

Nursing Leadership: Do We Have a Global Social Responsibility?

Executive Summary

Canadian Nurses Association

www.cna-aiic.ca

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This report has been prepared by CNA to provide an overview of conference proceedings. The views and opinions expressed in this paper do not necessarily reflect the views of the CNA Board of Directors.

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OVERVIEW

The Canadian Nurses Association (CNA) presented a symposium entitled *Nursing Leadership: Do We Have a Global Social Responsibility?* on June 15, 2008, before its 2008 annual meeting. The symposium attracted over 130 nurses from Canada and abroad who joined discussions led by four panels. The four objectives for the symposium were as follows:

- **Session I:** Identify key concepts related to strengthening the collective role of nursing in global social responsibility.
- **Session II:** Explore a collaborative strategy to enhance nursing education for global social responsibility.
- **Session III:** Examine strategies to develop synergy between different international capacity-building initiatives.
- **Session IV:** Explore the role of networking in advancing global social responsibility within the profession.

The panellists were from Canada and abroad and had experience in nursing, education and governmental and nongovernmental organizations. Each panellist's presentation was followed by group discussions. Several themes emerged, including international and cross-cultural challenges, education and collaboration. Developing nursing leadership in global health was an underlying thread throughout the symposium.

The full report on the proceedings of the symposium is available from CNA.

THEMES

DEVELOPING NURSING LEADERSHIP IN GLOBAL HEALTH

The concept of a new nursing globalism was introduced as embracing the values and ethical beliefs inherent to social justice; it is built on mutual respect and careful treatment of the contexts, initiatives and issues in which we engage, and it is organized around tenets of collective and cooperative practice, grounded in the investment and achievement of sustainable, locally desired results, as opposed to the competitive drive for individual gain.

In the context of global social responsibility, participants were asked to consider strengthening self-awareness, professional awareness, ethical values and social awareness. The development of a national consensus statement on fostering global social responsibility in nursing education was recommended.

INTERNATIONAL AND CROSS-CULTURAL CHALLENGES

Panellists in all four sessions noted the existence of challenges in the international arena for nursing professionals. Africa and the Caribbean were discussed specifically. Cross-cultural challenges for nursing in First Nations communities were also identified.

Nurses face a lack of human and material resources in the lower-income countries of Africa and the Caribbean. There is a considerable shortage of doctors, dentists and laboratory technicians. In some cases, nurses and midwives function without appropriate competencies, education or regulation. Nurses and midwives represent an estimated 60 per cent to 80 per cent of health-care workers in some countries. They must respond to a high disease burden, treating such illnesses as malaria, tuberculosis and HIV/AIDS with limited financial resources.

Professional education and regulated practice have not kept pace with an increasing demand for service delivery. There is a vital need to increase nursing and midwifery training; establish evidence-based policies; and address workforce issues such as deployment, retention and workplace environment. Nurse migration, often because of poor working conditions and inadequate remuneration, is a concern in lower-income countries.

Other cross-cultural concerns include the ethics of working globally, respect for cultural differences and equity in health and social justice. It was noted that at its last annual meeting, CNA had acknowledged indigenous health disparities, advocated cultural safety and recognized the need for research in these areas. CNA had also identified the need to link indigenous nurses to international research through global initiatives.

Panellists encouraged stakeholders to actively participate and collaborate in developing health policy, as community involvement is too often an instrument for delivering policy designed by others.

EDUCATION

Nurses and nurse educators play a critical role in the development of global social responsibility. Education must prepare students to develop their strengths as fully as possible in the context of an increasingly globally connected world. Canadian universities must face the challenges of internationalizing learning, researching global social responsibility and facilitating student exchanges.

Canadian educational institutions traditionally rely on international exchanges to create global awareness. Several university initiatives for an integrated approach to the development of global social responsibility were presented to the audience.

One of these, a University of Alberta's initiative called *Connecting with the World: A Plan for International Engagement*, aims to expand the international dimension of students' experiences to increase knowledge, intercultural competence, capacity for international engagement and employability. It will also introduce global citizenship and global perspectives into the curriculum. Other goals are to inspire a new understanding of community service, provide opportunities to actively participate in global research, create opportunities for faculty mobility and recognize faculty contributions to international engagement.

Although it was acknowledged that nursing has led the field in many ways, it was also noted that disciplines other than nursing, such as education, have been more involved in theorizing, critically analyzing and researching the notion of global social responsibility.

Panellists raised concerns about student experiences, such as a lack of research and evaluation on the best models for international exchanges, particularly clinical ones. Ethical issues surrounding the exportation of theoretical models and concern for cross-cultural awareness were identified as important areas of consideration, as is the limitation of participation to those who have the means to fund themselves.

Panellists discussed various issues associated with bidirectional exchanges, including remote learning and technological changes that will aid real-time transmission and access; determining course equivalency, which could present a greater challenge than technology constraints; and the difficulties posed by the dominance of English.

In the area of teaching global values, challenges stem from curricula, Canadian health workforce issues and a lack of recognition for faculty involvement in international work. The perception of nursing and health care as products of international and local socioeconomic policies and programs requires a paradigm shift. Curricula must reflect the fact that clinical knowledge and skills are only two components of a more sophisticated understanding of nursing and its social role.

Three stages of curricular reform were identified: add-on, infusion and transformation. Most Canadian faculties are at the first stage; they add on to current programs (for example, by including a film or book from another country in their courses). In the “infusion approach,” multi-varied modes and views are a core part of the course. The “transformation approach” is closest to an immersion experience, such as a study-abroad program in which the student lives with the local people. This approach is the most demanding and difficult to achieve, but it also produces the greatest results.

COLLABORATION AND NETWORKING

Many of the solutions to the challenges identified in the international and educational sessions at the symposium lie in collaborative partnerships. By extension, establishing effective synergies and creating networks were identified as ways to strengthen nursing leadership.

Associations of health professionals are major contributors to policy and decision-making. Past successful efforts at global collaboration in Africa were presented, including the International Council of Nurses (ICN) Leadership for Change™ project in Africa and the development of a professional regulatory framework for the East, Central and Southern African College of Nursing.

CNA has been working with national and student nursing associations in over 30 countries since 1976. The Strengthening Nurses, Nursing Networks and Associations Program is funded by the Canadian International Development Agency and is scheduled to run from 2007 to 2012. The program’s international partners identify and set the priorities, with the common objectives of strengthening an organization’s capacity with project management, governance and membership.

CNA accomplishes these goals using technical support and international and regional collaboration, such as meeting with nurses to determine their educational needs. CNA has also established community-based nursing workshops to help nurses be leaders in their own locales.

A Teasdale–Corti initiative entitled Strengthening Nurses’ Capacity for HIV Policy Development in Sub-Saharan Africa and the Caribbean is funded through the Global Health Research Initiative. In this project, a number of people lead initiatives on issues such as migration from the Caribbean and palliative care of Kenyan AIDS patients. The project design uses “leadership hubs” as a lever for change to situate and foster nurses in leading roles. Each hub consists of six to nine members and involves nurse researchers, front-line nurses, decision-makers and community representatives. This integration allows individuals to understand the work of others.

The Barbados Nurses Association is a partner organization of the Teasdale–Corti Global Health Research Partnership Program. This is a new collaborative health research program developed by the founding partners of the Global Health Research Initiative. The program’s objectives include fostering international partnerships and collaboration and promoting the effective communication and use of health research in, for and by low- and middle-income countries. The Barbados Nurses Association has a research and publications committee and an ICN Leadership for Change™ training program. The program has been operating for five years and has an alumni association of 65 graduates.

The Global Alliance for Nursing Education and Scholarship and the Canadian Association for International Nursing are two newly formed organizations.

The Global Alliance for Nursing Education and Scholarship was born out of the consensus that nursing education should include a baccalaureate program. The standards should not be a way to impose Western ideals but rather to determine integral standards for nursing education.

The alliance intends to act as an international strategic resource and vehicle to address the challenges of delivering quality nursing care and influencing policy. It is the only international body to provide strategic-level expertise in the education and professional development of nurses worldwide. The organization’s first international conference in October 2008 in Toronto will focus on preparing students for global mobility, developing faculty capacity, developing leadership capacity in nursing and health, supporting the changing skill mix in health care, exploring innovative approaches to support learning and preparing for ethical and cross-cultural collaboration.

The Canadian Association for International Nursing was officially launched on the day this symposium was held. Its role is to systemize the information that nurses need before they work abroad. The association is a membership association with more than 50 members, ranging from master’s students to practising nurses. The organization’s objectives are to define Canadian nursing practices at an international level for international partners and to define what is expected of Canadian nurses in the international area and how they can help.

Regarding the issue of networks, it was noted that linkages and leverage take time. Using networking professionals adds value because the linkages are vitally important. It was suggested that closer examination and evaluation of what is required to set up and nurture effective networks could provide useful information. Strong relationships are important to building synergy.

CONCLUSION

The profession of nursing has a tremendous amount to offer to strengthen health systems and improve health outcomes around the world. By sharing results and the lessons we have learned, and collaborating in the development of evidence-informed and values-based global practice, Canadian nurses have much to contribute to a new nursing globalism.