Can health professionals really handle everything?
Lessons learnt from a first attempt at measuring resiliency, culture shock and stress levels of year-long physician, nurse and midwife Educators serving in Africa.

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Seed Global Health educates a rising generation of health professionals to strengthen access to quality care with a goal of saving lives, strengthening health systems, and improving health.
GLOBAL HEALTH SERVICE PARTNERSHIP

Global Health Service Partnership (GHSP) + PEPFAR + Peace Corps + Seed Global Health

GHSP Volunteer & Local Counterpart → Faculty
Frontline Health Care Workers → Community Members
Medical and Nursing Students
GHSP Educator Support Surveys

Identifying personal and structural factors associated with resiliency, stress, and culture shock to promote successful GHSP service.

To determine the personal and programmatic factors that impact the process of culture shock, stress, and resiliency for GHSP educators;

To identify risk factors and periods during GHSP that require the most intensive support for culture shock and wellness;

To use the information gained to strengthen the preparation and support mechanisms for GHSP educators;

To determine how resilience, stress, and culture shock impact GHSP educators’ career motivations in global health and health disparities after service.
Data Collection Methods

• Longitudinal study.

• Five online surveys sent out on a quarterly basis.

Pre-test
During orientation

Q1
Three months after start of service

Q2
Six months after start of service

Q3
Nine months after start of service

Post-test
Three months after end of service
Measures

- Resiliency Assessment Tool (CD-RISC 10) - 10 statements
- Perceived Stress Scale (PSS-10) - 10 statements
- Culture Shock Profile Questionnaire - 33 statements
- Other questions - 18 to 27 questions
Samples

Pre-departure
n: 48
Response rate: 69%

Q1
n: 46
Response rate: 66%

Q2
n: 44
Response rate: 63%

Q3
n: 38
Response rate: 54%

Post-service
n: 27
Response rate: 39%

Resiliency
n: 10

Stress
n: 12

Culture shock
n: 13
Analysis

Analysis consisted of:
• Descriptive statistics
• Non-parametric tests
• Correlations

The longitudinal sample size was too small to conduct the statistical analyses we were planning to conduct, such as:
• T tests
• ANOVAs
• Regressions
Learnings

• Surveys were long.

• Data was not analyzed as we received it.
  • Did not use it to inform the programming for the cohort being studied.
  • Program had ended by the time the data was analyzed.

• Plan to continue conducting the survey was affected due to program changes.
Current Situation

• Information available is not generalizable.

• Low likelihood of having access to an educator pool similar in size.

• We still do not know:
  • How much health professionals can handle.
  • What are the main factors that influence stress, resiliency, and culture shock throughout the year.

• It has informed how we integrate this type of data collection into our routine data collection activities.
In the Future

• Explore potential incentives in exchange of survey completion.

• Analyze the data as it comes in.
  • Share findings with relevant staff members.
  • Share data highlights each quarter with educators.

• Explore validated tools that measure culture shock.
What About You?

• Have you had any experiences conducting longitudinal studies?

• What are some tips and best practices you can share?