact their vision, dedication to high education and practice standards, and drive for continually improvement could dramatically improve the quality of health in a community (Barker, 2013).

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APPENDIX A

EVIDENCE TABLES

Table A1

Key Articles Related to Nurse or Nurse Midwife Practice in the Caribbean

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Aumakhan et al. (2022)	To describe a partnership between four Caribbean countries to detect newborns and young children potentially affected by Zika and to address their health needs	In-depth semi structured interviews with individuals involved in the project and reviewed of data retrieved project documents.	They successfully implemented the project and overcame challenges such as a shortage of nurses and limited healthcare infrastructure.	Demonstration of the feasibility of short-term collaborative public health projects to improve health outcomes in St. Kitts and similar remote low resource countries.
Belizán et al.(2005)	To create a framework to improve perinatalhealth in the Caribbean	Experts from Centre for Perinatology/PAHO/WHO	Ten goals to improve perinatalcare in the Caribbean	Does not include St. Kitts. Focusedon Haiti, Jamaica, Trinidad and Tobago, and the Dominican Republic .
Bezerril et al. (2018)	Identify factors toimplement APN practice in the Caribbean	Scoping review and context analysis identifiednine studies	Identified favorablefactors and barriers to implementing theAPN role. Lack of unified educational and legislative standards.	Only includedJamaica in the Caribbean
Binfa et al. (2016)	Describe obstetric and neonataloutcomes of midwifery care inthe Caribbean	Convenience sample 3009 participants in 6 Latin American countries using validated quantitativesurvey	Birth not managed according to evidence-based practice guidelines due to high levels ofmedical intervention. Women feel disrespected. Nursemidwifery profession underdeveloped	Only included DRin the Caribbean. Analyzed weaknesses andpeer-reviewed
Burke (1977)	Describes the role of nurse midwives in the Caribbean	Article in CaribbeanNursing Journal	NM perform important to practiceand leadership role in health care	Old reference.

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Carpio & Fuller-Wimbush (2016)	Analysis of capacity constraintsto respond to non-communicable diseases treated by nurses in the Eastern Caribbean	Report based on four case studies in Dominica, Grenada, St. Lucia, and St. Vincent and the Grenadines	Overall, nurse staffing levels enough, but significant shortagesat hospitals and health clinics, as notenough availability of specialists. The quality of education is generally reported as excellent. Barriers to specialized traininginclude cost and limited local options, and lack ofincentives to complete additional training.	Provide an overview of educational opportunities and discussion of policies to support the professional development of nurses in the Caribbean.
Carr (1985)	Description of health system development in English speaking Caribbean	An account of efforts to improve health systems primarily in Dominica and Jamaica	Significant efforts todevelop national health policies and programs. Includes measures needed	Old reference. Includes data onSt. Kitts, a summary of Jamaica and Dominica
Casas et al. (2001)	Analysis of disparities in the socioeconomic determinant of health in the Caribbean	Data on income and socioeconomic indicators of health in the Caribbean	Social and economic advantages strongly correlated with health outcomes than the allocation of health services. Disparities have increased since 1980	Does not include data from St. Kitts
Cassiani et al. (2017)	To assess BSN education in the Caribbean prepares graduates to promote Universal Healthcare	Quantitative descriptive exploratory cross-sectional study of 246 BSN programs in Caribbean Countries	Significant variationin BSN programs. Some progress and similar challenges. The opportunity exists for sustained progress	Scholarly peer-reviewed researchincludes St. Kitts and Nevis. Provides analysis of strengths and weaknesses

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Cooksey-James (1999)	Describes prenatal care in St. Thomas	Descriptive statistics of retrospective data from hospital records over five years and interviews with42 women	Identified perceived patient, financial, and system barriers to prenatal care and suggestions to improve care based on Orem's nursing model	Old reference. Scholarly analysis of the strengths and weaknesses of the study. Does not include St. Kitts
Crawford (2020)	Investigated factors that influence breastfeeding practices in St Kitts and Nevis.	Correlation cross-sectional study design. Statistical analysis of data from 302 mothers using Breastfeeding Self-Efficacy Scale Short-Form (BFSES-SF) used to identify factors that influence exclusive breastfeeding. statistical analysis	Exclusive breastfeeding was influenced by infants age and mothers breastfeeding self-efficacy	Identified need for more breastfeeding knowledge and education by nurses for women in women in St Kitts and Nevis.
Crews et al. (2017)	A screening program to investigate the prevalence of chronic kidney disease in St. Kitts and Nevis	One thousand nine hundred seventy-eight adults participated in the chronic disease screening program at three community-based clinics. Logistic regression was used to determine independent predictors of chronic kidney disease.	Chronic kidney disease and risk factors were prevalent among adults in St. Kitts and Nevis. such as stroke, heart disease, diabetes, and hypertension	First major report of a screening for chronic disease in the Caribbean, needed to provide a foundation to develop strategies to prevent and treat chronic disease in St. Kitts and Nevis.
Crespo-Valedon (2017)	Historical overview of midwifery in the Caribbean	Analysis of historical documents	Role of midwives has helped naturalize childbirth in the Caribbean	Focus on lay midwives in the Carribe. Did not include St. Kitts or Nevis.
Golding (2018)	Identify factors related to quality antenatal care in St. Kitts and Nevis	A correlational study of 152 pregnant women at public and private antenatal clinics using a questionnaire and descriptive statistics	Overall, the quality of prenatal care washigh. High utilization of antenatal care in St. Kitts	Only scholarly research on maternal neonatal health conducted specifically in St. Kitts

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Halliday & Harris (1997)	An assessment of the health of children and their families in St. Kitts	Analysis of government and non-government organization demographic,national economic performance and trends, government and social sector expenditure, policies, infant and maternal mortality and morbidity, breastfeeding, educational and crime data in St. Kitts	Identifies progress made in the standardof living and maternal and neonatal mortality and morbidity, identifies challenges,and proposes ideas for continued improvement	Old study specific to St.Kitts
Hanley et al. (2020)	Investigated factors associated risk for diabetic foot and amputation.	Retrospective case control study with purposeful sampling comparing diabetic patients with and without foot amputation.	One-third of admissions with diabetic foot infections needed amputation, despite good knowledge, and adequate foot care. Highest risk among males working outdoors who had diabetes for a long time.	Identified need to focus on nursing education targeted towards high-risk male population. First study on diabetic care in St. Kitts and Nevis
Hewitt (2002)	Analysis of the organization of the health services, health planning, management of capacity, financial and budgetary resources, facilities,and human resources in the Caribbean.	Key informant interviews in Jamaica, Saint Lucia, Saint Vincent, and the Grenadines, Dominica, Antigua and Barbuda, and Barbados.	Shortage of physicians, doctor centered culture, lack of availability of drugs. Resources spent on secondary care facilities instead of primary care.	Need for culturallysensitive, economical care provided by nurses. Need to link levels of care. Need resources invested in primary care. Need nurse practitioners in the Caribbean.
Hosein & Thomas (2007)	Analysis of promoting intraregional migration strategyfor nurses in the CARICOM region	Includes a detailed analysisof the regional labor market, economics, and migratory patterns of nurses in the Caribbean	Review of economic attributes of CARICOM states and the impact of the intraregional movement of nurses	Designed to promote new policy. Not enough analysis ofthe negative impact of policy

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Iribarren et al. (2018)	To describe published nurse and nurse midwife-led research in the Caribbean	Scoping review of 5 databases identified and included 404 articles for analysis	Studies frequentlypatient knowledge or describe patient populations and common diseases,maternal and childhealth outcomes	Provided a broad overview of nursing research inthe Caribbean. Analyzed the strengths and weaknesses of thestudy. Peer reviewed.
Kurowski et al. (2012)	Analysis of regional strategies on the Caribbean to strengthen the nursing workforce	Analysis of legally binding treaties and policies in CARICOM nations relatedto nursing practice and education	Knowledge gaps exist in cross country coordinationto expand training capacities and manage the migration of nurses	Not specific to St.Kitts
Lamba & Aswani (2012)	Case study describing the burden of psychiatric disease and mental health services available in Nevis	Unpublished hospital, clinic, and government reports from 2003 -2005 retrospectively analyzed.	Mental health services are free part of community health services. Psychiatrist visits Nevis twice a week, aided by two psychiatric nurses. Only primary care available for emergency, psychiatric care.	Highlights need for primary care providers in Nevis. Need to train staff about psychiatric emergencies. Cultural attitudes to marijuana, patient privacy, and treating PTSD following disasters a concern.
Lewis et al. (2015)	Overview of the historical development of lay midwifery in the Caribbean region	Analysis of historical documents and current initiatives by the Caribbean Regional Midwives Association (CRMA)	A professional association of lay midwives recognized by the ICM	Lay midwives are illegal in St. Kitts and Nevis. Contained historical information about midwifery in the Caribbean
Martin (2013)	In depth analysis of prenatal care in St. Kitts and Nevis	In-depth interviews with pregnant and postpartum women and healthcare providers to understand issues surrounding lack of prenatal care uptake	In St. Kitts and Nevis, critical changes in nursing education and scope of practice have drastically reduced the rate of infant mortality since the 1970's,	One the only research studies specific to St. Kitts and Nevis health care. Recommends more research needed in St. Kitts and Nevis on health care to gain a greater understanding of cultural practices on maternal child health

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Martin & Snyder (2011)	assessment of public health anddisaster preparedness and healthcare in St. Kitts and Nevis	Scholarly overview of socioeconomic factors, public health, and disaster preparedness by the government of St. Kitts	Universal free public healthcare is provided at community health centers in St. Kitts and Nevis. St. Kitts vulnerable to natural disasters and chronichealth problems	Specific to St. Kittand Nevis. Scholarly overview by local health experts
Martin et al. (2011)	Summary of the historical context and current challenges related to health in St. Kitts and Nevis	Scholarly overview by a local health expert. Government major provider and funder of health care and healthcare information	Health care in St. Kitts and Nevis oriented around primary health care and focused on universal coverage and access	Includes information about St. Kitts and Nevisnurse-midwives
Martin et al. (2015)	Overview of historical disasters, public health issues, and collaborative research about health care and disaster preparedness in St. Kitts and Nevis.	Collections of manuscripts and student contributions from a study abroad coursein St. Kitts and Nevis studying local disasters, disaster preparedness, and public health	The Caribbean provides a unique opportunity for collaboration using an all-hazards approach to study disaster planning and public health.	One of the few publications providing insight into healthcare and the role of nurses, specifically in St. Kitts and Nevis.
McDowell (1983)	Description of a program sponsoredby 7 CARICOM nations to train APN	Scholarly summary and evaluation of the program	Description of the need for APN role, curriculum, and graduate experiences. No analysis of the sustainability of the program.	Old reference includes St. Kitts
Miller (1992)	Description of nurse midwife's role and their ideas to alleviate migration	Interviews with Minister of Health, nursing instructors, practicing nurse-midwives and post-partum women	Nurse-midwives found their role to be important and challenging, described barriers to effective practice including low pay, lack of resources, geographic isolation and poor working Conditions	Old reference. A scholarly article that included an analysis of the strengths and weaknesses of the study

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Pettersson & Stone (2005).	Analysis of diverse models of maternal childcare and midwifery in select Caribbean Countries	Descriptive analysis and profile of midwifery services and midwifery education in the Americas using a survey questionnaire	Recommendation that Ministries of Health in Caribbean countries research historical and current evidence indicating that professional midwifery is key to improving maternal and perinatal health.	Contains limited general data on the maternal child healthcare model in St. Kitts and Nevis
Restrepo-Mendezet al. (2015)	Analysis of health disparities in 75 countries, including Haiti and DR.	Cross country comparisons and time trend analysis of health outcomes including neonatal mortality, maternal and newborn health.	Despite economic development, profound socioeconomic and health disparities in the Caribbean continue to exist. Accurate data not available for all countries.	Scholarly research did not include St.Kitts. Included analysis of strengths and weaknesses of the study
Rolle Sands et al. (2020)	Scoping review to examine the amount, type, sources, distribution, and focus of conceptual and empirical literature on the migration of Caribbean nurses.	Comprehensive search was conducted of electronic databases Findings were summarized numerically and thematically, with themes emerging through an iterative, inductive process	Identified need for research on the impact of nurse migration on health systems and population health. Nursing vacancy rates averaging 40%, in Caribbean countries.	Need to develop sustainable, feasible strategies to address nurse migration in the Caribbean.
Salmon et al. (2007)	Contextual analysis of the nursing workforce in the Caribbean and feasibility of the Managed Migration Program	Scholarly overview of benefits of Managed Migration program in the Caribbean	The nursing shortage in the Caribbean a crisis.42% vacancy rate.	Does not adequately analyze the potential adverse effect of managed migration program or address underlying issues.

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Snyder et al. (2022)	Exploration of the beliefs, attitudes, and perspectives of community resilience in St. Kitts and Nevis.	Qualitative Interpretive Phenomenological Analysis using the EnRiCH Community Resilience Framework for High-Risk Populations to identify factors that enhance or create barriers to community resilience.	Discrepancy between the way disaster preparedness was perceived by government officials and the local population. Cultural factors promoted connectedness and created barriers to empowerment	First study examining potential strategies to build resilience to disasters among people in St. Kitts and Nevis.
Soltani et al. (2015)	Survey of priorities in midwifery research to inform the ICM research agenda	An online survey of 271 ICM research advisory network members of their perceived research from 37 countries of their research priorities	First systemic study of midwives perspectives on research priorities toimprove maternal and infant health.	Scholarly research with analysis of strengths and weaknesses of thestudy. Only one respondent from the Caribbean, which country notspecified
Tulloch-Reid et al. (2018)	Descriptions of outcomes from three case studies on building research capacity in Caribbean	3 case studies analyzed approaches to developing research capacity in Caribbean countries	Diverse challenges to building research capacity in the Caribbean.	Research capacity built through coordination of existing networks,committed leadership. Not conducted in St. Kitts.
Weinstein (1978)	Evaluation of a women's contraceptive training program implemented by Nurse-Midwives	13 Questionnaires completed by nurse-midwives representing nine islands in the Caribbean about the effectiveness of the program	All the nurse-midwives implemented decision making strategies and technical skills to expand the scope of their practice	Old reference included St. Kitts. No analysis of the strengths and weaknesses of the study
Yan (2006)	Description of the proposed Managed Migration program	Summary of the potential advantages of a proposed Managed Migration program in the Caribbeanto alleviate the nursing shortage.	Description of the nurse migration program and potential benefits such as a decrease in the nursing shortage in the Caribbean.	Not research. Not specific to St.Kitts or Nevis

Table A1 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Zug et al. (2016)	To assess the current state of APN practice in the Caribbean, and leaders' perceptions of the feasibility of expanding APN practice in the Caribbean	173 descriptive cross-sectional web-based surveys nursing leaders in the Caribbean	The majority of the nursing leader's aware of the APN role but unfamiliar with current regulation. Need for increased faculty and curricular reforms. Feel APN role would benefit health outcomes in the Caribbean.	did not include St.Kitts Analysis of strengths and weaknesses of thestudy A first comprehensive survey of nursingleaders in the Caribbean perceptions of APN role.

Table A2

Key Articles Related to Nurse and Nurse Midwife Education in the Caribbean

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Brathwaite (2017)	Study on the origin and implementation of 2006 CARICOM nursing education reform and its implications for healthcare in the region.	An interpretive multiple case study design was conducted. Interviews with key policymakers and documents	reform delayed and not fully adopted in the region; variation in adoption by specific member states.	Standardization of nursing education and practice across CARICOM necessary for universal access toquality healthcare. Specific informationabout St. Kitts and Nevis
CARICOM Secretariat (2011)	Outlines the curriculum to prepare professional Nurses at the graduate level in Caribbean	Collaborative document by The Regional Nursing Body used to lobbying for college level education and RENR	Professional nursing education should provide a baccalaureate level to meet global standards	Outlines the development of curriculum for Bachelor of Science in Nursing in the Caribbean
Duncan et al. (2017)	History of the development of Nursing Education at the University of the West Indies.	Analysis of historical records and interviews	Outlined the progression from an apprenticeship nursing education at the University Hospital based on the British model in Jamaica to its current university level program	Contained valuable historical information relevant to the development of nursing education in St. Kitts and Nevis.
Gardner (1993)	Research on the development of nursing education system in the Caribbean	An extensive search of historical documents in prominent Caribbean Libraries, government archives, and the World College of Nursing Library in London, England. Structured interviews and questionnaires.	Factors identified that led to adaptive growth and progressive change in nursing education and practice	Old reference. Little literature regarding the developments of nursing education and practice available. Midwifery is a postgraduate certificate.

Table A2 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Kahwa et al. (2022)	Analysis if research by Caribbean nurses and midwives.	Literature search of publications by Caribbean nurses and midwives from 2000–2020.	The number of publications by Caribbean nurses and midwives progressively grew from 22 in 2000 to 584 in 2020. Most publishing institutions were universities.	Need for more doctorate level education among Caribbean nurses and midwives to conduct context specific culturally sensitive nursing and midwifery research, policy, and care
Pan American Health Organization (2015)	Analysis of competency-based education in Nursing in the Caribbean region	The sub-regional workshop, sponsored by PAHO/WHO	To achieve the regional goal of universal health coverage requires enough quantity and quality of Nurses and Midwives.	Critical need for nurses and Midwives to receive a quality education.
Parks et al. (2013)	A review of the curriculum change from a diploma to a baccalaureate degree in nursing at the University of Belize	Low pass ratesfor the RENR and concerns about adequate preparation for practice required modification of the curriculum	Collaboration between faculty, Ministry of Health, and Regional Nursing body identified problems.	Education and adequate staffing of nurses necessary to decrease morbidity and mortality. Innovative strategies need to transform nursing education
Reid (2000)	Describes the rationale for the standardization of nursing education in the CARICOM region and establishment of a RENR	Analysis of the results of the performance of the first examination for some Schools of Nursing was poor.	Analysis of factors for poor performance.	RENR establishes core competencies, mobility, standardized regulation, regional sharing of nurse expertise
Sang (1985)	The doctoral dissertation examining the factorsthat influenced the development of nursing education in Jamaica, West Indies,1900-1975,	Analysis of vital historical documents and interviews with nursing leaders.	Colonial rule influenced the development of nursing education.Government reluctance to support advancements in nursing education.Considerable progress has occurred.	Old reference. Not specific to St. Kitts and Nevis. Nursing leader's instrumental in innovation mastered political strategies and negotiation.

Table A2 Continued

Author/Year	Purpose/Aim	Sample/Methodology	Findings	Comments
Snyder et al. (2021)	Graduate nursing students reflected on their perspectives of conducting a mixed-methods research study in another country	The International Nursing Leaders (ETINL) conceptual model to analyze international experiential graduate education and mentored research.	Students reported positive benefits from face-to-face mentorship while doing research as a part of doctoral studies.	International mentored research projects can assist graduate nursing students transition from student to independent researcher.
World HealthOrganization (2009)	Document calling for the strengthening of nursing and midwifery professions and the development of global nursing education standards	World Health Assembly developed a benchmark supporting development of global standards to be used by nursing and midwifery organizations, policymakers and educators	Many disparities in nursing education programs, including length and level of education. Some combine nursing and midwifery, and others see them as separate professions	Nurses and Midwives make up majority of global health-care workforce, significant contribution to health-delivery, but rarely involved in policy development or strategic decision- making.

APPENDIX B

PERMISSION GRANTED TO USE MODEL FOR UPSCALING GLOBAL NURSING AND MIDWIFERY PARTNERSHIPS

From: Spies, Lori
To: Raiden Gaul
Subject: Re: Request for permission to use your Model for Upscaling Global Nursing and Midwifery Partnerships
Date: Thursday, January 19, 2023 3:22:50 PM
Attachments: Outlook-rtvzrh03.png

Greetings Raiden,

Thank you for the e-mail request and your kind words about the model that my colleagues and I developed. You have my permission to use the model in your dissertation. You are welcome to also include the figure. Thank you for including the corresponding citation in your document. I'd be interested in an electronic copy of your final dissertation if you are able and willing to share it.

Best wishes and good luck,

Lori A. Spies Ph.D., APRN, FNP-C, FAANP
Associate Professor and Fulbright Scholar
Baylor University
Louise Herrington School of Nursing
333 Washington Avenue
Dallas, Texas 75246
Baylor University
Cell +1 469 964 8355
Faculty Profile
International Council of Nurses NP / APN Network Core Steering Group

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From: Raiden Gaul <Raiden.Gaul@uvu.edu>
Sent: Thursday, January 19, 2023 1:32 PM
To: Spies, Lori <Lori_Spies@baylor.edu>
Subject: Request for permission to use your Model for Upscaling Global Nursing and Midwifery Partnerships

Lori A. Spies, RN, NP-C, PhD
Louise Herrington School of Nursing
Baylor University
3700 Worth Street
Dallas, Texas 75246

Dear Dr. Spies,
I am in the process of writing up the findings for my doctoral research on the Registered Nurses and Registered Midwives in St. Kitts and Nevis (a small island nation in the Caribbean). I have incorporated your wonderful *Model for Upscaling Global Nursing and Midwifery Partnerships* (Spies, et al., 2017) into my findings. Can I please have your written permission to cite and include a copy of Figure 1 on page 338 of your publication in my findings? Figure 1 does a wonderful job visually illustrating your model. This would be extremely helpful. I have included a copy of the abstract for my dissertation below for your reference.

With Warm Regards,
Raiden A. Gaul, MSN, RN
Assistant Professor
Department of Nursing
Utah Valley University
raiden.gaul@uvu.edu
801-687-0467

Reference for your article:

Spies, L. A., Garner, S. L., Faucher, M. A., Hastings-Tolsma, M., Riley, C., Millenbruch, J., . . . Conroy, S. F. (2017). A model for upscaling global partnerships and building nurse and midwifery capacity. *International Nursing Review*, 64(3), 331-344. doi:10.1111/inr.12349

ABSTRACT

Gaul, Raiden. *The Lived Experience of Nurses and Midwives In St. Kitts And Nevis.* Doctor of Philosophy dissertation, University of Northern Colorado, 2023.

At the beginning of the 20th century, St. Kitts and Nevis had one of the highest infant mortality rates in the Caribbean. However, unlike some Caribbean nations with similar historical and socioeconomic factors that continue to suffer from significant health disparities, St. Kitts and Nevis implemented strategic health reforms that have led to dramatic improvements in maternal and neonatal health outcomes. One of the strategic reforms designed to address these poor health outcomes was to mandate that all Registered Nurses in St. Kitts and Nevis pursue certification in the post-basic Midwifery Program. No research has been conducted on the central role these Registered Nurses and Registered Midwives have performed in St. Kitts and Nevis'

highly successful healthcare system. To address this significant gap in the scholarly literature, a qualitative hermeneutic interpretive phenomenological study was conducted to gain insight into the everyday lived experiences of the Registered Nurses and Registered Midwives in St. Kitts and Nevis. After receiving approval to conduct this research from the Institutional Review Board (IRB) of the University of Northern Colorado, and the Ethics Board of the Ministry of Health in the Federation of St. Kitts and Nevis, forty five practicing Registered Nurses and Registered Midwives in St. Kitts and Nevis were recruited using purposive sampling and snowball techniques. Once verbal consent was obtained from the participants, data was collected on-site by audiotaping in-depth interviews until data saturation occurred. Semi-structured open-ended interview questions, derived from the Model for Upscaling Nurse and Midwifery Partnerships, were used to guide the interview process, and provided the theoretical framework for this study. The data was then transcribed verbatim onto NVivo software. Recurrent themes that emerged from the meanings these Registered Nurses and Registered Midwives constructed from their experiences was synthesized using Colaizzi's (Abalos et al., 2016) rigorous qualitative data analysis process. Measures to ensure the trustworthiness of the data were implemented, including peer review, member checking, triangulation of data, transparency, reflection on bias, and an audit trail. An analysis of historical, published and unpublished books and pamphlets relevant to the research question was integrated into and further supported the trustworthiness of the findings. Implications for Nursing and Midwife practice, education, policy, and research were discussed. Findings from this never before studied population may increase understanding of the strengths and challenges Nurses and Midwives in St. Kitts and Nevis face in providing care. This research may contribute to the body of knowledge supporting Registered Nurse and Registered Midwife practice, education, research, and policy on St. Kitts and Nevis, and similar geographically isolated islands with limited resources.

APPENDIX C

PERMISSION GRANTED TO USE CONCEPTUAL MODEL TO GUIDE NURSING AND MIDWIFERY IN THE COMMUNITY

From: Helen Mulcahy (Nursing & Midwifery)
To: Raiden Gaul
Cc: Patricia Leahy-Warren
Subject: RE: Request for permission to use Figure 3 illustrating your Conceptual Model to Guide Nursing and Midwifery in the Community
Date: Friday, January 20, 2023 5:54:49 AM

Dear Raiden,
Thank you very much for your email and information about your dissertation. It looks really interesting and I am happy to give you permission to use the figure and cite the source as outlined. Please let us know of any further publications from your study.
Best wishes,
Helen

Dr. Helen Mulcahy DN,
MSc (Research), BSc (Nursing), HDipPHN, RGN, RM, RPHN.
College Lecturer and Coordinator BSc Nursing Studies
School of Nursing and Midwifery,
Brookfield Health Science Complex
University College Cork
Cork City
Cork T12 AK54
T: +353 21 4901638
Fax: +3534901635
E: helen.mulcahy@ucc.ie
http://research.ucc.ie/profiles/C014/helenmulcahy
http://www.ucc.ie/en/nursingmidwifery/

From: Raiden Gaul <Raiden.Gaul@uvu.edu>
Sent: Thursday 19 January 2023 20:01
To: Helen Mulcahy (Nursing & Midwifery) <helen.mulcahy@ucc.ie>
Subject: FW: Request for permission to use Figure 3 illustrating your Conceptual Model to Guide Nursing and Midwifery in the Community

Dr. Helen Mulcahy, DN MSc(Research) BSc(Nurs) HDipPHN RGN RM RPHN
School of Nursing and Midwifery
Brookfield Health Sciences Complex
University College
Cork, Ireland

Dear Dr. Mulcahy,
I receive a reply that Dr. Leahy-Warren is on sabbatical. Can I please have your written permission to use Figure 3 that illustrates your *Conceptual Model to Guide Nursing and Midwifery in the Community* in my dissertation? Please see the full description below.

Thank you very much for your assistance,

Raiden A. Gaul, MSN, RN
Assistant Professor
Department of Nursing
Utah Valley University
raiden.gaul@uvu.edu
801-687-0467

From: Raiden Gaul
Sent: Thursday, January 19, 2023 12:49 PM
To: Patricia.Leahy@ucc.ie
Subject: Request for permission to use Figure 3 illustrating your Conceptual Model to Guide Nursing and Midwifery in the Community

Patricia Leahy-Warren, PhD MSc, BSc, HdipPHN
School of Nursing and Midwifery
Brookfield Health Sciences Complex
University College
Cork, Ireland

Dear Dr. Leahy-Warren,
I am in the process of writing up the findings for my doctoral research on the Registered Nurses and Registered Midwives in St. Kitts and Nevis (a small island nation in the Caribbean). I have incorporated your wonderful *Conceptual Model to Guide Nursing and Midwifery in the Community* (Leahy-Warren, et al., 2017) into my findings. Can I please have your written permission to cite and include a copy of Figure 3 on page 8 of your publication in my findings? Figure 3 does a wonderful job visually illustrating your model. This would be extremely helpful. I have included a copy of the abstract for my dissertation below for your reference.

With Warm Regards,
Raiden A. Gaul, MSN, RN
Assistant Professor
Department of Nursing
Utah Valley University
raiden.gaul@uvu.edu
801-687-0467

Reference for your article:

Leahy-Warren, P., Mulcahy, H., Benefield, L., Bradley, C., Coffey, A., Donohoe, A., ... & Savage, E. (2017). Conceptualizing a model to guide nursing and midwifery in the community guided by an evidence review. *BMC nursing*, *16*(1), 1-13.

ABSTRACT

Gaul, Raiden. *The Lived Experience of Nurses and Midwives In St. Kitts And Nevis.* Doctor of Philosophy dissertation, University of Northern Colorado, 2023.

At the beginning of the 20th century, St. Kitts and Nevis had one of the highest infant mortality rates in the Caribbean. However, unlike some Caribbean nations with similar historical and socioeconomic factors that continue to suffer from significant health disparities, St. Kitts and Nevis implemented strategic health reforms that have led to dramatic improvements in maternal and neonatal health outcomes. One of the strategic reforms designed to address these poor health outcomes was to mandate that all Registered Nurses in St. Kitts and Nevis pursue certification in the post-basic Midwifery Program. No research has been conducted on the central role these Registered Nurses and Registered Midwives have performed in St. Kitts and Nevis' highly successful healthcare system. To address this significant gap in the scholarly literature, a qualitative hermeneutic interpretive phenomenological study was conducted to gain insight into the everyday lived experiences of the Registered Nurses and Registered Midwives in St. Kitts and Nevis. After receiving approval to conduct this research from the Institutional Review Board (IRB) of the University of Northern Colorado, and the Ethics Board of the Ministry of Health in the Federation of St. Kitts and Nevis, forty five practicing Registered Nurses and Registered Midwives in St. Kitts and Nevis were recruited using purposive sampling and snowball techniques. Once verbal consent was obtained from the participants, data was collected on-site by audiotaping in-depth interviews until data saturation occurred. Semi-structured open-ended interview questions, derived from the Model for Upscaling Nurse and Midwifery Partnerships, were used to guide the interview process, and provided the theoretical framework for this study. The data was then transcribed verbatim onto NVivo software. Recurrent themes that emerged from the meanings these Registered Nurses and Registered Midwives constructed from their experiences was synthesized

using Colaizzi's (Abalos et al., 2016) rigorous qualitative data analysis process. Measures to ensure the trustworthiness of the data were implemented, including peer review, member checking, triangulation of data, transparency, reflection on bias, and an audit trail. An analysis of historical, published and unpublished books and pamphlets relevant to the research question was integrated into and further supported the trustworthiness of the findings. Implications for Nursing and Midwife practice, education, policy, and research were discussed. Findings from this never before studied population may increase understanding of the strengths and challenges Nurses and Midwives in St. Kitts and Nevis face in providing care. This research may contribute to the body of knowledge supporting Registered Nurse and Registered Midwife practice, education, research, and policy on St. Kitts and Nevis, and similar geographically isolated islands with limited resources.

APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL

UNIVERSITY OF
NORTHERN COLORADO

Institutional Review Board

Date: 08/23/2021

Principal Investigator: Raiden Gaul

Committee Action: **IRB EXEMPT DETERMINATION – New Protocol**
Action Date: 08/23/2021

Protocol Number: 2011016786
Protocol Title: The Lived Experience of Nurse Midwives in St. Kitts and Nevis

Expiration Date:

The University of Northern Colorado Institutional Review Board has reviewed your protocol and determined your project to be exempt under 45 CFR 46.104(d)(702) for research involving

Category 2 (2018): EDUCATIONAL TESTS, SURVEYS, INTERVIEWS, OR OBSERVATIONS OF
PUBLIC BEHAVIOR. Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by 45 CFR 46.111(a)(7).

You may begin conducting your research as outlined in your protocol. Your study does not require further review from the IRB, unless changes need to be made to your approved protocol.

As the Principal Investigator (PI), you are still responsible for contacting the UNC IRB office if and when:

- You wish to deviate from the described protocol and would like to formally submit a modification request. Prior IRB approval must be obtained before any changes can be implemented (except to eliminate an immediate hazard to research participants).
- You make changes to the research personnel working on this study (add or drop research staff on this protocol).
- At the end of the study or before you leave The University of Northern Colorado and are no longer a student or employee, to request your protocol be closed. *You cannot continue to reference UNC on any documents (including the informed consent form) or conduct the study under the auspices of UNC if you are no longer a student/employee of this university.
- You have received or have been made aware of any complaints, problems, or adverse events that are related or possibly related to participation in the research.

If you have any questions, please contact the Research Compliance Manager, Nicole Morse, at 970-351-1910 or via e-mail at nicole.morse@unco.edu. Additional information concerning the requirements for the protection of human subjects may be found at the Office of Human Research Protection website - http://hhs.gov/ohrp/ and https://www.unco.edu/research/research-integrity-and- compliance/institutional-review-board/.

Sincerely,

Nicole Morse
Research Compliance Manager

University of Northern Colorado: FWA00000784

APPENDIX E

LETTER OF SUPPORT FROM ETHICS COMMITTEE/ GOVERNMENT OFFICIAL IN ST. KITTS AND NEVIS

GOVERNMENT OF SAINT CHRISTOPHER AND NEVIS
MINISTRY OF HEALTH
Lot 6B Bladen Commercial Development, Wellington Road, P.O. Box 186, BASSETERRE, ST. KITTS
TEL: (869) 465 2521, FAX: (869) 466 8574, (869) 465 1316
EMAIL: hazel.laws@gov.kn

March 15, 2022

Raiden Gaul, MSN, RN, Ph.D. Student
124 South 350 East
Orem, Utah, USA 84058
1-801-687-0467
gaul3446@bears.unco.edu

Dear Raiden Gaul:

Re: THE LIVED EXPERIENCE OF NURSE MIDWIVES IN ST. KITTS AND NEVIS

The Interim Ethics Review Committee (IERC) has re-visited your proposal captioned above and is recommending the deletion of the words 'nursing or' after pupil. The sentence should read: "Nurse Educators…to pupil midwives …".

> p. 15 & 21: Definition of Nurse Educator: Nurse Educators are employed by the Ministry of Education to provide the requisite training to pupil nursing or midwives or students of the nursing or midwifery program.

In our setting, students of the midwifery program are called 'pupil midwives'. The Chair of the IERC is asking that this concern be addressed at the soonest.

Approval is granted for you to commence the research project. **The IERC approval code is: IERC -2022-03- 055.** At the end of the project, you are expected to provide the IERC with an end of project report.

Sincerely,

Hazel Laws

Dr. Hazel Laws
Chief Medical Officer & Chair, IERC
Ministry of Health, St. Kitts & Nevis

MINISTRY OF HEALTH St. Kitts, W.I.

People First *Quality Always*

APPENDIX F

INVITATION FOR NURSING LEADER TO PARTICIPATE IN THE STUDY AND INFORMED CONSENT

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

Researcher: Raiden Gaul, RN, MSN, Doctoral Student

Email: raiden.gaul@bears.unco.edu

Phone: X-XXX-XXX-XXXX

Dear Nurse or Midwife,

I am a doctoral student in Nursing Education at the University of Northern Colorado. I am very interested in studying the history and experiences of Registered Nurses, Nurse Educators, and Midwives in St. Kitts and Nevis. I would like to hear your story and perspective about Registered Nurse and Midwifery practice in St. Kitts or Nevis. Your insights are very important. This research will benefit other Nurses interested in or involved in Nursing and Midwife practice and education.

I would like to interview you in person when I travel to St. Kitts and Nevis from May 21-June 5, 2022. I am fully vaccinated for Covid 19. I will be masked and follow all of St. Kitts and Nevis' current public health guidelines, including Covid 19 testing and maintaining a six-foot distance from anyone I interview. I can also interview you by any free international videoconferencing app such as Teams, Zoom, Facebook, Skype, WhatsApp, or by whatever method you feel is most appropriate. I also understand that some participants may desire to provide anonymous feedback. Therefore, I can also send a list of questions to any address you wish to provide with a self-addressed stamped return envelope. I realize you are extremely busy, and the Covid 19 pandemic has further burdened many Nurses, Nurse Educators, and Midwives with additional responsibilities. Therefore, as a thank you for sharing your valuable time with me, I would like to offer you a $30 U.S. Visa gift card to any Registered Nurse or Midwife who completes an interview or questionnaire.

The Institutional Review Board of the University of Northern Colorado has approved this study. It is being overseen by a committee of five doctoral research faculty at the University of Colorado to ensure it is conducted with the highest international ethical research standards and rigor. All interview or questionnaire responses will be confidential. Only I and my research advisor will examine your answers. Risks to you by participating in this research are minimal. The interview questions are not about sensitive personal matters, but they may evoke memories and thoughts that cause discomfort or distress. You are free to refuse to answer any questions or stop the interview or questionnaire at any time.

Attached is a list of questions I would like to ask you for the study. I also welcome input on any other questions I should ask. Please also feel free not to answer any questions you are not comfortable asking. The potential benefits to you by participating in this research include the opportunity to document the history, education, and current practice of Nurses and Midwives in St. Kitts and Nevis. And the chance to help others and gain personal insight as you share and reflect upon your experiences and participate in research.

Having read the above, and having had the opportunity to ask any questions, by participating in the interview or returning a written questionnaire, it is assumed you consent to participate in this study. If you have any concerns about your selection or treatment as a research participant, do not hesitate to contact the Office of Research and Sponsored Programs, Kepner Hall, University of Northern Colorado, Greely, CO 80639 orsp@unco.edu, 970-351-2161.

Thank you so much for your assistance with this important project,
Raiden Gaul, RN, MSN, Ph.D. Student
Email: raiden.gaul@bears.unco.edu