



All Nursing Is Global Nursing

Why global nursing matters and how to get involved.

Editor's note: Sigma Theta Tau International Honor Society of Nursing is a global organization focused on leadership and scholarship, with more than 135,000 members from over 100 countries. This first article in a series highlights why global nursing should matter to U.S. nurses and offers an overview of organizations within the global nursing community.

If the coronavirus pandemic has shown us anything, it is that we live in a globalized world. However, even before COVID-19, globalization had become the mainstay of our economy and society. Increased travel and migration mean that places historically more closed off to the rest of the world now have more global visitors or immigrants living in the community. And given their need for health care, both visitors and immigrants are sure to interact with nurses. Thus, it is our contention that all U.S. nurses are working in global health, even if they never leave the country.

For example, meatpacking plants in the Midwest and the South used to employ predominantly local workers, but now an increasing percentage of their workforce are foreign born. Compared with U.S. industries in general, the meatpacking industry employs a much larger percentage of foreign-born workers (37.5% versus 17.1%) and 71% of workers in this industry are noncitizens.¹ These workers come from Mexico and Central America, as well as from countries in Africa, Asia, and the South Pacific.¹ In these communities, then, nurses can expect to see many patients who are migrants or noncitizens.

The World Health Organization (WHO) estimates that one in seven people worldwide is a migrant.² Migration of workers and patients has led to an increased need for collecting and disseminating evidence on relevant health implications, improving evidence-based health communication, and dispelling misconceptions about migrant and refugee health.³

NURSE MIGRATION

Nurse migration is another aspect of global nursing that is relevant to U.S. nurses. Shaffer and colleagues provided a pre-COVID overview of U.S. nurse migration status, noting that 8% to 15% of nurses working in the United States are foreign-educated nurses (FENs).⁴ While many FENs come

from the Philippines, many also come from India, Jamaica, Canada, and Nigeria, with the majority working in just five states (California, New York, Florida, Texas, and New Jersey).⁵ The number of FENs in the United States fell dramatically between 2007 and 2015 (from 24,000 to 6,500) as a result of visa issues (for example, visa retrogression, when the number of visa applications within a country exceeds the number of available visas, which can cause lengthy delays), the recession, and an increase in the number of U.S.-educated nurses.⁴

Depending on where U.S.-educated nurses work, they may work with nurses educated abroad. While there are well-established factors that both encourage and discourage nurse migration to the United States, the impact of the pandemic on international nurse migration has yet to be determined. It may depend on the number of U.S. nurses who are retiring or leaving the workforce and the availability and interest of FENs in coming to work in the United States.

ORGANIZATIONS WITHIN THE GLOBAL NURSING COMMUNITY

For U.S. nurses, maintaining familiarity with the global nursing community can be challenging. Several international nursing organizations can help U.S. nurses keep up to date with developments in this global community.

The International Council of Nurses (ICN) is the largest global nursing organization. What nurses may not know is that an individual nurse cannot join the ICN. Rather, nurses who belong to a national nursing association that is a member of the ICN (such as the American Nurses Association) automatically belong to the ICN.⁶ The ICN's organizing body is the Council of National Nursing Association Representatives, which meets every other year to conduct organization business, such as electing members of



the board of directors. As a federation of more than 130 national nursing organizations, the ICN represents millions of the world's nurses. American nurse Pam Cipriano is the ICN's current president.

This year, the ICN Congress met virtually (November 2 to 4) with sessions offered across multiple time zones. The theme of this annual meeting, which brings together national nurse associations and their members from around the globe, was "Nursing Around the World." (For more, see www.icn.ch/events/icn-congress-2021). Nurses can subscribe to the ICN's newsletter (www.icn.ch/news) and follow the organization on social media. To support the ICN's work, nurses can influence health policy in their countries by working with professional organizations at the federal, state or regional, and local levels.

The WHO. Founded in 1948, the WHO is a global organization composed of 194 member states or nations whose goal is to attain the "highest possible level of health" for all people.^{7,8} Its governing body is the World Health Assembly, which meets each May. The member states designate a senior health official to attend the assembly.⁹ Although the WHO advises countries on health issues and health policies, it has no power or authority to require government action. All efforts undertaken by the WHO require the cooperation of the member states. Elizabeth Iro, a nurse midwife from the Cook Islands, is the WHO's chief nursing officer.¹⁰ She advises the WHO's director-general on nursing practice and represents nursing within the organization.

In May, the World Health Assembly adopted the *WHO Global Strategic Directions for Nursing and Midwifery 2021-2025* report, which calls on world governments to invest in nursing.¹¹ This is the first time the World Health Assembly has taken official action on behalf of nursing and midwifery. There are four major policy focus areas in the report: education, jobs, leadership, and service delivery.

Implementation of the policy recommendations in the report will require nurses everywhere to become involved in the four strategic directions through their professional organizations and employers, and with other groups working on improving nursing's participation in global health and the nursing workplace. Individual nurses can participate, for example, by being mentors to new nurses, fostering a healthy work environment through sharing evidence-based approaches to nursing, and promoting nursing as a career.

The WHO's regional office for the Americas is the Pan American Health Organization (PAHO), which serves the United States, Canada, Mexico, Central America, Latin America, and the Carib-

bean. The highest-ranking nurse within PAHO—Silvia Cassiani—is the regional advisor on nursing and allied health personnel. Like Iro, Cassiani provides the nursing perspective within PAHO and advocates for and represents nursing at other events within the region and globally.

The WHO also designates organizations and institutions as "collaborating centers" to provide technical expertise on various health-related issues. Nursing and midwifery organizations with collaborating centers have formed their own group, the Global Network of WHO Collaborating Centers for Nursing and Midwifery. There are currently 46 such collaborating centers within this nursing and midwifery network, nine of which are in the United States. (For more, see <https://globalnetworkwhocc.com>.)

Nursing Now is a three-year initiative started by British House of Lords member Nigel Crisp.¹² As part of his work in Parliament, Lord Crisp contended that improving global health required elevating the status of nursing. With funding from the United Kingdom's Burdett Trust for Nursing, Nursing Now has helped to develop groups in more than 120 countries, where each group identifies the most important topic for that country's nurses.¹³ Nursing Now also led the Nightingale Challenge, which was designed to provide leadership development for young nurses and involved more than 30,000 nurses from 79 countries.¹³ The Nightingale Challenge is now transitioning to the Nursing Now Challenge, with continued commitment to the development of leadership capabilities for early career nurses and nursing students. (For more, see www.nursingnow.org/about.)

The Nursing Now Challenge is recruiting 100,000 new participants, and U.S. nurses can encourage involvement in their workplace by acting as mentors to early career nurses and nursing students, offering leadership development programs through their professional organizations, and encouraging new nurses and students to become involved. (For more on how to get involved, go to www.nursingnow.org/get-involved.)

Sigma Theta Tau International is a member-based organization whose mission is about "developing nurse leaders anywhere to improve health-care everywhere."¹⁴ From its inception, Sigma has recognized the value of scholarship and excellence in nursing practice. In 1936, Sigma became the first U.S. organization to fund nursing research.¹⁴ Today, it supports these values through its numerous professional development products and services that focus on the core areas of education, leadership, career development, evidence-based nursing, research, and scholarship.

Sigma's vision is "connected, empowered nurse leaders transforming global healthcare."¹⁴ Sigma develops strategic partnerships to connect the global nursing community with organizations such as the ICN, Nursing Now, nursing associations, academic and clinical affiliations, nongovernmental organizations (NGOs), and sponsors. Sigma does this by equipping and empowering individual nurses with the knowledge and resources needed to have an impact, providing opportunities for nurses to connect with international colleagues, and informing key stakeholders on the global nursing landscape.

FUTURE COLUMNS

U.S. nurses would benefit from learning about relevant initiatives within the global nursing community. Future columns will address some of these initiatives.

First is the presence of nurses at the United Nations (UN). It is advantageous for nurses to know how they are represented at the global level. Sigma has official status at the UN as an NGO; four Sigma members are representatives and two are youth members, all nurses. One focus of their work has been advocating for the UN Sustainable Development Goals.¹⁵ A future column will provide more detail on the contributions that nurses, representing NGOs, make to the UN.

Second, connecting with global colleagues can contribute to nursing's body of knowledge and be a catalyst for innovation and development in the practice setting. For example, the role of the advanced practice registered nurse (APRN) has developed globally in ways that are distinct from how it has developed in the United States; global and U.S. APRNs are responsible for different functions within the health care system, for instance.¹⁶ It may be informative for U.S. nurses to know that the number and role of NPs and other APRNs vary widely across countries, as do their practice settings.

Third, sharing practice strategies among U.S. and global nurses may propel the profession to provide more efficient and effective health care. In some European countries, RNs have prescriptive authority without having to be APRNs. The training requirements for prescribing vary and the formularies vary as well.¹⁷ However, there is evidence that providing this authority to RNs has decreased access issues for medication availability.¹⁸ These are just a few examples of how nursing in other parts of the world differs from nursing in the United States and how U.S. nurses may benefit by knowing how global colleagues practice.

We all have much to learn from one another and much work to do to improve global health. COVID-19 has shown us, once again, that we are interconnected.

Our strength lies in our numbers: imagine a world in which nurses work together worldwide on areas of common interest and to make a real difference in global health care. ▼

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