



EUROPEAN
TRANSCULTURAL
NURSING ASSOCIATION

1st Online Conference

**Global nursing, midwifery and social care responses
and challenges to Covid-19 pandemic during 2020-21**

Thursday 24 March 2022 | 2-4pm (UK time)

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KEYNOTE SPEAKERS



Reflections on the Lessons learned on the impact of Covid-19 pandemic to the nursing profession in South Africa: An Ubuntu perspective

Prof Fhumulani Mavis Mulaudzi, *University of Pretoria*



South Africa during the peak of COVID-19 pandemic - Midwifery Perspective

Prof Roinah Ngunyulu, *University of Johannesburg*



The COVID Pandemic and Anti Minority Bias in Health Care Services in India

Ms Brinelle D'souza, *Tata Institute of Social Sciences*



The need for a National Strategy for the provision of culturally competent Spiritual Care and Support during Major Health Disasters

Prof Irena Papadopoulos, *Middlesex University London*



The Australian Aged Care Experience

Kathy Devitt, *Froniditha Care*



Inequities of COVID Response in a Diverse Nation

Prof Azita Emami, *University of Washington*

The conference has been organised and sponsored by the
Research Centre for Transcultural Studies in Health, Middlesex University London.
Hosted by **Professor Irena Papadopoulos**

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In collaboration with:



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dedicated to transcultural nursing.

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Our aim

ETNA aims to establish and manage, through co-operation among health and social care professionals, and experts, an exchange of ideas to promote research and knowledge development. We do this through sharing information and experiences on principles of equitable quality care, human rights and culturally competent care within a holistic framework. Although we are a European association, we are proud to have members from all corners of the globe.



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know when the next conference will take place.



Abstracts

Reflections on the Lessons learned on the impact of Covid-19 pandemic to the nursing profession in South Africa: An Ubuntu perspective

The Covid-19 Pandemic 2020 brought new challenges to health care management and exacerbated the existing challenges in the health care systems of the developing countries. South Africa was not exempted from the negative impact of the COVID-19 pandemic. Although the government acted promptly by introducing the state of emergency and public health measures, the majority of nurses felt unprotected as health care workers in the front-line especially during the first wave due to lack of Personal Protective equipment.

Reflecting on the pandemic and the lessons learnt in the health care system, one cannot but see the importance and the value of Ubuntu philosophy in combating some of the issues the nurses face. These lessons can be used to improve our ailing health care systems in developing worlds.

Prof Fhumulani Mavis Mulaudzi, *University of Pretoria*



About the presenter

Prof Fhumulani Mavis Mulaudzi is the South African Research Chair in Ubuntu Community Model in Nursing. She is a Professor of Nursing at the University of Pretoria with 37 years of professional experience. Prior to her appointment as SARChI, Prof Mulaudzi was the Head of the Department of Nursing Science for 10 years and the Chair of the school of health care sciences. She is currently the first Deputy President of DENOSA and the African Regional coordinator of SIGMA Theta tau international. She is the executive member of the Global nurses and midwives Rotary club.

South Africa during the peak of COVID-19 pandemic - Midwifery Perspective

It is almost two (2) years now since the midwives were confronted by the emergence of COVID-19 Pandemic in South Africa. The pandemic evolved from the first to fourth wave. The first wave of COVID-19 pandemic was unprecedented and rapidly landed the South African nation at COVID-19 alert level 5 lockdown restrictions. In the peak of the lockdown, pregnant women still expected respectful midwifery care. Midwives were taken by surprise, they were confronted with series of COVID-19 related questions from pregnant women, they were not ready to answer the questions. Some midwives tested positive for COVID -19, while others lost their lives in the process, which further led to staff shortages. Midwives remained resilient and worked in the frontline to protect the pregnant women against COVID-19 infection.

In response to the pandemic, new COVID-19 maternal and neonatal clinical guidelines were developed and implemented, temporary midwifery posts were created, retired midwives were called back to service, private midwives increased their intake and worked 24 hours, pregnant women were encouraged to vaccinate, health advice were sent to pregnant women through different social media platform, midwifery qualification is now mandatory for postgraduate diploma programmes in South Africa. The presentation will elaborate more on how South Africa dealt with COVID -19 since the peak of the pandemic from the midwifery perspective.



Prof Roinah Nkhensani Ngunyulu,
University of Johannesburg

About the presenter

Prof Roinah Ngunyulu is an Associate Professor of Midwifery in the Department of Nursing at the University of Johannesburg, South Africa.

The COVID Pandemic and Anti Minority Bias in Health Care Services in India

Pandemics, especially those of infectious diseases have a historical relationship with stigma and prejudice. The Bubonic plague, the HIV pandemic, Middle East Respiratory Syndrome and the Ebola outbreak to name a few have all been associated with polarization, racism, blame against certain ethnicities or occupations and communities. As soon as the COVID -19 pandemic in India broke out it went on to acquire deep political, racist, communal and casteist overtones. Derogatory nomenclatures such as 'Chinese-virus' or 'Corona-jihad' soon became part of a disjunctive politics of 'representation' that led to systematic targeting and violence against people from the North East and Muslims. In the case of the latter one witnessed socio-cultural 'othering' and political scapegoating coming together as key drivers of stigma and discrimination aided by fake news and videos and biased reporting by certain sections of the media with severe implications for the health, economic and social well-being of the community and disease control and public health in general.

The presentation will critically examine the macro context of majoritarian nationalism and anti-minority bias behind the targeting of the Muslims in India during the initial months of the COVID-19 pandemic, the forms and nature of stigma and discrimination that the community faced in different parts of the country and the role played by some sections of the health sector in this regard. Religious minorities like Muslims in India faced

new forms of violence and discrimination in both public and private hospitals during the first wave of the COVID-19 pandemic. So while pandemics even in 'normal times' have the unique ability to amplify existing health inequalities and sharpen deep-rooted biases and prejudices when they occur in times of hyper-nationalism, anti-minority sentiment, shrinking secular and democratic spaces, the implications for the health, well-being and survival of communities under siege is dire; the implication for disease control and public health is dire and the implications for social justice and citizenship rights is also dire.

Ms Brinelle D'souza, Tata Institute of Social Sciences



About the presenter

Brinelle D'souza is currently Chairperson, Centre for Health and Mental Health, School of Social Work, Tata Institute of Social Sciences. Her areas of expertise are public health, health rights, marginalization and health and health activism. She has directed projects at the state and national level in collaboration with UNAIDS, UNDP, USAID, the National AIDS Control Organization & the Global Fund to Fight Against AIDS, TB and Malaria, Geneva. Ms. D'souza is also the Co-Convenor, Jan Swasthya Abhiyan (JSA) - Mumbai, the local chapter of the global People's Health Movement. JSA-Mumbai was at the forefront of legal activism in the country during the first and second waves of the COVID pandemic for the regulation of the private health sector and vaccine equity and justice. Ms. D'souza is also deeply engaged with issues of secularism, democracy and minority rights.

The need for a National Strategy for the provision of culturally competent Spiritual Care and Support during Major Health Disasters

My talk will include the following four themes:

- 1. The importance of spirituality and spiritual care in nursing and health care.*
- 2. The background of the challenges and impact of Covid -19 pandemic in the UK during 2020/21*
- 3. The motivation and aims behind the two Covid related projects conducted by the Research Centre of Transcultural Studies in Health (RCTSH) which I led:*
 - a. Spiritual support for hospitalised COVID-19 patients during March to May 2020*
 - b. Towards a National Strategy for the provision of Spiritual Care and Support during Major Health Disasters*
- 4. The importance of preparedness for Major Health Disasters*
- 5. Summary of the key findings from the two projects.*

Prof Irena Papadopoulos, Middlesex University



About the presenter

Irena Papadopoulos is the Professor of Transcultural Health and Nursing, and the Founder and Head of the Research Centre for Transcultural Studies in Health at Middlesex University, London.

She has been researching issues related to transcultural health and cultural competence for over 35 years. She is the originator of the work that led to the development of the Papadopoulos, Tilki and Taylor (1998) model of transcultural nursing and cultural competence. Much of her research has been focused on migrant and refugee health and well-being.

In 2008 she co-founded the IENE programme (Intercultural Education of Nurses -and other health professionals- in Europe). Nine IENE projects have been completed thus far and two more are in progress. Two of the IENE project specifically focused on refugees. All projects have been funded by the European Commission. (<https://ieneproject.eu/index.php>)

Since 2010 she has been researching compassion. She has coined the concept 'culturally competent compassion', as well as 'culturally competent and compassionate [CCC] leadership'. In 2018 she published her book 'Culturally Competent Compassion: A guide for healthcare students and practitioners' which includes chapters on CCC leadership, CCC learning and practising, researching CC compassion, measuring CC compassion, etc.

In 2014 Professor Papadopoulos developed and delivered the first MOOC (Massive Open Online Course) on culturally competent compassion which was attended by 600+ participants from over 25 countries. In the same year she established the International Culturally Competent Compassion On-line Surveys (ICCOS) program. Three ICCOS surveys have been conducted thus far each including 16 to 25 countries with 1200 -1300 + participants in each survey. (<https://cultureandcompassion.com/victory/international-on-line-compassion-survey>)

In 2020, during the first Covid-19 peak in the UK in March of the same year she established the Spirituality in Major Health Disasters Program and has since conducted two projects. (<https://cultureandcompassion.com/spirituality>)

During 2017 -2020 she worked on the project CARESSES (funded by HORIZON2020 and the Japanese Ministry of Internal Affairs and Communication) which developed the first ever guidelines for the production of the first culturally competent AI socially assistive robot for health and social care. <http://caressesrobot.org/en/project/>

Professor Papadopoulos is a founding member of ETNA (European Transcultural Nursing Association) and its elected President. (<http://europeantransculturalnurses.eu/>)

The Australian Aged Care Experience

Having the appropriate preparedness for an emergency situation can prevent its escalation into a crisis. Management of decision making, activation of the appropriate response team and the ability to anticipate and predict evolution of worse case outcomes is the key to ensure that a crisis is averted.

Despite Australia having a robust health care system, the Aged care sector was caught unprepared for the COVID-19 outbreak. The devastating results of the first wave have highlighted a broad range of impacts which have forced examination of the way we operate. Following the first lockdown we experienced a period of 0 cases until the emergence of the Delta strain which has forced most of the country to experience numerous short and long lockdowns thus questioning the effectiveness of it and the impact of it on the aged care sector. In addition, the Australian government was slow in rolling out the vaccination process in the belief that the Astra -Zeneca vaccine produced in Australia would cover the needs of the population.

Australia's land territory is the sixth-largest in the world at 7.692 square kilometres, being the largest island and the smallest continent. When measuring the population against its land area, Australia has one of the lowest densities in the world with a population of 25 million and density of 3 persons per km². In this context, the 1405 total deaths due to COVID-19, out of which 744 deaths are linked to aged care has had the country on edge and Public Health Officials issuing lockdown directions, as many as up to 6 in the last 2 years.

The roll out of the vaccination process to the aged care sector initially was fraught with challenges which included originally poor uptake, lack of mandatory requirements and general aversion to any vaccine due to several cases of clotting and deaths as a result of the roll out of the AZ in the general population

Since mandating vaccinations to the sector and rolling out the Pfizer 90,3% of residents in aged care are fully vaccinated with 85.8% workers fully vaccinated and 99.7 % having had first dose.

As we are preparing towards moving out of our various Lockdowns, we are re-examining the lessons learned from the various scenarios and working on future preparedness and prevention projects to ensure that we can live with the virus or any other challenges thrown our way.

Kathy Devitt, Fronditha Care



About the presenter

Motivated professional with excellent educational background including A Bachelor of Applied Science Degree in Nursing, Diploma of Quality auditing, Diploma of Project Management and 30 years of Outstanding experience in the Aged Care Industry in a variety of settings .

Subject matter expert in aged care provision for CALD community settings in Australia. Adds value to any organization in need of great collaboration, interpersonal skills, multitasking abilities, mentoring and advice Customer-focused with a passion and interest in all matters concerning Quality Management Processes and Systems .

Inequities of COVID Response in a Diverse Nation

The COVID-19 pandemic response brought forward the best and worst aspects of the U.S. healthcare system. While a global leader in developing and manufacturing vaccines, longstanding issues of disparities in access to health care became both starkly evident and deadly. One study found that that the COVID prevalence ratios in BIPOC communities were on average 138% higher than in Caucasian communities. Another study reported that between March 2020 and June 2021, people of BIPOC communities were hospitalized with COVID-19 at a rate 2.8 times higher than Caucasians.

In the United States, there are many contributing factors for these disparities, including systemic racism, economics, living circumstances, as well as historical and cultural factors that resulted in an initial mistrust of official public health pronouncements. Complicating a unified response to the pandemic is the political organization of the U.S., which favors the independence of its states and freedom of choice among individuals over federal authority to act.

The U.S. government's inability to respond to the pandemic in a unified and swift manner has laid bare the huge inequities in health care for Americans. Health care disparities deserve urgent attention and mitigation, because in times of challenge—whether economic or from a pandemic—disparities in access will become worse and more deadly.

Prof Azita Emami,
University of Washington



About the presenter

Azita Emami is Executive Dean of the University of Washington School of Nursing. Dr. Emami's career has spanned multiple countries, as has her advocacy on behalf of global equity in access to healthcare and an expanded role for the nursing profession in delivering primary care.

Dr. Emami has been a powerful and productive advocate for international collaboration, full healthcare partnership for nurses, and consistent standards of education that enable nurses to provide primary care needs globally. She was one of the leaders of the Nursing Now USA initiative, which was part of an international effort that raised the visibility of nursing and created a new vision globally of nursing's role in the healthcare ecosystem. She has been a national leader in developing efforts directed at diversity, equity and inclusion including establishing the nation's first Center for Antiracism in Nursing.

Dr. Emami earned a bachelor's degree in nursing from the renowned Karolinska Institutet in Sweden, where she grew up after emigrating from Iran. She went on to gain a master's degree in international health care from Karolinska and the Red Cross College of Nursing; a nursing education degree with a teaching certification, and a doctorate in medical sciences from Karolinska.

Dr. Emami's research has resulted in more than 70 publications in peer-reviewed journals nationally and internationally. This body of work reflects her research interests in cross-cultural care, elder and dementia care, the development of cultural competence, and the evolving policy and clinical roles of nurses nationally and internationally. She maintains an active research schedule with collaborations around the world.



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