

# Globalisation and Advanced Practice

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## Introduction

The aim of this presentation is for us to consider the impact of globalisation on the advancement of nursing practice at a global level.

Globalisation is a very complex phenomenon. It can be defined as the move towards common systems within society including financial, environmental, cultural and political. It is happening at all levels, local and national, Described by Huymen et al. (2005) it includes increased interdependence between countries, an increase in the speed and the level of information, exchange of ideas and knowledge, major changes in global financial marketing and trading and the increased movement of people, policies and ideas, cross cultural interchange and major environmental changes that threaten our ecosystem. The increase in world population is making huge demands on world resources with an escalating number of older people with chronic illnesses. The widening gap between the rich and poor leads to a lack of social inclusion which in turn leads to an increase in war, crime and vandalism. The changing nature of ill health reflects the changing life style of our populations and cultural changes in terms of diet and behaviour including smoking, alcohol, lack of exercise and illicit drugs is placing new demands on our health services. In many countries reducing the maternal and infant mortality and morbidity rates still remains a challenge.

We have more wealth globally with which to address these problems but they seem unassailable with fewer available funds to provide the level of care demanded. Patient expectations are higher and health care more complex. Reaching the rural populations still remains a challenge and the ever increasing urban poor who move to cities for economic reasons leads to large slum areas with no amenities creating major health and social hazards.

Changes in our eco-environment also have a direct

affect on health and well-being. Famine as a consequence of lack of rain leads to high mortality rates along with gross malnutrition and associated diseases. Floods and earthquakes come more frequently leaving in their wake not only the destruction of fragile homes, loss of life and property but also the collapse of infrastructure and further increase in disease and ill health.

## Global Health Governance

The responsibility for overseeing the health of the nations and ensuring Global governance is led by two key organisations, the World Health Organisation (WHO) and the World Bank (Dodgson, 2002). The World Bank is a key player because of an acknowledged direct relationship between good health and economic development while WHO aims to work with governments to promote systems and infrastructures that support the provision of good health services.

In 1978 the WHO set out its plan for improving the health of the population through the declaration of Alma Ata (WHO, 1978). The key components of that declaration were that health should be accessible and acceptable to all peoples regardless of where they lived and in what circumstances. This declaration was reinforced by the World Health Report 2008 entitled 'Primary Health Care; Now More Than Ever' (WHO, 2008). This report covered four main elements to be addressed for effective health care provision worldwide: Service delivery reforms, public policy reforms, leadership reforms, universal coverage reforms.

The United Nations 'Millennium Development Goals for 2015 are now well known.

- eradicate extreme poverty and hunger
- achieve universal primary education
- promote gender equality and empower women
- reduce child mortality
- improve maternal health

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- combat HIV/AIDS, malaria and other diseases
- develop a global partnership for development

In playing our part as health professionals to achieve these goals we need to recognise that the world that we live in today is a very different one to even 50 years ago and we have to think again about how best to provide care within this complex environment. The solutions of yesterday will not necessarily fit today.

## Advancing Nursing

So what is the response of the nursing profession to these new challenges? How do we advance nursing in this current world context?

First let us identify what we mean by advancing or advanced nursing in the context of this paper.

If we look at the International Council of Nurses (ICN) definition of Advanced Nursing Practice it says;

‘... a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Masters degree is recommended for entry level.’ (ICN, 2002)

This definition is now being used as a guideline for many countries in the development of Nurse Practitioner or advanced nursing roles. There are a number of points however regarding this definition that we have to consider in the light of the globalisation context.

First of all the base point is a registered nurse. Registered nurses have acquired the skills and expertise to carry out their role as a professional nurse. Some have argued that by introducing the notion of an ‘advanced nurse’ you are undermining the level of competence of the registered nurse essentially creating a two tier system. Advanced nurses are described as having expert knowledge, complex decision making skills and clinical competencies for expanded practice. Does this mean that the registered nurse does not have these competencies? This has to be contextualised and is therefore not universal in terms of the standards expected. In Africa for example a general nurse often works in a remote rural situation carrying out practice that for the nurse in the UK would be considered advanced nursing or advanced midwifery practice, but for the African nurse this is

the standard requirement for their role as the only healthcare provider in that area. So we see that ‘advanced nursing practice’ when defined as the ICN have stated is relative. In some countries Masters Programmes for nurses do not exist. Does that mean that nurses without Masters are not practising at an advanced level? I doubt it.

The UK has avoided regulating for advanced practice but has prepared standards which it would apply when defining an Advanced Nurse Practitioner. The Department of Health (UK) statement includes 28 standards in which an Advanced Nurse is actively engaged in policy making, is carrying out research and developing evidence based practice and is academically recognised through publications and dissemination of their knowledge i.e. they have standing and credibility. This statement gives us an understanding of what an Advanced nurse practitioner is in the UK context.

Nurses cannot be defined by what they do because what they do is dictated by the circumstances and context in which they work, unlike other health care professionals. The key attribute of any nurse is the ability to respond to patient or community needs in any given context or situation. Therefore the ‘tasks’ of the nurse in central Africa will be very different from the tasks of the nurse here in Japan or Bangladesh. Even within a country or in different institutions this will be the case. We cannot define ourselves in terms of the tasks that we carry out it is the ability to do whatever is necessary or possible within that situation to improve or enhance the well being of our patient. Because of these uncertainties regarding definitions I am not going to dwell any more on what is and what is not an advanced nursing practice role. I am much more concerned about **Advancing** nursing practice. In my view if the nursing profession does not advance and meet the challenges of the future then alternative care professionals will step in and nurses will find themselves side lined into a reduced specialist role. Nursing as a profession has to change to meet the future and this is what advancing the role of the nurse really means.

So what is the role of the nurse in the future health care services? How can we meet the needs of our societies in the context of globalisation? How do we advance the role of the nurse here in Japan, in Bangladesh in the UK?

In some countries nursing is still a very low level profession. It is regarded through cultural eyes and

perceived as an activity for the lower caste or class of person. Yet without nursing the future health services will not be effective. We can see that the changing pattern of disease and illness calls for practitioners not simply as diagnosticians but rather as carers, people who can sustain the chronic sick and the disabled. Realistically we have most of the medicines we need, technology will provide the diagnostics required but care, be it through hands on care, the provision of appropriate services or health education, health promotion and prevention of disease with early intervention, can only be partially replaced by technology. The WHO document 'Now More Than Ever' describes Primary Health Care (PHC) as integral to the future of effective health care provision and the nurse is well placed to be a central part of that service.

In order to look at what is needed to ADVANCE nursing practice worldwide we need to refer to the Strategic Direction of Nursing and Midwifery (SDNM) prepared by the WHO nursing Division in response to a number of the World Health Congress resolutions to Strengthen Nursing and Midwifery worldwide. (WHO, 2010)

The vision statement of the Strategic Direction is: 'Improved health outcomes for individual's families and communities through the provision of competent, culturally sensitive, evidence based nursing and midwifery practice.' (WHO, 2010)

The strategic direction seeks to provide policies that will enhance the capacity of nurses to contribute to : universal coverage, people centred health care, policies affecting practice and working conditions and the scaling up of health systems to meet global goals and targets.

Five key result areas are identified;

- Health system and service strengthening,
- policy and practice,
- education, training and
- career development
- workforce management and partnership.

The SDNM document highlights the factors that hinder nurses and midwives in achieving this common goal, these include:

'poor working conditions, lack of participation in decision making, limited opportunities for career mobility, excessive workloads leading to internal and external migration resulting in shortages of health workers in remote and rural areas, even in high income countries. Insufficient investment in pre-service,

in-service and post basic education and training resulting in understaffed educational institutions and inadequate skills among leaders, managers and Practitioner this in turn leads to poor planning and lower quality health services.' (WHO, 2010)

So how does the strategic plan aim to address these issues? The first result area challenges nurses to input constructively into the health systems and service strengthening through the promotion of nursing and midwifery models of care as the basis for PHC reforms. We as nurses often step back from declaring what we know is good practice. We do not actively apply evidenced based nursing models, develop strategic approaches to care or introduce innovative ideas. Evidence based practices are needed that really make a difference. Ways in which we can contribute to holistic patient centred care or to community improvement and leadership in health care provision through research and through a direct involvement in policy making.

The second Key Result Area (KRA) is focused on policy and practice. Policy sets the framework for much of health service delivery and nurses need to learn the skills of influencing policy makers. To become proactive in improving what happens in local and national health care delivery. To do this we need to raise the status of nurses so that our voice can be heard and listened to. Status is related to education to working conditions, and to standards of practice and quality of care. We must use all means to influence these conditions for nurses in our countries, only in this way will status be changed. Building up the evidence base for practice is essential if we are to gain credibility as professionals. Demonstrating our education our scientific strength along with our humanistic approach to our patients and communities will give us credibility and recognition.

The third KRA is education. Education is the corner stone of change. Without knowledge and education nurses will never advance their practice. That does not mean that every nurse needs to have a PhD. But it means the profession must be led by nurses who are able to carry out research, who can manage efficiently and effectively and who can care skilfully using evidence based practice. Pre service and continuing education for all nurses should be in place to ensure competence in practice.

The fourth KRA identifies good workforce management as essential for advancing nursing practice. Planning and managing the workforce at a strategic

government level as well as at a local level is the only way that scarce resources can be used effectively. Governments are challenged to think ahead and plan their workforce requirements and to identify the educational and training needs necessary to provide the workforce for the future. Nurses should assist at the planning level as they have an understanding of the nursing manpower requirements.

Human resources in today's health field are scarce. (World Health Report, 2006) Migration of nurses across the world is a characteristic of the globalisation of health. Many countries are depleted of their health professionals while others do not deploy those they have educated and trained. The whole circumstance of human resources for health is fraught with difficulties and challenges. Ensuring that nurses receive the rights and privileges that are their due and that they are given adequate salaries is essential if nurses are to be recognised and valued within any society. Nurses may not be able to directly influence these conditions, but the Ministers who have signed up to the World Health Assembly resolutions for Strengthening Nursing and Midwifery need to be reminded of how important it is to implement the recommendations and not merely sign pieces of paper.

This KRA is also concerned with partnerships and governance. It targets those who are responsible for making changes in the health services and challenges nurses to create partnerships at all levels so they can influence decisions that are being made. They should work alongside government officials, other health care providers, community organisations and professional bodies so that changes can come about as a result of policy and process within each country.

The final KRA is concerned with career development. This also links with many of the points made above. Again this concerns policy, policies that allow nurses to move through the ranks and have career prospects that motivate them. Not every nurse will want to be the Minister of Health or the Chief Nurse but it should be possible. Educational and work pathways for advancement should be available within the system.

## Summary

So how to summarise what I have been saying. First we must accept and recognise the huge impact that globalisation is having on our world. The im-

pact of globalisation on health is both positive and negative. Positively it helps us share our expertise and knowledge and gives access to resources that otherwise we would not have. Negatively it creates health problems and increases the health risks for many people. The nursing profession must respond to this situation if it wishes to remain a dynamic force of health care of the future.

Advancing nursing practice is not simply about an extended role for the nurse rather it is about positioning the nursing profession so that it can influence change and assist in the delivery of effective health care services worldwide.

To do this nurses' need to develop their status and influence, providing leadership skills in policy making, research and clinical practice. Nurses have the right to receive a high standard of education, recognition in their countries in terms of pay and career advancement and the right to sit at the table with the policy makers in order to influence professional status and standards of care for patients and communities. And we have a responsibility to work towards achieving this.

A final word,

One of the major hindrances to advancing nursing practice is nurses themselves. We fail to work together and exploit our numbers and our expertise. We ignore research and the evidence base for practice, we remain submissive and compliant and we fail to support those of our leaders who do stand and speak up on our behalf. We are often our own worst enemy! To advance nursing in this globalised world we all have to stand up together and be counted.

Thank you.

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