

Globalisation and global health

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GLOBAL HEALTH

Globalisation and global health: issues for nursing

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Abstract

'Globalisation' is the word used to describe the increasing economic and social interdependence between countries. Shifting patterns of health and disease are associated with globalisation. Global health refers to a health issue that is not contained geographically and that single countries cannot address alone. In response to globalisation and global health

issues, nurses practise in new and emerging transnational contexts. It is important that nurses respond proactively to these changes and understand the effects of globalisation on health worldwide. This article aims to increase nurses' knowledge of, and confidence in, this important area of nursing practice.

global health, globalisation, healthcare systems, international nursing, professional issues, world health

Aims and intended learning outcomes

The aim of this article is to assist nurses in diverse settings to understand globalisation and global health and their relevance to nursing practice. After reading this article and completing the time out activities you should be able to:

- Define the concepts of globalisation and global health.
- Identify the ways that patterns in health are changing worldwide.
- Describe the effects of globalisation on health and what is being done to address associated health issues.
- Explain why globalisation and global health are important issues for nursing.
- Consider how 'global nursing' links to local practice.

Relevance to The Code

Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives to their professional practice (Nursing and Midwifery Council (NMC) 2015). The themes are: Prioritise people, Practise effectively, Preserve safety, and Promote professionalism and trust. This article relates to The Code in the following ways:

- It provides information about globalisation and global health and their relevance to local nursing practice. This is relevant to the theme of practising effectively, which states that nurses must keep their knowledge and skills up to date.
- The Code states that nurses must recognise diversity and consider cultural sensitivities, to better understand and respond to people's personal and health needs. This article emphasises the importance of developing cultural competence and being culturally sensitive.
- It discusses the importance of healthcare systems and professionals working collaboratively to respond to global health issues and develop policies. The Code states that nurses must work cooperatively, as part of the theme of practising effectively.
- The Code states that nurses must pay special attention to promoting well-being, preventing ill health and meeting the changing health and care needs of people during all life stages. Globalisation and global health have had significant effects on illness and healthcare, and nurses in all settings should consider these issues to enhance the care they provide.

Introduction

Nurses are a significant and influential part of the international health workforce (Jones and Sherwood 2014, Shaffer 2014, World Health Organization (WHO) 2016a). They make crucial decisions about the care people need and what these individuals can expect from healthcare services. However, the context of care has changed rapidly over recent decades, necessitating a proactive response among nurses. The changes are attributable, in part, to the effects of globalisation and the result of this on global health. **These issues [Q1 Do you mean globalisation and global health?]** have been subject to much exploration and debate over the past decade (Hamer 2009, Salvage 2009, Anazor

2012, Baumann 2013, Grootjans and Newman 2013, Benton and Ferguson 2014). The central message from such debates is that **globalisation and global health** are relevant for all nurses, wherever they work and whatever their field of practice. This article outlines the relevance of globalisation and global health, as well as the role of nurses in responding to contemporary health challenges. The discussion is framed around six questions, which are those asked most frequently by students on the authors' undergraduate and postgraduate nursing programmes and include:

- What is meant by globalisation and global health?
- What are the effects of globalisation on health?
- How can policy address globalisation?
- What is being done to address globalisation?
- Why are globalisation and global health important issues for nursing?
- How do globalisation and global health relate to local nursing practice?

Answering these questions should enhance nurses' ability to provide care locally that is grounded in the wider context of global health.

TIME OUT 1

Define the terms 'globalisation' and 'global health' in your own words. How might you explain these terms to your colleagues?

Defining globalisation and global health

The concepts of globalisation and global health are related; however, there are differences between them. Globalisation is the term used to describe the increasing economic and social interdependence between countries (Bradbury-Jones 2009). It encompasses a range of social, political, and economic changes and is characterised by high mobility, economic interdependence and electronic interconnectedness (WHO 2016b). Globalisation is generally understood to include two interrelated elements: the opening of international borders to increasingly fast flows of goods, services, finance, people and ideas; and the changes in institutions and policies at national and international levels that enable or promote such flows (WHO 2016b).

Hirschfeld (2008) described three crucial aspects of globalisation: technological progress; geopolitical changes; and regulation by the market – the economy. These aspects are found in the description of globalisation provided by the Global Policy Forum (2017), which states that human societies worldwide have established progressively closer contacts. Jet aeroplanes, cheap telephone service, email, computers, large ocean-going vessels and instant capital flows have contributed to making the world more interdependent than ever. In addition, money, technology and raw materials move increasingly quickly across national borders (Global Policy Forum 2017). Economic globalisation and health are closely linked (Hanefeld 2015), and the effects of this will be considered in the next section of this article.

Tzeng and Yin (2008) explored how international travel and trade are constantly increasing, promoting the concept of the 'global village'. This oxymoron challenges the conceptualisation of a village as isolated and local. Overall, globalisation can be summarised as meaning that 'the world is a much smaller place', and this metaphorical shrinking of the world has implications for global health.

Global health refers to a health issue that is not contained geographically and one that single countries cannot address alone (Hanefeld and Lee 2015). Because the health issue is not contained, countries, states, governments and health systems need to work collaboratively to address it. For example, the End TB (Tuberculosis) Strategy (WHO 2015) relies on well-linked international strategies to implement the 'three pillars' of successful intervention, which are:

- Integrated, patient-centred care and prevention.

- Bold policies  **What is meant by 'bold policies' in this context?** and supportive systems.
- Intensified research and innovations.

These three elements require worldwide expertise and partnership working in healthcare, social protection, labour, immigration and justice.

TIME OUT 2

Refer to the definitions of globalisation and global health that you developed in Time out 1. Revise or expand what you have written, considering your new understanding. How do you think these concepts might relate to nursing? Ask a colleague or friend about their understanding of these terms and compare them to your own.

Effects of globalisation on health

This section discusses three aspects of health that have changed over time: communicable diseases; non-communicable diseases; and the effects of human migration  **I don't think human migration can be termed an aspect of health. Please advise.** In the 1900s, communicable diseases, such as the plague, cholera and smallpox, were the primary causes of death, and their elimination was the focus of the public health agenda (Bradbury-Jones 2009). Malaria and human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) remain the cause of significant mortality in some parts of the world, as shown in Box 1. Additionally, newly identified communicable diseases, for example the Zika virus, result in new threats to health. The global village can lead to increasing exposure to disease-causing agents that were formally confined to small, remote areas; and has increased the possibility of infectious diseases spreading to distant areas (Tzeng and Yin 2008). Box 1 shows the changing patterns of health and disease globally.

Box 1. Changing patterns of health and disease globally

Child health **[NOTE TO CENVEO: set these headings in semibold]**

- Globally, it is estimated that 17,000 fewer children die each day than in 1990, but more than six million children still die before their fifth birthday each year
- An increasing proportion of child deaths are in sub-Saharan Africa and Southern Asia. Four out of every five deaths of children aged under five years occur in these regions

Maternal health

- Maternal mortality has decreased by almost 50% since 1990. In Eastern Asia, Northern Africa and Southern Asia, maternal mortality has declined by around two thirds
- The proportion of mothers who do not survive childbirth compared to those who survive childbirth is 14 times higher in developing regions than in developed regions

Human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS), malaria and other diseases

- At the end of 2013, there were an estimated 35 million people living with HIV. New HIV infections in 2013 were 38% lower than in 2001
- AIDS is the leading cause of death among adolescents, aged 10-19 years, in Africa and the second most common cause of death among adolescents globally

- More than 6.2 million deaths from malaria were averted between 2000 and 2015, primarily of children aged under five years in sub-Saharan Africa

(Adapted from United Nations 2015a)

TIME OUT 3

Read the case example of the Ebola virus in Box 2. What aspects of globalisation may have contributed to the 2014 outbreak? List and explain at least three factors.

Box 2. Ebola virus

The Ebola virus causes an acute, serious illness that is often fatal if untreated. Ebola virus disease first appeared in 1976 in two simultaneous outbreaks, one in South Sudan and the other in the Democratic Republic of Congo. The latter occurred in a village near the Ebola River, from which the disease takes its name. The outbreak in 2014 in west Africa, was the largest and most complex Ebola outbreak since the Ebola virus was discovered. There were more cases and deaths in this outbreak than all others combined. The Ebola virus spread between countries, starting in Guinea before crossing land borders to Sierra Leone and Liberia, [Q4 being transmitted – OK to add this] by air (one traveller) to Nigeria and the US (one traveller), and by land to Senegal (one traveller) and Mali (two travellers) [Q5 is this different to the crossing of land borders referred to earlier in this sentence? Is there a distinction?].

(Adapted from World Health Organization 2016c)

[Ed note: permission requested from the WHO to use this adapted version of their information]

The outbreak of the Ebola virus, described in Box 1, demonstrates how rapid and intense [Q6 do you mean intensive here?] travel between and across countries increases the risk of communicable infectious disease (Tzeng and Yin 2008). It also reflects the effect that traditional and religious burial practices in one context can have in increasing the risk of disease worldwide [Q7 This has not been discussed. Please provide further detail here regarding the link between the effect of burial practices and the increasing risk of disease worldwide] (WHO 2016c).

This article has discussed communicable diseases as a threat to health; however, these diseases only constitute part of the threat to health. In the 21st century, new public health priorities have emerged that focus on non-communicable diseases. Globalisation has an important role in this shifting profile of health. Importantly, non-communicable diseases are no longer confined to rich, Western countries, and the health profile of some low-income countries is similar to those of North America and Western Europe. It follows therefore that the long-term care burden of non-communicable diseases, such as ischaemic heart disease, cerebrovascular disease, and chronic obstructive pulmonary disease, can be seen across both resource-poor and resource-rich countries [Q8 could a reference or references be added for the information in this paragraph?].

While the worldwide expansion of multinational companies has some benefits, such as increasing the gross domestic product in countries where this is much needed, its negative effects are well documented. One example is McDonald's, which has become the best-known fast-food brand in the world. It has revolutionised the food industry, affecting the lives of the people who produce food and those who consume it (BBC World Service n.d.).

TIME OUT 4

Read the following BBC World Service (n.d.) article on fast food, available at: www.bbc.co.uk/worldservice/specials/1616_fastfood/. What do you think has been the influence of McDonald's on the lives of people who produce food and those who consume it? Provide a balanced answer that considers the positive and negative effects. You may wish to discuss this issue with a colleague.

The growth of the fast-food industry has resulted in a significant imbalance between what food is produced, how it is produced, and why it is eaten. Food production and consumption is dependent on land-based assets and the transportation of goods and resources. Human migration has become increasingly widespread, affecting the health of individuals and communities in all countries (Hanefeld 2015). Medical conditions such as sickle cell disease used to be the concern of 'other' countries [Q9 should we state in general terms where sickle cell disease would have been seen as a matter for 'other' countries' - ie do you mean the UK? ... because in some countries it would always have been considered a domestic concern?], but are now seen across the world. Nurses in all areas should be aware of sickle cell disease and develop cultural competence in managing the condition (Mulumba and Wilson 2015). Similarly, managing health complications associated with female genital mutilation (cutting) (FGM) requires cultural sensitivity in communicating with those affected by the practice. WHO (2016d) guidance on reporting suspected cases of FGM provides an example of worldwide policy that seeks to address the issue of violent harm to women and girls.

Human trafficking and child sexual exploitation are two public health priorities that require a universal response. Human trafficking is linked to forced migration, because many migrants are exploited after leaving their countries of origin (WHO 2014). Nurses and other healthcare professionals are often the only professionals to interact with people who have experienced human trafficking and who are still being held captive, and their assessment and interviewing skills can assist in safeguarding women and children from significant harm [Q10 Why only women and children? Should this not be anyone who is vulnerable?] (Dovydaitis 2010).

Health or medical tourism – travelling to another country to receive medical treatment – has also become an international health issue. Access to healthcare in the UK is complex, variable and dependent on several factors, including immigration status and reciprocal agreements with other countries (The King's Fund 2015). The right to access healthcare relies on global citizenship, which is not usually afforded to trafficked women and children, whose legal status and liberty to move freely is denied to them. This identifies the inequalities and risks to some groups in society that are associated with globalisation, and raises the issue of 'vulnerable migrants' (Pace 2011).

TIME OUT 5

List the negative and positive effects that you think globalisation might have on health. What effects do you think globalisation may have on your practice, and how might you identify and respond to associated issues?

So far, this article has focused on the issues associated with globalisation. However, it is important to remember that globalisation has the potential for both positive and negative effects on health (WHO 2016b). It is recognised that globalisation enables new opportunities for cooperation [Q11 Between who?] to improve health and reduce transnational risks (WHO 2016a, 2016b). It has had an important role in increasing the longevity of the world's population through enhanced technology and communications, sharing information and best practice across the world, and relatively easy transport of vaccines, medicines and health supplies internationally. Overall, it is important

to view globalisation as neither 'good' nor 'bad' in itself; since its effects can be positive and negative (Hirschfeld 2008, Salvage 2010, Shaffer 2014).

Addressing global health issues through policy

There is a need for governments and healthcare systems to work collaboratively to respond to global health issues. Individual countries and regions have their own health priorities and policies, but international collaboration is required to address global health issues effectively; for example, the WHO (2015) guidance on tuberculosis, WHO (2016c) guidance on the Ebola virus, and WHO (2016d) guidance on FGM. Another example is the United Nations (2015b) Sustainable Development Goals (SDGs), of which there are 17. In September 2015, 193 world leaders signed up to these goals and if they were achieved, it would mean an end to extreme poverty, inequality and climate change by 2030.

TIME OUT 6

Access the United Nations (2015b) sustainable development goals, available at: www.un.org/sustainabledevelopment/sustainable-development-goals. Select one of the 17 goals and access further information about it, and read the targets for that specific goal. How are the targets to be achieved? Are there any barriers to their being achieved?

The SDGs are ambitious and include ending poverty and changing the way land-based resources are used, as well as responding to climate change, infectious disease outbreaks and humanitarian disasters. Therefore, collective action and multinational cooperation is essential to achieve the SDGs; no single country or region can achieve these goals alone. The designation of a new WHO collaborating centre for **Public Health Nursing and Midwifery [Q12 the use of capital letters might confuse if this isn't the proper title of an agency – please clarify]** in Public Health England supports wider activity in WHO Europe, by generating evidence and frameworks for nurses and midwives that prevent avoidable illness, protect health, and promote well-being and resilience (WHO 2016e). For example, nurses may work in the following contexts: antimicrobial resistance, mass gatherings, extreme events, climate change, bioterrorism, emergency response, new and emerging infections, cross-border threats, and migrant and travel health (Public Health England 2014).

In regard to nursing policy, Gimbel et al (2017) observed that the role of nurses in policy forums and influential decision-making bodies in relation to global health remains limited, which they suggest reinforces the suboptimal implementation of global health policy. However, there are also positive examples of nursing's response to global health issues. For instance, one of the International Council of Nurses main remits, on behalf of its member organisations, is to prepare nurses for management and leadership roles (Anazor 2012). Its Leadership for Change programme aims to complement the educational and development schemes of individual countries, to ensure nurses have the confidence to manage the challenges of health reforms in response to the demand for services (Anazor 2012). According to Benton and Ferguson (2014), nursing should capitalise on the fact that its leaders are internationally connected. In this respect, nursing leaders can ensure globalisation is beneficial to nursing, through communicating, learning and sharing best practice.

Importance of globalisation and global health issues for nursing

Global health has led to a redefinition of the scope of nursing practice (Wilson et al 2016). Since nurses and midwives provide up to 80% of primary healthcare worldwide, they are best placed to offer critically needed, innovative solutions to worldwide health challenges (WHO 2016a). Gimbel et al (2017) asserted that nurses promote

the development of interprofessional healthcare teams, [Q13 insert 'that are responsible for translating global health policy and evidence-based programmes into practice.

It is also important to recognise the effects of globalisation not only on nursing practice, but also on nurses as individuals. Many nurses come from a range of social backgrounds, cultures and countries; therefore, the way they nurse, and their expectations of nursing, are equally diverse (Salvage 2010). Jones and Sherwood (2014) observed that nurses often move within and between countries, which results in the development of challenges and opportunities for the profession, healthcare organisations, communities and nations. They suggested that researchers, policymakers, and industry and academic leaders must address the effects of globalisation on the nursing and healthcare workforce.

The effect of immigration of nursing staff to the UK to work in the NHS is often reported as a positive feature of globalisation. Up to 30% of the healthcare workforce are born and trained outside of the UK, and many have been actively recruited to leave their countries of birth to work in the UK (The King's Fund 2015). It is estimated that 10% of doctors and 4% of nurses are recruited from European Union countries (Dayan 2016). International regulatory controls and standards are likely to undergo radical reform following Brexit (the departure of the UK from the European Union), perhaps resulting in emigration of overseas nurses from the UK.

The worldwide trend in longevity and associated increased rates of non-communicable disease has implications for nursing. Nurses are increasingly likely to spend a significant amount of time caring for patients with a non-communicable disease. It is important that nursing policies, research and education are developed to address and respond to the changing profile of global health. This is crucial to sufficiently prepare and support nurses to meet the demands of the ever-changing context of nursing practice. Therefore, this level of preparedness of the nursing workforce is not only pertinent to developed countries; it is relevant for nursing worldwide.

TIME OUT 7

Consider the role of nurses in promoting health and preventing non-communicable diseases, and:

- Name a non-communicable disease.
- List the lifestyle factors that might have influenced the development of the disease.
- Discuss how globalisation has contributed to the development of the disease.
- Describe how globalisation might contribute to treatment of the disease.

How might these issues affect your practice? You may wish to discuss this with your colleagues.

In Time out 7, you may have identified lifestyle risks associated with the development of diabetes, for example fast-food consumption and obesity. However, globalisation has affected the ability to manage some of the effects of diabetes, for example technological advances in early screening for retinopathy, or insulin-sensitive virtual [Q14] apps that support [Q15] self-management of the condition (the 'diabetes simulator' [Q16] are these apps known as diabetes simulators - if so, perhaps we should tweak wording to: insulin-sensitive apps, or 'diabetes simulators' ...?). This emphasises the importance of considering both the positive and negative effects of globalisation.

Baumann (2013) emphasised that the nursing role is important in achieving the international SDGs. Similarly, Goodman (2015) and Richardson et al (2014) suggested that nurses should expand their health promotion role to address current and emerging threats to health from climate change and to address ecological public health [Q17] this is the first reference to this concept, but it is unexplained - perhaps it needs to be introduced briefly?. However, to do so requires an environment in which nurses can be educated about such issues. To achieve this, the need for a global health curriculum (Chavez et al 2008) and internationally educated nurses (Hendel 2008,

Spetz et al 2014) is required, which emphasise that nurses are required to understand and adopt the perspective of 'global citizenship', and apply this to their local nursing practice. [Q18 Can we reword this sentence, to eliminate 'the need for a global health curriculum is required'. Can I suggest: 'To achieve this, there is need for a global health curriculum (Chavez et al 2008) – along with internationally educated nurses (Hendel 2008, Spetz et al 2014) – that emphasises that nurses are required to understand and adopt the perspective of 'global citizenship', and apply this to their local nursing practice?]

This should begin early in the nurse's education, because learning about global health as a nursing student is likely to influence their ability to manage the issue in their future nursing practice (Cox et al 2016).

Relationship between globalisation and local nursing practice

This section discusses how nurses might contextualise their local nursing practice in a worldwide context. Mason (2014) suggested that people should 'think globally, act locally', which links to the global village referred to by Tzeng and Yin (2008). Tschudin and Davi (2008) [Q19 note – reference amended since Salvage (2010) is a secondary reference – is this ok?] observed that if you enter any large hospital, you will witness the globalisation of nursing, because staff and patients are culturally diverse, and so too are the range of illnesses, conditions, treatments and interventions that relate to nursing. Whether nursing is undertaken locally in emergency care, supportive care, end of life care or preventative public health, nurses in all settings are encouraged to adopt 'a spirit of deliberation and reflection in interdependent partnership with communities and other healthcare providers' (Wilson et al 2016). Globalisation is already affecting local healthcare systems in areas such as migration, patient safety and cross-border access to services (Hamer 2009). Grootjans and Newman (2013) and Nichols et al (2010) suggested that nurses can no longer function at a local level, because the health needs of local communities can only be considered as part of the broader global context and its consequences.

Wilson et al (2016) discussed 'global nursing' as a new ecological paradigm, suggesting: 'The use of evidence-based nursing process to promote sustainable planetary health and equity for all people... global nursing considers social determinants of health, includes individual and population-level care, research, education, leadership, advocacy and policy initiatives'.

defining the essential contribution of nursing to global health, it is important to consider the changes attributed to globalisation in the 21st century. Global health competencies for nursing are outlined in the WHO (2016a) guidance on strategic directions for strengthening the capacity of nursing and midwifery professions to respond to these challenges [Q20 please say which challenge?].

TIME OUT 8

Do you think you could describe your practice as global nursing? In what ways does your local nursing practice reflect or affect global health? How might the information in this article change your nursing practice?

While it is difficult for most individuals to have an effect on the development of globalisation in general, it is possible for informed individual nurses to make a difference on specific aspects that are relevant to their own practice (Davis and Tschudin 2008). MacNeil and Ryan (2013) stated that: 'All nurses, no matter where they practice, will care for people who have origins in different parts of the world. To practice in such a context, nurses must not only be able to deliver care to individuals, but also to place individual care within the context of a comprehensive view of complex societies'.

Conclusion

All nurses should understand the concepts of globalisation and global health, and should be aware of the positive and negative effects of globalisation on health. It is important to emphasise that these issues are not only relevant to nurses in particular countries or contexts, they are relevant to every nurse. Nurses should have an understanding of what it means to practise in a global health context and the opportunities and threats to health that may result from this. This will enable nurses to use their knowledge to improve global health in their local practice.

TIME OUT 9

Nurses are encouraged to apply the four themes of The Code (NMC 2015) to their professional practice. Consider how an awareness of globalisation and global health issues relate to the themes of The Code.

TIME OUT 10

Now that you have completed the article you might like to write a reflective account as part of your revalidation.

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