

# *My Story: Implementing a Grief and Loss Program in a Remote Village in Zambia*

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*The purpose of this paper is to describe one nurse's experience in implementing a grief and loss program for caregivers, teachers, and guardians of orphans in a remote village in Zambia. Nursing professionals at a Texas university responded to the needs of this underserved community because of the high death rate caused by the HIV/AIDS pandemic. The rewarding experience produced successful outcomes in terms of spiritual service, and continued efforts toward achieving social justice. Evaluation results proved that a distance approach to implementing grief and loss initiatives in Zambia is achievable.*

**Search terms:** *Grief, HIV/AIDS, loss, social justice, Zambia*

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## **Introduction**

Because social justice is a core value in nursing, students and faculty volunteer and dedicate themselves to improving the world in many ways. In the fall 2003, an opportunity at a faith-based university in Texas allowed nurses and other healthcare professionals to utilize their knowledge and expertise to provide a much-needed initiative in a remote village in Zambia. The initiative was to assist this community to cope with death and loss caused by the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic occurring in the region. This paper describes one nurse's experience in implementing a grief and loss program for Zambian caregivers, teachers, and guardians of orphans.

## **Background**

In January 2003, I was the newest member on the nursing faculty at my school. I was seeking challenges to benefit me in enhancing my teaching assignment. I sought out campus organizations, committees, task forces, etc., to see where I could best share the many experiences that I had enjoyed during my nursing career of over 30 years in the armed forces. I settled on a nonprofit charitable organization located on our campus hosted by the Catholic Order that supports our university. The organization is a collaborative network fostering personal and social transformation through community education and research. In 2002, the organization implemented a Virtual Learning Center designed to promote learning and leadership for Christian women around the world. This organization's major emphasis is working with economically

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disadvantaged women. The center provides a space on the World Wide Web for women working locally to create peaceful sustainable communities to share their experiences, wisdom, and personal values globally. Within a year of implementing the interactive Web site, an idea grew from the interaction among the diverse population of women. The idea was to explore outreach initiatives that would enhance the potential of the Web-based virtual community and promote collaboration in addressing the reality of women in developing areas of the world. After several meetings, I was sold on making a difference through involvement with this organization.

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The initiative was named Reach-Out-Africa. Africa was selected as the continent to begin implementing global initiatives because of its vast poverty and high mortality rate resulting from the HIV/AIDS pandemic. Two sites were selected: Mongu, Zambia, and Bukoba, Tanzania. Women from both Mongu and Bukoba expressed immediate interest in collaboration with the charitable organization. The organization established a volunteer team composed of faculty and students from the Texas university. Four specific initiatives were identified: to develop (a) cross-cultural leadership programs; (b) teacher and caregiver onsite workshops; (c) virtual learning centers; and (d) to promote women's economic development.

By summer 2003, it was clear that the two teams were needed to support development of outreach initiatives in both sites. The Zambia team focused on teacher and caregiver onsite workshops, and the Tanzania team focused on developing cross-cultural leadership training for women. My extensive background in nursing professional development and counseling made it more appropriate for me to share my expertise with the Zambia team. After a series of weekly meetings, the Zambia team settled on an intervention that involved development, implementation, and evaluation of a program encompassing two workshops to assist Zambian teachers, caregivers, and guardians of orphans to cope with grief and loss.

### Preparation and Getting Started

After accepting the role of primary program developer, it was apparent that I had a lot to learn and much work to do to prepare for this project. My personal objectives were to first learn as much as I could about the impact that the HIV/AIDS pandemic had on the African continent, and more specifically on the region where we were to provide this learning experience. Of equal importance was for me to become culturally astute about the values, traditions, and mores of this country. Having invested the time in achieving this knowledge would later be one of the greatest investments in achieving the success of this project.

### HIV in Zambia

As I began my research into the impact of the AIDS pandemic in general populations of Africa and in Zambia, the picture was gripping and dismal, leaving one to wonder just how the people survived the misery of such a high death rate compounded by extreme poverty.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimate that more than 25 million people

**Table 1. HIV/AIDS: Zambia (2007 Report on Global AIDS Epidemic)**

<b>Adult HIV prevalence rate (Ages 15–49)</b>	<b>Adults living with HIV (Ages 15–49)</b>	<b>Children living with HIV (Ages 0–14)</b>	<b>Women living with HIV Ages 15–49</b>	<b>AIDS deaths for adults and children</b>
17%	980,000	95,000	570,000	98,000

Note: Adult age is 15–49 years; children age is birth to 14 year (UNAIDS/WHO, 2005). Data from the Joint United Nations Programme on HIV/AIDS, 2007.

have died from AIDS since 1981. An estimated 2.8–3.5 million adults and children are estimated to have died in 2005. The region of sub-Saharan Africa is most affected, with 2.4 million deaths in 2005, and 25.8 million people living with HIV (UNAIDS/WHO, 2005). In 2007, the most recent year for which comparable data are available, Zambia ranked 10th globally in terms of HIV/AIDS deaths with 56,000 estimated cumulative deaths among adults and children, and with an estimated 980,000 adults and children living with HIV. These data account for 17% of the total population of Zambia. More than half (57%) of all adults living with HIV are women, and 10% (95,000) are children (UNAIDS/WHO, 2007). Table 1 depicts the disproportionate burden of HIV/AIDS on Zambians and the overwhelming need to educate caregivers to effectively cope with death themselves and further assist children to cope with the challenges of death.

### **Cultural Competence**

Learning about the Zambian culture would be the key to presenting a culturally specific and sensitive program for attendees who were to participate in the program. I examined Campinha-Bacote's Cultural Competence Model as a starting point. The principles of this model outline views about cultural competence that fit well with my views as a nurse. The author defines cultural competence as an ongoing growth process in which healthcare professionals continuously strive to

achieve the ability and availability to work effectively within the cultural context of a community. The process involves the integration of cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters (Campinha-Bacote, 2002).

My cultural desire involved a commitment of personal sacrifice, which meant that I was willing to put aside my own prejudices and biases toward culturally different communities. My desire surfaced purely due to my love for all people despite race, color, creed, or religious affiliation. My basic philosophy of living by the golden rule further fueled my desire to better understand the Zambian culture.

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I sought to become culturally aware through self-examination and in-depth exploration of my own cultural background. To assess my level of cultural awareness, I selected the seven questions outlined in a presentation by G. Lara presented at a national conference in 1997, titled "Strategies to Improve Health Status for Women of

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Color." The questions are addressed in Campinha-Bacote's text, "The Process of Cultural Competence in the Delivery of Healthcare Services." Addressing these questions helped me to recognize my own biases, prejudices, and assumptions about cultures and persons who are different.

The questions are:

1. What cultural/ethnic group, socioeconomic class, religion, age, and community do you belong?
2. What experiences have you had with people from cultural groups, socioeconomic classes, religions, age groups, or communities different from yourself?
3. How did you feel about them?
4. When you were growing up, what did your parents and significant others say about people who were different from your family?
5. What about your cultural/ethnic group, religion, socioeconomic class, age, or community did you feel embarrassing or wish you could change?
6. What personal qualities do you have that will help you establish interpersonal relations with persons from other cultures?
7. What personal qualities may be detrimental? (Lara, as cited in Campinha-Bacote, 2002, p. 18).

The results of my assessment opened my mind and added to my current knowledge base. Having been a world traveler, lived in four foreign countries, and had direct contact with many different cultures in my past experiences, I found that there were still areas that required my continued growth and development in striving for improved cultural competence.

To further enhance our team's cultural knowledge and awareness, our team attended two seminars prepared by the local Catholic Relief Services addressing cultural aspects of Zambia. The first seminar addressed traditional customs, rural and urban life, rituals, ceremonies, celebrations, and spiritual and religious practices, and the second seminar focused specifically on children's response to death. Specific sessions were arranged to allow for collaborative dialogue between the Zambia team and the program sponsors in Zambia, using the

Virtual Learning Center. I spent numerous hours utilizing the Internet and library resources to gather information about death, bereavement, and grief and loss in the Zambian culture. To add to my general knowledge about grief and loss, I attended a 2-day facilitator's course sponsored by the local American Cancer Society. This course prepared me to facilitate Life after Loss community outreach programs. Later, prior to my travel to Zambia for the second workshop, I became a certified grief recovery specialist, through the Grief Recovery Institute, Sherman Oaks California.

After feeling comfortable with my awareness and growth in achieving the first three components of the cultural competence model, I felt I was prepared to begin the developmental phase of the project. After examining several models to assist me with guiding the process, I settled for a modified version of the nursing process: assessment, planning, implementation, and evaluation.

### Assessment

Understanding the specific problems and needs of teachers, caregivers, and guardians of orphans in Mongu and surrounding villages in the western region of Zambia was the first step to beginning the developmental cycle.

Using the Virtual Learning Center, the Zambia team conducted a rapid needs assessment through an in-depth dialogue arranged specifically to address the needs of the target population. Zambian community leaders, representatives from Zambian local community ministries, and home-based volunteers participated in this dialogue. The major themes that emerged from the dialogue described Zambian society under pressure from the burden of HIV/AIDS. Home-based care volunteers reported adults and children having overwhelming sadness and stress without resources for assistance. The group participating in this dialogue all unanimously agreed that the feelings of loss do not dissipate over time but continue to impede the individual's ability to lead healthy productive lives.

The volunteers realized that supporting physical needs—nutrition, health, and education—is not enough, and that addressing emotional needs are essential. The outcome of this dialogue was that programs are needed to assist children, adolescents, and adults to effectively move through the grieving process. Teachers, caregivers, family members, and guardians of orphans need support and assistance to cope with death, and of equal importance is for adults to have knowledge and skills to assist children through the grief process. These efforts need to be rooted in the community to be effective.

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### Planning

The planning process involved a series of steps to prepare for the implementation of the two workshops. Kirkpatrick (2006) identifies seven distinct steps useful for laying the foundation for program development. These steps included identifying the objectives, selecting the subject content, selecting and preparing audiovisual and training materials, selecting the facilitator and workshop helpers, identifying the participants, determining a feasible schedule, selecting the facilities, and, finally, coordinating the workshops (Kirkpatrick, 2006). Often the success of training programs in any venue depends largely on financial support, and should be addressed early in the initial planning phase. For Workshop I, the charitable organization incurred

**Table 2. Workshop objectives**

1. Define grief and associated emotions.
2. Discuss strategies that adults can practice to assist other adults in achieving healthy grieving.
3. Participate in a role-play situation focusing on assisting another adult through a difficult time following the loss of a loved one.
4. Distinguish between grief and mourning as associated with children's perceptions of loss.
5. Discuss strategies for helping children to cope with death, grief, and loss.
6. Identify guidelines for selecting appropriate strategies to assist children with understanding their perceptions of death.
7. Use specific situations to identify practical solutions for helping children prepare for impending death of a loved one, and prepare for the aftermath when a loved one dies.

the cost for training materials, travel, and lodging for the team. The Zambian Orphans Society, a nonprofit organization, awarded a well-deserved grant to the charitable organization for the support of Workshop II and other funding needs for the overall program.

### Identifying the objectives

Seven specific measurable learning objectives aimed at increasing knowledge and changing the attitudes of the Zambian learners were outlined based on the identified needs. The same objectives were used for both workshops. The objectives were designed to create content that would provide didactic and practical hands on approaches to helping participants to assist other adults and children to cope with grief and loss (see Table 2).

### Selecting the subject content

As the development of the first workshop progressed, and the needs and objectives were identified, I examined a number of resources to guide the selection of content to support the objectives. The Internet served as my

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tool to gather information about the culture and customs of the country. My research depicted Zambia to be one of the continent's most peaceful countries. According to the "Complete Travel Guide for Zambia," Zambia stands out as an important example of Africa's recent democratization, experiencing both incredible success as well as some notable problems, such as the incredibly high incidence of HIV/AIDS, poverty, and other setbacks. Zambia's contemporary culture is a blend of values, norms, material, and spiritual traditions of more than 70 diverse peoples. Zambia's diverse cultures bring with them a wide variety of traditional skills, such as arts and crafts, which are found in abundance in the country, and some of the finest basketry of Africa can be found in Zambia. Dance is an important part of musical expression among the Zambians and along with the ideas they express are reflectors of life and thought over the centuries (<http://www.zambiatourism.com> or <http://www.zambiatourism.com/travel/hisgeopeop/people.htm>).

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Other resources were utilized to gain ideas and suggestions to assist me in developing the basic outline

for the workshops. Smith and Jeffers (2001), *ABC's of Healthy Grieving: Light for a Dark Journey*, was selected as a primary reference for preparing content for helping adults to effectively grieve. One author's message in another reference titled, *Healing Your Grieving Heart: 100 Practical Ideas*, is that children need to grieve to express their grief outside themselves. Children need the compassionate support of adults. This reference provided ideas for assisting children 6–12 years to grieve for someone they love (Wolfelt, 2001). Wakenshaw (2002) addresses the premise that children can understand that dealing with loss is a basic life skill. Helping children learn that grieving is important, natural, and permissible even when a loss appears to be minor can help children (as well as adults) develop the skills for dealing effectively with the catastrophes, setbacks, and disappointments that are a part of life (Wakenshaw). The UNAIDS and WHO reported in 2005 that the HIV/AIDS epidemic and resultant poverty have caused a severe impact on the ability of the family to provide support for individual family members, leaving communities behind to cope with the psychological and emotional distress. Family Health International (FHI) and Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children conducted a qualitative study with 10 focus groups in four districts in Zambia. The purpose of the study was to determine the impact of HIV/AIDS on orphaned children and guardians. The researchers found that many grandparents did not talk about the death of parents to protect children. Some children were not aware of their orphaned status or that the guardians were not biological parents (FHI, 2002). FHI conducted another study on the psychosocial issues faced by orphans where the psychosocial support persons were trained to provide emotional support to orphans and vulnerable children and guardians. The study concluded that training a small number of carefully selected community cadres to respond to psychosocial issues faced by orphans and vulnerable children has a rippling effect on the community. Community support persons are a reflection

of their communities. These individual needs should be addressed within experiential training programs in order to foster self-awareness and coping capacity, so that they are empowered to serve as role models and effective helpers within their communities. Psychosocial interventions are best met by community members (Mwape, 2002). Another article titled, "Fostering Hope in People Living with AIDS in Africa: The Role of Primary Health-care Workers," addresses the helping role of primary healthcare workers and caregivers, and their role in fostering hope in people living with AIDS. In this paper, the author examined the concepts of hope and the cultural construct of HIV/AIDS in African countries (Akinsola, 2001). Another Internet resource offered an excellent perspective about storytelling as a technique for assisting children to deal with grief and loss. This document is a product describing results of a psychosocial project involving a group of orphaned and vulnerable children in Lusaka. It is used today as a tool for discussion and reflection to help children acknowledge and share their own experience of loss, and to enable guardians, parents, teachers, and caring adults to help children deal more effectively with emotional issues surrounding the loss of a loved one. It contains stories, practical tips, and information about the grieving process, and how to help children through difficult times in the AIDS pandemic (<http://www.careinternational.org.uk> or <http://www.careinternational.org.uk/Telling+our+stories:+Children+deal+with+loss,+grief+and+transition+4262.twl>) (Care International, 2002).

The development of the content included an examination of Zambian learning styles. Teaching with visible images and oral traditions have been shown to be effective in disseminating didactic information in the Zambian culture. The overall key to developing the content for both workshops was to provide culturally appropriate, constructive information that would improve the coping strategies for adults and children, and that the activities presented would accommodate the unique customs and practices of the Zambian people.

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#### **Selecting and preparing audiovisual and training materials**

Training materials selected for the workshops were limited to mostly paper-based materials (i.e., tabletop presentations, student workbooks, flipchart, and a chalkboard). Limitations were due in part to sparse resources available for educational endeavors in this region. Despite the limited resources, the program sponsors were able to provide enough resources to fulfill the teaching needs. The available resources were appropriate to support traditional classroom discussions, lectures, role-plays, storytelling, drawing, journaling, and memorializing. For Workshop I, a review committee was formed and composed of selected Zambian community leaders and educators. The role of this committee was to review all materials that I would use in the workshop. The materials included the participant's workbook and my lesson plan which documented teaching and evaluation methods, and other supplemental materials. The materials were reviewed for relevancy, appropriateness, and accuracy. The suggestions and recommendations provided excellent ideas for ensuring that the content was appropriate for projected Zambian learners.

Of specific significance was the preparation of training materials for Workshop II. Participants in Workshop I had recommended that future workshops be presented in the native language: Silozi. The aforementioned grant supported the translation of workshop materials. Translation of the materials was

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**Table 3. Demographic Comparison of Workshops I and II**

Variable	Workshop I (%) N = 34	Workshop II (%) N = 23
Age	X = 38 years Range 22–63 years	X = 36.39 years Range 19–65 years
Gender		
Female	27 (79.4)	21 (91.3)
Male	7 (20.5)	2 (8.6)
Marital status		
Married	14 (41.0)	10 (43)
Separated	3 (8.8)	2 (9)
Single	10 (29.4)	8 (34)
Widowed	7 (21.0)	3 (13)
Educational levels		
College	5 (14.7)	0
Some college	4 (11.7)	0
Grade 12	10 (29.4)	8 (34)
Grade 9	6 (17.6)	2 (9)
Grade 7	6 (17.6)	6 (26)
Less than grade 7	3 (8.8)	7 (30)
HIV/AIDS caregiver or legal guardian		
Yes	27 (79) Caregivers	23 (100) Legal guardians
No	7 (21.0) Legal guardians	

accomplished through an extensive involved process. The process included selection of a knowledgeable and competent Zambian educator who first translated the materials. Next, the materials were passed to the same panel of Zambian educators and community leaders who had reviewed materials for Workshop I. A computer graphics specialist edited, added stimulating graphics, and prepared the materials for final draft.

### Selecting the facilitator and workshop helpers

The charitable organization welcomed my expertise, knowledge, and credentials, and they accepted my offer to support the initiative as the primary program developer and facilitator. The program sponsors selected two bilingual helpers to assist me with administrative tasks for both workshops. For Workshop II, the grant received from the Zambian Orphans Society also pro-

vided funds for a Zambian educator, with experience in early childhood education, to assist me as cofacilitator and to serve as translator and interpreter.

### Identifying the participants

Program sponsors who were of the Zambian Catholic ministries located in Mongu and the surrounding provinces selected the participants who were to attend the workshops. Table 3 depicts demographic profiles of the workshop participants. Thirty-four ( $N = 34$ ) bilingual teachers and caregivers attended Workshop I. The majority were female and married. The educational levels ranged from less than grade 7 to college preparation and were caregivers for at least one HIV sufferer. The average age was 38 years.

By contrast, the 23 ( $N = 23$ ) participants attending Workshop II were all non-English speakers and guardians

of orphans. As with Workshop I, the majority were female and married; however, the educational level was significantly different. There were no participants with college preparation or some college. The educational level ranged from grade 12 to less than grade 7. Most were relatives who had legal guardianship for children who had been orphaned through the loss of parents, or a primary caretaker. The average age was 36.39 years.

### **Determining a feasible schedule**

With inputs from the local Zambian leaders and program sponsors in Mongu and surrounding communities, we planned by distance for a 5-day workshop, 8 hr daily with two 20-min breaks and a 60-min lunch period. Despite the difficulties of distance planning, such as poor Internet access and the language barrier, the schedule worked well for both workshops. However, one exception during Workshop I was that the scope of the content was physically and emotionally draining for me as well as for the participants, causing diminished energy levels at the end of each day. This concern was taken into consideration for planning the schedule for Workshop II. While the schedule for Workshop II remained essentially the same as Workshop I, the schedule was changed slightly to accommodate another group activity with individual reporting and storytelling. This small change stimulated upbeat interaction causing joyous end of the day discussions, which reenergized me for another upcoming day of grief and loss learning.

### **Selecting the facilities**

The facilities used for both workshops were located on the compound owned and operated by the Catholic Diocese of Mongu. The meeting room was designed to accommodate 50–60 participants, and allowed for easy access and comfort for both workshops. The room was additionally equipped with a chalkboard, ample electrical outlets, and a large-screen TV/VCR. The room was well lit and furnished with tables and comfortable chairs, which equated to what I was accustomed to back home.

### **Coordinating the workshops**

The goal for coordinating an effective program is to ensure that the needs of the facilitator and the participants are met. Coordination of the program began approximately 6 months prior to the program start date. I made contact with the Zambian program sponsors who were two Sisters of one of the Catholic Orders located in Mongu. Contacts were primarily made through email and through Internet online chats. Email and Internet access were often bothersome due to poor connectivity associated with the distance and lack of adequate Internet systems in Zambia. One program sponsor was a member of our university's faculty who traveled to Zambia several times during the planning phase. This faculty sponsor hand carried materials and documents for review to the Zambian program sponsors. The program sponsors in Mongu and surrounding communities made personal contact with all participants who were identified to attend the workshops. Since facilities were provided by the program sponsors, little coordination was required to access the meeting rooms and other needed facilities.

### **Implementation**

After six intense and challenging months of planning for culturally sensitive workshops that would ultimately meet the needs of the participants, the time had arrived for our first departure to Zambia. Our team arrived in Lusaka, the capital of Zambia, 30 hr after leaving our Texas city. We spent another 2 days in Lusaka, before traveling on to Mongu, which was another 7 hr bus ride through rural villages and hamlets. Nothing could have prepared me for the culture shock. Even though I had studied the culture, familiarized myself with the customs, courtesies, and traditions of the country, I was not prepared for the impoverished living conditions of the people. After adjusting to the sounds, smells, and sights, I sensed a spiritual connection with the people. I was welcomed with warm smiles and hugs. This unique spirit helped me to look beyond the squalid living conditions that most of the people endured.

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Despite my initial perceptions of the environmental, cultural, and language differences, I was keenly aware of the country's astounding natural beauty. Due to the experiences of the first trip, I was much better prepared for the second trip to the region.

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On the morning of the first day of both workshops, my desire was to speak individually to each participant, and to acknowledge each person with a smile. My objective for the day was to remember each person's name. My second day's objective was to learn to greet the class in the native language: Silozi. This was a gesture that proved to be invaluable in my relationship with both groups. I developed lasting friendships with my helpers (who were the same individuals helping me in both workshops) and the interpreter who also helped me facilitate Workshop II. They were grateful for everything. They showed their gratitude through the customs of bowing whenever I requested they do a task. Hugging was a custom they offered freely as a way of saying "thank you." Whenever, I attempted to speak the language or participate in the unique dance and song, they would cheer me. This gave me validation that I was accepted and that they were open to hearing what I had to offer.

The first activity of the day was an icebreaker that required each participant to identify themselves, share their occupation, what they expected to gain from the workshop, and to introduce to the group the person or persons whom they were mourning. Once again, I was not prepared for the painfully sad effects that this deadly virus had left on the people. While I empathized with each individual's experience, I could not imagine the sorrow and sadness that a mother of 55 felt who had born eight children and all had died in the past 5 years including her husband, or the sadness felt by a grandmother of 43 who was the legal guardian of her five grandchildren and three nieces because their parents had all died from HIV/AIDS. More than likely, some of the children were infected with the virus too. I felt their pain, and I cried with them. I saw the customs and practices that I had read about come alive in the classroom. Dance, prayer, and song were classic practices. Each morning before the start of the workshops and at the end of each day, song, dance, and prayer were in order.

To identify specific learning needs relative to their knowledge about the grief and loss process and working with grieving children, I conducted a pre-assessment survey during the first hour of each workshop. The survey was a 10-item, 5-point Likert-type scale which assessed the participant's opinions about who should explain death to children and their attitudes and perceptions about how children respond to death. Items assessed participant's comfort in discussing death with children, answering children's questions about death, belief about children's involvement in funerals or memorial services, understanding how children think about death, religious and spiritual beliefs, and comfort in discussing their own death with others. Additionally, participants were asked to respond to whether they had experienced death of a friend, relative, or significant other within the past year.

Based on the results of the pre-assessment, it was clear that while a majority of the participants in both workshops had a positive attitude toward assisting children with questions about death, a proportion was

not comfortable with talking to children about death and grieving. These findings suggested a lack of knowledge and comfort in helping children to cope with death (i.e., how and when children should be told about the death of a loved one, and when they should be involved in funeral and memorial planning). The pre-assessment revealed that religion and spirituality were important factors in determining how Zambians cope with bereavement, and that 100% of the participants in both workshops had experienced the death of a loved one within the past year. These pre-assessment results assisted me in altering or refocusing the content to better suit the participant's immediate needs.

As we moved through the agenda each day during both workshops, I was conscious to consistently incorporate discussion that included solicitation of culturally appropriate examples from participants. Participants freely offered examples based on cultural practices.

Most of the teaching techniques used in the workshops fit well with the Zambian learning styles: storytelling, role play and acting, sharing experiences, group work, and individual presentations; however, during both workshops, one particular style was identified that required me to be cognizant of how the learning content was guided to ensure that the learners achieved maximum grasp of the content. Deviating from the training materials to stress a point, as is often done in traditional American adult teaching and learning situations, did not suit Zambian learning styles. This technique practiced with Zambian learners caused distractions and visible frustration; thus, reminding me to consistently watch facial expressions and body language to ensure that all were following the lesson. This was also due in part to the language barrier.

During Workshop I, I learned lessons that forced me to do more careful planning for Workshop II. I was reminded that a backup plan is always needed to allow for unforeseen circumstances beyond my control. One particular lesson was that the electrical currency was not appropriate for American classroom equipment such as the overhead projector. The small generator provided in the classroom did not have ample voltage

to operate my portable overhead projector. As I attempted to present an overhead slide presentation, the generator caught fire, requiring us all to vacate the building until the fire was extinguished. Once we realized that no one was hurt and no damage was done except to the generator, we all had a good laugh, and remembered the incident as a significant memorable lesson.

Coordination and communication with participants proved to be effective. All participants were present on the first day of each workshop, and their full participation continued throughout each workshop.

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Finally, Friday rolled around and it was time to bring everything to a close. It was graduation day. For both workshops, the classes planned their own celebrations. Song and dance were major parts of the celebration. I prepared graduation certificates for each participant and presented them individually. As they received their certificates, they praised each other and expressed their overjoyed gratitude to me. The more charismatic participants performed their own unique performances as a means of expressing their gratitude. What joy I felt, at these moments, to see so much happiness, love, and appreciation shown by the participants.

### **Evaluation**

Evaluation as described by one author is a means of describing a program or activity's effectiveness and efficiency in meeting the needs that the program or

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activity were designed to meet. It is used basically to find out if what was done was effective (Puetz, 1985). The planning process began with an assessment of the participant's needs to find out where to go. Evaluation allowed me to find out if the learners got what I offered in the workshops. I chose Kirkpatrick's four elements evaluation model as a framework for evaluating the workshops: reaction, learning, behavior, and results. Level I (reaction) defines how well the participants liked the training and is typically measured at the end of the training. Level II (learning) determines objectively the amount of learning that takes place. Level III (behavior) determines if changes in behavior takes place following the training. And, Level IV (results) defines the final outcomes resulting from the participants having attended the program (Kirkpatrick, 2006).

For immediate evaluation of the workshops, I selected Level I (reaction) because it was feasible and provided quick and immediate feedback, and it allowed for convenience and ease at gathering and tabulating the data. A separate study is currently under investigation using Levels III and IV as frameworks to determine higher levels of effectiveness of these two workshops. Feedback from Workshop I provided meaningful and important information for improving the content and justification for me to proceed on with presentation of Workshop II.

At the end of each workshop, a 16-item satisfaction questionnaire was administered to obtain feedback to evaluate the participant's impressions and satisfaction of the content presented. The questionnaire included 12 Likert-type response items and 4 open-ended questions. This questionnaire has been used in government facilities to evaluate similar workshops, conferences, and seminars. The 12 items were scored for each participant, with a possible score of 60 points. Internal consistency of the scale was computed for this study, yielding a Cronbach alpha of .84 for scores for both workshops. Scores on the scale for Workshop I yielded a Cronbach alpha of .87; Workshop II scores had an alpha of .80.

The mean score for Workshop I was  $M = 54.6$  and the mean score for Workshop II was  $M = 57.3$ . These differences were significant ( $t = -3.06$ ;  $df = 55$ ;  $p < .003$ ), suggesting that the participants in Workshop II were more satisfied with the training they received than participants in Workshop I. This difference was probably due in part to having an interpreter and translated materials in Workshop II, which ensured clearer and improved understanding of the workshop content.

Analysis of the four open-ended questions revealed that the majority of participants felt there was a great need for workshops in grief and loss in their communities, and that more opportunities should be available for the community's population. Other responses indicated that participant's learning materials should be provided in both English and Silozi to ensure optimal learning.

Other evaluation approaches used to improve the two workshops included the informal appraisal of the workshops by the local program sponsors and community leaders. One specific recommendation from these groups about Workshop I was to allow for a later daily start time and a later dismissal time to allow participants from the rural communities more time to arrive at the workshop location. Following Workshop II, program sponsors suggested allowing for more preparation time for class assignments and student presentations, especially when assignments and presentations were due on the following day. As facilitator, I consistently made evaluative observations of my teaching methods, sensitivity to cultural issues, and participant's reactions to the workshop training materials, and more important was that all suggestions were well received and feasible for incorporation into future learning activities of this nature.

### Challenges, Implications, and Recommendations

Implementing educational outreach initiatives in developing countries using distance education methods to plan presents a number of anticipated and unanticipated challenges. Participants in both workshops had

some difficulties completing the evaluation form; however, participants in Workshop II had greater difficulty reading the information on the tool due to the educational level and language barrier. This finding has implications for a more convenient and simplistic evaluation tool appropriate for the educational level with sensitivity to the language barrier for future groups.

The biggest challenge was ensuring effective communication, while planning at a distance with a group with limited technological access. This was compounded by the language barrier and scarce resources in the host community to support training.

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Internet access and email were the primary methods of communication. These methods posed challenges for consistent communication with the host program sponsors. The communication infrastructure lacks capabilities to support a strong telecommunications system because of prohibitive costs in this region. In the Western Region of Zambia, the basic tools needed for Internet access—a computer and a telephone line—are luxuries and unaffordable to most Zambians (Maseko, 2005). As a growing country, some progress in these areas is evident; however, these challenges will likely continue. Persistent, careful, and timely preplanning is essential for distance program planning. Consistent

dialogue with the onsite program sponsors was necessary as much as possible. Designation of specific time frames for synchronous online Web discussions proved to be successful. Identification of “best times” for accessing the Internet for discussions and chats worked well; however, international time differences posed difficulties for some in gaining access during the designated time frames. Despite limited access during various periods, it is recommended that communication via email be continued as one of the quickest and consistent modes of communication if distance planning is to be used for future programming.

Even though English is spoken as a second language, there were language barriers that required additional effort to ensure maximum participant understanding of content during the workshop presentations. Utilization of an interpreter was the key to the success of Workshop II. The limited availability of basic educational resources, such as pencils, paper, and notebooks, posed another challenge for ensuring that maximum learning occurred. For both workshops, the charitable organization supplied these materials.

Finally, the issue of cultural differences requires continued attention. Preparing facilitators through dialogue with onsite native Zambians about the range of learning styles, issues of interpersonal communication such as eye contact, touch, social and economic differences in daily life should be done prior to travel and presentation. Researching the culture, values, mores, and ways of the people is helpful and recommended prior to traveling to any unfamiliar country. Emphasis must be placed on culture shock experienced by trainers when first entering a country with very diverse cultural differences and overwhelming poverty. Prior knowledge allows trainers the ability and time to reflect on their own values in preparation for openness and acceptance of differences. Despite the disparate impoverished living conditions, the country is beautiful with rolling hills, green forests, waterfalls, and beautiful sunsets and sunrises, and most rewarding of all is the kind, gentle, and accepting spirit of the native people.

## My Story: Implementing a Grief and Loss Program in a Remote Village in Zambia

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### Conclusion

Nurses are known to have a pervasive spirit for promoting health and preventing sickness and illness. In the nursing profession, we serve others and we assist in bringing justice and equality to underserved populations in the world.

In this paper, I have described a distinct process for how two training workshops for Zambian teachers, caregivers, and guardians of orphans were developed, implemented, and evaluated for successful outcomes. This experience left me with a sense of humility and a greater respect for human kind. It was a life-changing experience. Living in a country where abundance is the norm for many, I am much more aware of the needs of this underserved population. My cultural competence is definitely improved and continues as an ongoing learning experience. As a nurse educator and classroom teacher, this experience has broadened my knowledge in understanding cross-cultural diversity, promoting global health, and preventing disease worldwide. It has enhanced my understanding of challenges faced by an underserved country with few resources and vast needs. I am better equipped with teaching competencies to enhance student involvement and encouragement to participate in service learning. The Zambian program sponsors and the Texas university's Reach Out Africa team have worked together to build a structure within the Zambian community that ensures follow-up, maintenance, and consistency which will exist

for future workshops. The positive outcomes of this project are proof that the distance education approach is an effective means for providing outreach learning activities in Zambia. I encourage students and faculty to volunteer their nursing expertise, knowledge, skills, and time to make a difference in helping others who are less fortunate. The rewards are countless in terms of living the mission of social justice and fulfilling Christian and spiritual service.

**Acknowledgments.** The author acknowledges appreciation for funding from the Zambian Orphans' Association and Women's Global Connection for translation and support in implementation of this project. The author wishes to thank Sister Rose McHugh, Sisters of the Holy Spirit, Director of the Volunteer Program for Mongu Community Home-based Care for support, guardians of preschool children, onsite assistant facilitators, Sister Dorothy Ettling, Director of Women's Global Connection, San Antonio, Texas, Dr. Mary E. Jones for constructive editing, and Dr. Eula Pines for consulting support.

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### References

- Akinsola, H. A. (2001). Fostering hope in people living with AIDS in Africa: The role of primary health-care workers. *Australian Journal of Rural Health, 9*(4), 158-165.
- Campinha-Bacote, J. (Ed.) (2002). *The process of cultural competence in the delivery of healthcare services: A culturally competent model of care*. Cincinnati, OH: Transcultural C.A.R.E. Associates.
- Care International. (2002). Telling our stories: Children deal with loss, grief and transition. Retrieved January 13, 2004, from <http://www.careinternational.org.uk/Telling+our+stories:+Children+deal+with+loss,+grief+and+transition+4262.twl>
- Family Health International. (2002). Voices from the community: The impact of AIDS on the lives of orphaned children and their guardians. Durham, NC: United States Agency for International Development. Retrieved January 14, 2004, from <http://www.fhi.org>
- Joint United Nations Programme on HIV/AIDS and World Health Organization. (2005). UNAIDS/WHO AIDS Epidemic Update. Retrieved May 15, 2005, from [www.unaids.org](http://www.unaids.org)
- Joint United Nations Programme on HIV/AIDS. (2007). Report on the global AIDS epidemic. Retrieved January 20, 2007, from [www.unaids.org](http://www.unaids.org)

- Kirkpatrick, D. L. (2006). *Evaluating training programs: The four levels* (3rd ed.). San Francisco: Berrett-Koehler Publishers.
- Maseko, R. (2005). *The performance of the Internet in Zambia*. Presented at Computer Society of Zambia/E-Brain Forum (pp. 1-7), ZAMNET Communication Systems, Lusaka, Zambia.
- Mwape, G. (2002). Training community members to provide psychosocial support to orphans and vulnerable children and guardians. International Conference on AIDS, July 7-12, 2002, 14: abstract no. MoPeF4091. Retrieved from <http://www.fhi.org>
- Puetz, B. E. (1985). *Evaluation in nursing staff development: Methods and models*. Rockville, MD: An Aspen Publication.
- Smith, H. I., & Jeffers, S. L. (2001). *ABC's of healthy grieving: Light for a dark journey*. Shawnee Mission, KS: Shawnee Mission Medical Center Foundation.
- Walkenshaw, M. (2002). *Caring for your grieving child*. Oakland, CA: New Harbinger Publications.
- Wolfelt, A. D. (2001). *Healing your grieving heart: 100 practical ideas*. Fort Collins, CO: Companion Press.
- Zambia: The complete travel guide. (n.d.). Retrieved December 27, 2006, from <http://www.zambiatourism.com>

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