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# A Vision for Expanding US Nursing Education for Global Health Engagement

*A Living Document from the National League for Nursing*

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**Mission:** Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community.

**Core Values:** Caring, Integrity, Diversity, Excellence

## INTRODUCTION

The National League for Nursing believes that nursing education must include engagement with, not just fleeting exposure to, multiple perspectives on global health issues, including emerging public health concerns and diverse cultural beliefs and practices, including spirituality. Nurses must be prepared to practice nursing competently and responsibly in today's world and in the future.

The NLN is committed to the education of an exemplary nursing workforce that values cultural differences and incorporates that richness into the care they provide. Current demographic changes and increasing awareness of global health disparities have led to a heightened focus on cultural encounters in professional nursing practice.

Being a global citizen has become part of the contemporary professional role. Nurses today require a global world view and share a common commitment to engage in culturally responsive health care, both nationally and internationally. The NLN vision is to act as a catalyst to strengthen nursing education's capacity to prepare nurses for the development of viable, comprehensive and culturally appropriate care in a global context.

## CONTEXTUAL BACKGROUND AND SIGNIFICANCE

### Global Health

Over time, the term “global health” has been defined by many disciplines and agencies. Global health has transitioned from previously used terms such as tropical medicine, geographical medicine, and international health to reflect current demographic, economic, and political realities.

Neither the World Health Organization (WHO) nor the Centers for Disease Control (CDC) offers a definition for global health. Through its six regions, WHO directs and coordinates international health within the United Nations’ system. The CDC’s Center for Global Health coordinates and manages the CDC’s resources and expertise to address global challenges such as HIV/AIDS, Zika, malaria, emergency and refugee health, non-communicable diseases, injuries, etc., and works to sustain public health systems in more than 60 countries. Although WHO does not provide a definition of global health, it does define health inequalities for its member nations as “differences in health status or in the distribution of health determinants between different population groups.”

In considering WHO’s definition of health inequalities, global scholars representing many countries believe that a common definition of global health would help various nations as they seek to develop strategic directions to improve the health of all people worldwide. Koplan et al. (2009) developed an agreed-upon definition of global health that incorporated principles of public health and medicine. Global health refers to:

*“...an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population based prevention with individual-level clinical care, (p.1995).”*

Expert panels on global health (Campbell et. al. 2012; Fineberg & Hunter 2013) agreed that the elements included in the Koplan (2009) definition conceptualized the goal of health for all people, irrespective of geography or nation. Transnational health issues such as Zika, Ebola, Severe Acute Respiratory Syndrome (SARS), Avian bird flu, HIV/AIDS, and future unknown health encounters cross national boundaries, further underscoring the challenge of global health.

Increasing threats of infectious diseases, disasters, poverty, conflicts, and oppression generate migrants, immigrants, and refugees, providing U.S. local communities with many opportunities to care for resettled peoples from around the world. These opportunities require significant changes in health care delivery and the educational preparation of nurses: global becomes local (Lenz, B.K., & Warner, S., 2011). Global/local or “glocal” refers to having a global understanding of transnational health issues, social determinants, and solutions while using the perspectives to address health care needs at the local level (Rowthorn 2015).

## Demographic Changes and Global/Local Health Disparities

Nurses must be prepared for global health care by working with vulnerable populations in their local communities, studying abroad in low resource communities, and working with internationally educated nurses as they migrate to the US (Kingma, 2006). Building a global perspective with leveled competencies for all types of nursing programs is essential to this preparation (Wilson et al. 2012; Peek 2013; Ventura 2014; Jogerst et al. 2015). Many nursing programs may not have adequate resources for involvement in international travel; but will still have opportunities for “glocal” learning.

Rapidly increasing globalization including immigrant, migrant, and refugee populations have implications for nursing education and nursing practice. Linking global and local learning has become increasingly relevant to community engagement. Local clinical possibilities for teaching culturally appropriate community-based care have increased. Nurse educators have escalating opportunities to prepare students for engagement with vulnerable populations such as indigenous peoples, immigrants, refugees, and migrants, who tend to have the poorest health outcomes.

### › Indigenous People

The history, human rights, aspirations, cultures, and specific characteristics of indigenous people must be understood, respected, and supported in order for education and health care delivery to be effective. The active participation of indigenous people is essential (Patchell et. al. 2015). For centuries, indigenous people around the world were forcibly removed from their ancestral homelands. Because of the trauma inflicted through assimilation and even extermination, many remain on the margins of most societies. They are poorer, less educated, die at a younger age, are much more likely to commit suicide, and are generally in worse health than the rest of the population (United Nations Inter-Agency Support Group 2014).

In a US example of addressing these kinds of issues, the Indian Health Service (housed in the Department of Health and Human Services) is charged with delivering comprehensive health services to the approximately two million American Indians and Alaska Natives that belong to 567 federally recognized diverse tribes.

### › Migrant, Immigrant, and Refugee Populations

Out of a current US population of more than 320 million people, the immigrant population of diverse ethnicities grew from 19.8 million in 1990 to a record 40.7 million in 2012. In 2010, the US Census documented that the largest population of foreign-born people came from Mexico, followed by Asia and then Africa. With the current continuing increase in Asian, Latino, and African populations, nurse educators have many opportunities to prepare students for diverse cultural care without traveling beyond the US border.

## Status of Global Health Nursing Education

Due to greater student interest in international issues, global health is growing rapidly as a field of study; US universities are renewing their civic mission regarding community engagement (Merson 2009). In its 147-membership base, the Consortium of Universities on Global Health (CUGH) has identified 200 programs on global health including MD, PhD, and master's degrees; graduate and undergraduate certificates; graduate and undergraduate majors and minors; short courses; and limited clinical rotations ([www.cugh.org](http://www.cugh.org)). Many of these programs are available to all disciplines and some provide online access. Competencies for global health have been developed by a CUGH Education Subcommittee (Jogerst et al. 2015) and provide basic through advanced skills levels for many disciplines, including nursing.

In the US, global learning and cultural immersion opportunities vary across the country and among nursing education programs. They include service learning programs (McKinnon & Fitzpatrick, 2011, Kohlbray 2016), short and long-term academic course offerings, faculty-student exchange with other countries, local community health initiatives with various ethnic groups, and partnerships with international universities. Student clinical placements may include cultural immersion experiences in countries around the globe and with immigrant and indigenous populations worldwide. Nurse educators may serve as faculty, consultants, and researchers on campuses outside the US. Ortega, et. al. (2016) argue that student cross-cultural exchanges could have significant benefits to nursing education and practice.

The US State Department reports that although study abroad has tripled in the last two decades, only 10 percent of US undergraduates participate in these opportunities (Manley, 2014). To encourage student and faculty participation in study abroad initiatives, the State Department supports three scholarship programs: the Benjamin A. Gillman International, the Critical Language, and the Fulbright (Manley, 2014). Having an understanding of working with host institutions and health ministries offers extraordinary learning opportunities for faculty and students in travel abroad experiences. [The NLN Faculty Preparation for Global Experiences Toolkit](#) provides guidance, outlining preparation prior to travel, during the host visit, and debriefing upon return to the US.

## ICN and NLN Collaborative: INTERNATIONAL COUNCIL of NURSES EDUCATIONAL NETWORK

- › In 2009, the International Council of Nurses (ICN) responded to the NLN's request to provide a forum to address nursing educational issues worldwide with the establishment of the [ICN Education Network \(ICN EN\)](#). With the increasing realities of migration dissolving borders between countries, advanced communication technology, global health care and a worldwide nursing shortage, preparing a diverse nursing workforce had become a critical priority.

The ICN EN comprises 2,000-plus members from more than 100 countries. Its Core Steering Group represents worldwide region educators recommended by various national nursing associations. The ICN EN creates opportunities for nurse educators to network and address common issues regarding nursing education and practice. In addition, educators are able to network with their peers across the global nursing community during the biennial ICN face-to-face meetings.

## › **Common Challenges for the Global Nursing Education Community**

Issues involving cultural nuances of language and customs can be addressed when nursing education is “customized to fit with the patient’s own values, beliefs, traditions, practices, and lifestyle” (Jeffreys 2012). There are many academic examples of global experiences that increase students’ cultural competence/congruence in providing care within the US or abroad. These may include partnerships with diverse communities to improve the health of refugee resettlements and immigrant populations or faculty-student exchanges with peer institutions worldwide.

Before initiating clinical experiences, course content must address cultural competency and the global burden of disease. Some graduate-level nursing education programs offer degree programs, certificate programs, or an entire curriculum built around global health. Other programs may have a single course or simply integrate global health concepts into existing courses, usually on the undergraduate level. To varying degrees, course content includes a focus on identifying best practices to care for patients within the culture (Kohlbray 2016). Clinical experiences involve some interaction with, or immersion in, another culture, whether in other countries, domestic US ethnic communities, or charity medical missions.

## **CONCLUSION**

More and more, nurse educators are expected to expand and strengthen their global reach in order to prepare future generations of nurses. Global and local opportunities for nurses to prepare for global citizenry are increasing rapidly. Academic institutions are participating in various international educational, service, and research initiatives, along with civic engagement on the domestic front. As new citizens arrive in their “glocal” communities (Rowthorn 2015), nurse educators are preparing students to care for diverse cultures. Other activities include academic-community partnerships with colleagues around the world, faculty and student cross-cultural exchanges, and distance education along with short and long-term cultural immersion programs.

## **RECOMMENDATIONS**

In March 2016, the NLN convened a Strategic Action Group to review its past global initiatives and propose recommendations for strengthening nursing education for global engagement. The following recommendations regarding education, practice, research, and policy are designed to guide increased development of nursing education in global engagement.

### **For Administrative Leadership**

- › Include a commitment to global engagement in the academic mission.
- › Implement policy to actively recruit, hire, and retain faculty, staff, and students from diverse cultural backgrounds, i.e., holistic hiring and admission practices.
- › Develop faculty awareness about implicit and explicit bias.
- › Arrange domestic and international nursing education partnerships to prepare learners for global understanding and participation.

- › Allocate time and recognition in the tenure and promotion process for global faculty scholars.
- › Work with boards of nursing to accept global service-learning as clinical practice credit.

## For Faculty

- › Engage in academic-community partnerships that strengthen culturally appropriate practice.
- › Form alliances with community organizations that work with vulnerable populations, as resources for improving “glocal” health.
- › Use population data to generate evidence for curricula change, policy development, and community engagement.
- › Embed global health competencies into the curriculum.
- › Encourage enrollment in existing interprofessional global health courses.
- › Provide interprofessional learning opportunities that prepare students to care for diverse populations in culturally responsive ways.

## For the National League for Nursing

- › Continue to provide faculty development regarding global engagement.
- › Recommend integration of global competencies into curricula for students in undergraduate and graduate nursing education programs.
- › Identify a panel of qualified experts to serve as global scholars.
- › Create a database of nursing education programs that are exemplars of global engagement.
- › Update faculty resources for global experiences.
- › Create criteria and seek applications for Centers of Excellence in Global Health Education.

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