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CLINICAL EXPERIENCES


A solo career in Brunei Darussalam

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Abstract

Working as a nurse in another country is very interesting as many healthcare systems need to be learned. A few patients have a specific disease requiring innovative approaches to reduce adverse outcomes. In this article, we explained our experience being nurses in Brunei Darussalam. Patients transition from highly supportive medical environments filled with the possibility of a large number of physicians, nurses, aides, and other professionals to non-medical environments filled with formal and informal carer support that is frequently supplemented by visits from home care nurses when they leave the hospital and return home with home nursing care. Patients and carers may have difficulty making sense of the information provided to them by different clinicians before being discharged from the hospital and by home care nurses. This information can often be inconsistent. Providers, for their part, frequently have an incomplete awareness of the patient's home environment and the skills of both the patient and the carer. Despite these challenges, patients are most expected to care for themselves and be actively involved in their treatment to the extent necessary to own and control their medical problems.

Keywords: Healthcare; innovation in health; caring for the human being; chronic care; nursing career

Introduction

The perspective of a project on technology and the healthcare system collaborating with multiple disciplines is sometimes needed (Landers et al., 2016). Designing home care providers for caregivers in the home environment would be a promising strategy for optimizing the health system (Gaspar et al., 2020). Brunei Darussalam is a small country paying so much attention to developing home care services (Al Munawar, Wint, Low & Anshari, 2012). Due to this, several nurses abroad work there to get a fresher experience and establish an innovative way of patient care. This article described our experience as solo nurses working in the healthcare setting in that country.

I worked in Elfera Health and Nursing care located in Brunei Darussalam. One of the private companies that provide services in the health sector, especially the care of the sick, both at home and in the hospital. I came to Brunei Darussalam in October 2019 and returned to Indonesia in January 2021. When I first came to Brunei, my first obstacle was the language because people in Brunei use Malay and English. I did not understand Malay and medical English the first time I came. But over time, I started to understand the language. The first time I worked, I got a baby patient who was eight months old with a medical diagnosis of charge syndrome. It was a challenge because I had never cared for a baby with a complex illness. It needs extra care. Because when the baby cries, it will have difficulty breathing and cause cyanosis and then faint, so the nurse in charge must always be ready to provide oxygen assistance to petrify his breathing and return to consciousness. I have learned many things from caring for this baby, from feeding through G-Tube, using a feeding pump, and collaborating with several physiotherapists from Brunei to Malaysia.

Then I got the following patients: accidents that caused limb weakness, craniotomy, total bed rest, etc. Some of the patients I care for are at the patient's house, and some are taken care of in the hospital. There were several interesting things while working in Brunei Darussalam when I looked after patients with lower extremity weakness at home. I encountered a device to move patients called a patient hoist; I rarely found this tool used in Indonesia, especially when treating patients at home. The hoisting tool that I encountered at that time was a manual one using a hydraulic system instead of an electric one; I think this is a new experience because moving a patient from the bed to the bathroom is very difficult when alone, but using this tool only one person is straightforward to follow me to take the patient from the bed to the bathroom without having to use a force and the patient also feels more comfortable. The tool is beneficial to move the patient, for example, from the bed to the bathroom or from the bed to the wheelchair. Another exciting thing is that Brunei's health care system is interconnected; all are internet-based to make reports. An example

of a connected service is all patients still in follow-up care, such as those with stroke or craniotomy requiring feeding through the NG and a tracheostomy.

The home base will visit all patients monthly, such as checking vital signs, glucose, urine catheter or NGT tube replacement. All patient needs, such as under pet, urine bag, suctioned tube, intrasite gel, NaCl and others, are taken at the home base office for free. One of my patients has TB; even to give TB medicine, the Brunei health side is paying attention; they will come every day and give the TB medicine for that one day, so every day they will come and monitor the administration of the TB medicine. All health services for the people of Brunei are free and borne by the Kingdom of Brunei Darussalam; even though the treatment reaches the country, everything will be covered/free. Maybe that's my experience regarding health services in Brunei that I know little about while working in the State of Brunei Darussalam.

Discussion

The development of home healthcare innovations should be put on patients, their experiences, and the condition of the healthcare system. Since healthcare professionals and caregivers are the innovations' major users, Brunei must prepare well for the possibility of a sustained community in the health system (Wong et al., 2020). An effective public communications strategy and transparency of the government's role should be established. Recommendation for engaging all levels of society is essential, particularly in communication (Danielsen, Sand, Rosland & Førland, 2018). In addition, leadership in the healthcare area must be optimized and responsive to complaints. Finally, traditional and non-traditional media should serve in tandem in providing comprehensive information to patients. After a patient is discharged, home health nurses report insufficient communication of essential patient information between the hospital, primary care, and home care. Home care nurses can receive either an excessive amount of information (such as all clinical documentation related to admission) or an insufficient amount of information (such as only the patient's demographic information, primary discharge diagnosis, and rationale for the home care referral) (Sockolow et al., 2021; Askari-Majdabadi et al., 2019; Dzissah, Lee, Suzuki, Nakamura & Obi, 2019).

Suppose nurses are not given access to information that can be implemented. In that case, they are forced to rely on patients and other carers to provide hopefully pertinent, suitable, and accurate information. On the other hand, patients and carers frequently cannot offer accurate information due to misunderstandings, poor communication, or a lack of adequate recall (Chichirez & Purcărea, 2018; Koul, 2017). Upon leaving the hospital, all patients are provided with discharge instructions; however, the paperwork accompanying these instructions may be misplaced or thrown away, difficult to comprehend, or incorrectly focused on the primary discharge diagnosis at the expense of providing information concerning comorbidities. In addition, home care nurses have limited access to discharge summaries even when they request them. The fact that these nurses must rely on patients and other carers for essential information makes their duties more challenging and jeopardizes patients. When nurses are forced to judge with incorrect or insufficient information, unfavorable events might occur, leading to admissions or readmissions that could have been avoided. It is possible to eliminate between 5 and 79 percent of hospital readmissions. Enhancing information sharing between home healthcare providers and hospitals could likely avert such hospitalizations.

The most valuable human resource that the healthcare industry possesses is that of a nurse. A rotational work schedule, high work demands, and daily emotional impositions must be dealt with to avoid boredom and tiredness are some of the challenges nurses face while performing their jobs. Nurses also engage with patients, doctors, coworkers, and other health professionals. Hospital nurses have a high turnover rate because many get dissatisfied with their careers, lose their motivation, and ultimately quit their jobs. As a result, maintaining and developing nursing skills and careers, including through the career phases program, is a labor-intensive endeavor that requires effort. Career advancement opportunities and incentives for nurses are included in retention initiatives (Sheikhi, Fallahi-Khoshnab, Mohammadi & Oskouie, 2016; Aydın, Oflaz, Karadağ, Ocakçı & Aydın, 2021). A professional career stage is a system designed to increase performance and professionalism, field-based competency, and work satisfaction and to settle disparities in the remuneration workers believe they deserve. The ability of a nurse to manage their nursing career proactively is essential to the success of a nursing career. Other factors that contribute to the success of a nursing career include the nurse's participation in clinical decision-making, the ability to identify both short-term and long-term goals, and the ability to manage patient care effectively. The nurses are the ones who need to recognize that they have room for improvement in their skills, and the leaders of the nursing staff are the ones who have to acknowledge that they should help assist this process and provide the nurses with developmental policies. In addition, registered nurses often choose not to participate in career stages because they are unaware of the requirements for applying to career stages and the required information. Nurses' intrinsic motivation is another factor contributing to their engagement in the professional stage. It takes an active role on the part of the nurse in order to attain the intended career level and advance through career stages designed to respect clinical benefits and nurses' skills (Sandehang, Hariyati & Rachmawati, 2019).

Finally, some countries have always had a legislative base that enforces the rules for implementing career stages. On the other hand, it would appear that the primary motivation behind establishing career stages was obtaining accreditation. Additionally, the introduction of career stages at some hospitals has been met with resistance, and several other career stage models will be tested (Sasaki, Fukada, Okuda & Fujihara, 2019). This has been the case from the beginning of the process, and the mapping process continues to produce misconceptions, differences in the implementation of career stage requirements, and protests or confrontations while it is being carried out.

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