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This is the published version of a paper published in .

Citation for the original published paper (version of record):

Kraft, M. (2018)

Understanding The Global Nursing perspective

Open Access Journal of Nursing, 1(2): 77-81

Access to the published version may require subscription.

N.B. When citing this work, cite the original published paper.

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Understanding the Global Nursing Perspective

Mia Kraft, MEd, MSc, RN

Department of Health Sciences, The Swedish Red Cross University College, Huddinge, Sweden.

kram@rkh.se

**Corresponding Author: Mia Kraft, Department of Health Sciences, The Swedish Red Cross University College, Huddinge, Sweden.*

Abstract

A critical consideration of the global nursing perspective is recommended when advocating enhanced global awareness in nursing practice, education and research. Adequate knowledge transfers in global nursing are noted when nurses make appropriate choices in care actions and identify power hierarchies. The utilisation of nurses' professional competence with respect to vulnerability in health is suggested and by focusing on inequalities in health and social justice issues in existing care hierarchies, an advancement of the patterns in global nursing discipline can be observed. This paper postulates that the global nursing discourse can be applied in nursing practice, education and research and make a contribution to equal healthcare.

Keywords: *Global awareness; global health; global nursing discourse; transitions.*

INTRODUCTION

Understanding the concept of globalization has implications for the health of individuals and nurses are suggested to be aware of the meaning of the concept and the fact that health problems are a global issue. However, what nursing practice, education and research has been proposed to focus more on is the discrepancy between sustainable structures for equality in healthcare and existing health care organization.¹ Therefore, knowledge transfers from a global nursing perspective may be in place to guide nurses to make relevant choices and to prevent inequalities in health.² A definition of the subject profile area global nursing was stipulated by The Swedish Red Cross University College.³ The definition focuses on 1) the local/global binary 2) ecology 3) advocacy, activism and sustainability 4) Norm critical approaches to counteract inequalities and social injustice 5) Nursing care for future generations. Based on this definition nurses have great opportunities to perform norm critical nursing care in an appropriate way.

Europe has experienced a record increase in the number of refugees compared with previous years, and migration and its consequences for the health of

populations has therefore become a priority in many countries. Global mobility challenges quality nursing care and relates to knowledge transfers in both nursing practice, education and research. Currently, the link between care left undone and patient mortality is clear, and there is a global imbalance between low quality and high-quality care.⁴⁻⁷ This pattern is apparent according to Aiken, Sloane and Bruyneel,⁸ who stated that European nurses themselves are alarmed about the quality of local care. Barriers to high quality nursing care such as heavy workloads have led to reports of instances of nursing care being left undone by nurses, due to lack of time and exhaustion thus risking the health of individuals.^{8,11} To be able to reveal risks affecting people's health in local and global contexts, an increase in global nursing competencies have been noted.^{2,3} This paper proposes a brief overview of knowledge transfers in global nursing practice, education and research.

Knowledge Transfers in Global Nursing Practice

A reconstruction of work environments is important when ambiguous organisational cultures challenge new graduate nurses.¹²⁻¹⁵ To attract future nurses, professional activism within the global nursing

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practice contexts has been described as applying transformational leadership and to enhance nurses' innovative thinking with problem-solving skills.^{2,16} However, professional activism has been explained to strengthen the organisational culture and give a possibility to envision collective goals by the professionals in the work environment.¹⁷ In a market with an insufficiency of nurses, and an increasing number of migrant nurses, the power of inclusive non-hierarchical work environments, joint nursing values, and a clear undertaking of nurses' individual professional enhancement of innovativeness has been suggested to be of great value. Likewise, more attention may be paid to injustices or marginalization in work environments and changes in gender, class or generational cohorts.²

Aiken, Sloane and Griffiths¹⁸ claim that it is critical to have a large number of professional nurses caring for the patients and high-quality care is less dependent on personnel with other skills. For example, in the rehabilitation of older people, the role of the nurses has been described as being of vital importance and is established through expert knowledge.¹⁹ That is why advocacy in global nursing practice might improve nursing care and has been explained to be a suitable approach for nurses when they meet patients in health-illness transitions and when nurses identify inequity, vulnerability or barriers for sustainable care actions.^{2,17,20} Hence, suffering and vulnerability might be intensified due to different forms of illness treatments such as diagnosis processes, as well as developmental or lifespan transitions.²⁰ Sometimes, the healthcare environment has been described as interceding health-illness transitions by both providing support and by increasing stress, where racism, stereotyping, and negativity have been a reality for patients.

Contemporary research indicates that to develop nursing, it is essential to bring into force a change and a greater utilisation of nurses' professional competence in relation to vulnerability in health.^{20,21} Concerning knowledge transfers and the properties congruent to patients' health, barriers to nurse autonomy and challenging practice environments to utilise one's professional competence might hinder nurses from exposing threats influencing people's health.^{2,20} During the last decade, nurses have enhanced their understanding in important human right issues addressing disparities in health,

such as social justice, gender equality and political differences.² Nevertheless, to advance care actions according to the global nursing perspective, barriers and power hierarchies in practice contexts such as stereotypical behaviour, hidden prejudices and normative healthcare structures are to be noticed.¹⁷ Globally conscious nurses have been described to be better equipped to reach a wider understanding of how to explicate global nursing and how not to reproduce stereotypes.³

Knowledge Transfers in Global Nursing Education and Research

The time we live with aging populations and migration as well as ongoing climate changes have prompted a need to re-formulate the concept of nursing care.²² There is also an interest in how the term global nursing is visualised at the network, which is a meeting place for all people and where attitudes are created. According to the literature, educators and health care professionals have the mission of monitoring this development and influencing it.²² Encouraged by the global nursing discourse in both educational and research contexts nurses' professional accountability can be developed.^{2,3} In clinical education, students' knowledge within the global nursing perspective has been described and developed by perceiving human dignity as the core for nursing and maintaining human potential.¹⁷ Likewise, students' critical voices and improvements in issues regarding hidden power relations, silenced knowledge and dominant practices have been explained as operative for successful clinical education and to make difference for the patients' health.¹⁷

For nursing education, it is considerable with a process of educational change involving both researchers, students and teachers.²³ At the same time, several researchers describe the usefulness of progress in global nursing competencies and an educational paradigm shift.²⁴⁻²⁶ Others describe the rhythm of nursing and the movements of caring which change over time and never stop.²⁷ It has also been suggested that future nurses might develop their nursing skills if they were educated by globally relevant nursing care and the educational program was adapted to current demographic changes.²³ It is also tenable to engage nursing students early on and throughout the programme to identify and reflect on the exposure of inequalities or power hierarchies to enhance growth

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in both nursing skills and competence.^{17,28} However, lack of equal opportunities for learning might occur in educational or research contexts. In these cases, it was found that students' reflections structured the learning only when appropriate support from the teachers and supervisors was provided.²⁸

Strengthening global nursing competencies by reflecting on current research in practice, as well as educational or research environments can be complicated if the research knowledge culture is poor and attention to new research is inhibited by economic and social structures as noted by Roets and Lubbe.²⁹ In such cases, sustainable knowledge transfers were inhibited by hierarchical structures in educational environments and this had a negative impact on the development of nursing and the nursing identity. Likewise, nurses are obligated to pursue lifelong learning and knowledge of evidence-based practice, patient-centred care, inter professional collaboration, quality improvement and informatics.³⁰ However, not all educators, nursing students, nurses and researchers have the same access to these knowledge transfers. The loss of this formation establishes inequalities in global nursing education and research, hinders the enhancement of the nursing identity and an elaboration of authority. It is paramount to create a greater understanding of these kind of political differences in the global nursing arena.

It has been explained that negative knowledge transfers cause a loss of identity for nurses while evident power hierarchies in light of the growing global nursing shortage and an ageing workforce have contributed to the poor standing of the profession.^{2,3134} Identifying hierarchical structures that might weaken nurses' professional identity and competence development is important to investigate. According to the global nursing perspective, an advancement of global nursing competencies may improve the awareness of knowledge transfers in professional acknowledgement.² That is why education and practice may benefit from clear structures and supportive models for learning, such as the global nursing approach.³

CONCLUSION

This paper has argued for the suitability of the application of the global nursing approach, also as a complementary dimension in nursing practice, education and research. For nursing, this approach can

be used in combination with the promotion of healthy responses to transitions. Tentatively, the implication of global nursing can be applied and form new structures in nursing. By adopting a global orientation, nurses may be able to meet future nursing care needs. As global nursing competencies have shifted in focus to engagement in a global leadership and professional activism, nurses are challenged to make their individual voices heard. For further development, nursing leaders are offered to be attentive to how to employ the global nursing perspective. This discussion paper not only calls on nursing leaders to cope with the influence of high-level leadership but also underlines the role played by nurses and nursing students in providing comprehension of the global nursing perspective in various transitions.

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Citation: Mia Kraft, MEd, MSc, RN. *Understanding the Global Nursing Perspective*. *Open Access Journal of Nursing*. 2018; 1(2): 77-81.

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