

Linking Global Citizenship, Undergraduate Nursing Education, and Professional Nursing Curricular Innovation in the 21st Century

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As we move into the 21st century, our roles as nurses are becoming more complex. Inequities in health within and across nations demand that nursing students examine the interconnect- edness between local and global health challenges and contribute to the development and implementation of solutions to these challenges. In this article, we examine concepts related to global citizenship, globalization, social responsibility, and professionalism and link them to curricular innovation in nursing education. We argue that the development of global citizen- ship is a fundamental goal for all nursing students and that to achieve this, nurse educators must move beyond the creation of international placement opportunities or the use of global examples within existing courses. Nurse educators must develop strategies and design inno- vative curricula to provide opportunities for all students to become engaged with the concept of global citizenship and the role of nurses in a global world. **Key words:** *curricula, global citizenship, nursing education, professional nursing*

WHAT does it mean to be a professional nurse in the 21st century? Interna- tional migration, mass communication, and enhanced travel options affect who our pa- tients and clients are, where we get our infor- mation, and how we interact with our nurse colleagues and other health professionals. Our roles as nurses are expanding and becom- ing more complex. Inequities in health exist

within and across nations; international ten- sions and cross-border transmission of infec- tious diseases are part of everyday life. In this article, we examine concepts related to global citizenship, globalization, social responsibil- ity, and professionalism and link them to cur-ricular innovation in nursing education. We highlight the complexity of such endeavors and the challenges that exist, as well as the- oretical perspectives that may provide guid- ance as we move forward. We explore where we have been and possibilities of what we can do. We argue that global citizenship is a critical component of the roles and responsi- bilities of professional nurses. As nurse edu- cators, it is our responsibility to ensure that global citizenship is an essential aspect of ba- sic nursing education. All nurses, no matter where they practice, will care for patients who have origins in other parts of the world.

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Awareness of global health issues is an integral part of holistic care.

WHAT DOES IT MEAN TO BE A PROFESSIONAL NURSE IN THE 21ST CENTURY?

The need for nursing programs to acknowledge the shared responsibilities for examining global challenges in a dynamic world is now part of our reality in higher education. In this article, we argue that professional nurses must not only participate in examining global challenges but must also contribute to the development and implementation of solutions to these challenges.

Kelley and colleagues suggest that social responsibility is "...strongly linked to the values of professions in general and nursing in particular" and that "the underlying constructs of social responsibility are woven into the fabric of nursing's history and its code of ethics."^{1(p4)} Indeed, several authors have traced the roots of social responsibility in nursing to the work of nursing pioneers including Florence Nightingale, Margaret Sanger, Lavinia Lloyd Dock, and Lillian Wald.¹⁻⁶ For example, in a 1915 speech titled "New Aspects of Old Social Responsibilities," Lillian Wald highlighted the role of nurses in the advancement of justice beyond the individual: "But the old social theory was established in the belief that the individual was supreme; and then, with civilization's advance, responsibility was extended to cover the family with the tribal group . . ."^{3(p78)}

Smith⁶ explored the life work of Lavinia Lloyd Dock relative to nursing and caring as social responsibility and the implications of this conceptualization for social equality. The author suggested that Dock tirelessly fought for the development of a "new ideal" of society and democracy. As a result, on the basis of Dock's epistemology, Smith proposed a reconceptualization of nursing curricula "as democratic and as embracing caring as social responsibility for the holistic welfare of others."^{6(pviii)}

Nurses have a long history of reaching out to the "other," providing care for the most marginalized in society, and acting on issues of social justice both locally and globally. This history provides a rich example of nurses as global citizens and a solid foundation for nurses to take up the current complex challenges in relation to global health.

Despite a long tradition of the involvement of nurses in the advancement of social justice issues, the integration of knowledge related to social justice into the education of undergraduate nurses and the practice of professional nurses is inconsistent in the North American context. Bekemeier and Butterfield, following a critical review of 3 key documents of the American Nurses Association, concluded that the conceptualization of social justice is "... inconsistent, ambiguous, and superficial . . ."^{2(p152)} The authors argue that within these documents there continues to be greater emphasis on the direct care of the individual than on the broader issues of social justice and health system reform. Reimer Kirkham and Browne concur that nursing discourse is rooted in individualism, "... making sustained collective address of systemic injustices such as poverty, homelessness, stigma, and racialization largely outside the purview of nursing action."^{5(p333)} Determinants of health such as poverty and homelessness are typically an integral part of community health nursing curricula; however, students often do not have the opportunity for a meaningful clinical practicum with socially disadvantaged populations.

UNIVERSITIES AS COMMUNITY AND INTERNATIONAL INSTITUTIONS

During the later part of the 20th century, the focus in higher education was on the "internationalization" of curriculum, including provision of international opportunities for students, and participation in international development projects. As we move into the 21st century, incorporating an international dimension continues to be advocated;

however, the operationalization of this concept has become increasingly complex.⁷ Over the past decade, there has been a shift in focus away from the concept of internationalization, toward the broader concepts of global citizenship,⁸⁻¹¹ global social responsibility,¹ or social justice¹² within higher education generally, and nursing education specifically.

The need for nursing programs to acknowledge the shared responsibilities for examining global challenges in a dynamic world is now part of our reality in Canada, as in other countries. For example, global citizenship, environmental sustainability, and social justice are values underpinning the University of Alberta's plan for international engagement.¹³ Some of the key elements of the plan are the expansion of the international dimension of students' learning and research experiences; the introduction of global citizenship and global perspectives into the curriculum; and more opportunities for study abroad, internships, and community service learning experiences. Congruent with the university's goal related to global citizenship, the Faculty of Nursing's mission includes the statement that "... through our leadership in teaching, research, and practice the faculty strives to contribute to the attainment of health equity in the global community ..."¹⁴ Similarly, at the University of Toronto, the Bloomberg Faculty of Nursing created an International Office to respond to students' increasing interest in global health issues and the rise of requests from foreign institutions and students. The current goal is one of enhancing global reach and building a reputation through the development of international collaborations and networks among nurse scholars; in order to achieve such a goal, fostering the ethos of global citizenship among students and faculty has become an institutional priority.

Despite some examples of the integration of global citizenship principles in Canadian nursing education programs, there has been limited analysis of this process from a theoretical perspective. In a recent discussion paper, the Canadian Nurses Association high-

lighted the lack of discussion and documentation of approaches to incorporating global health content into nursing education.¹⁵ This deficit limits our ability to systematically evaluate our initiatives and contributions.

GLOBAL CITIZENSHIP AND RELATED CONCEPTS

Global citizenship as a concept has its historical roots in the late 20th-century push to internationalize higher education in response to increasing globalization. There are varied conceptualizations of globalization. For example, Hirschfeld describes globalization as "... the worldwide integration of economic and financial sectors, which was made possible by three crucial developments: technical progress, geopolitical changes, and the dominant ideology of regulation of the market."^{16(p12)} Chen and Berlinguer,¹⁷ on the other hand, argue that a broader definition of globalization is required to capture the complex interplay of the economic, political, cultural, and social dimensions of globalization. With this increasing interconnectedness, globalization can be viewed as unifying the world. Conversely, globalization may ignore the importance of social and human capital with the well-being of people ranked lower in relation to the economic interests.¹⁶ Likewise, Hanson describes globalization as a multifaceted phenomenon with one of its major dimensions being the internationalization of education.¹⁰ Torres and Rhodes remind us that globalization is both "contradictory and difficult to define"^{18(p3)} and impacts higher education in both direct and indirect ways. All of these authors view globalization as one of the key influences on the process of internationalizing higher education.

Allen and Ogilvie suggest that internationalization at universities is occurring within the context of globalization.¹⁹ They argue that nurse scholars must participate in the continuing debate on the process of internationalization at universities relative to the various conflicting ideologies underpinning

globalization. Their vision is congruent with Knight's definition of the internationalization of universities as "... the process of integrating an international, intercultural, or global dimension into the purpose, functions, or delivery of higher education."^{7(p6)} She argues that although the international dimension of higher education is increasingly viewed as important, it concurrently is becoming more complex. Developing one uniform definition for internationalization diminishes the opportunity for contextualization of activities to ensure their relevance within various sectors and countries around the world. Knight differentiates between internationalization "at home" (campus-based activities) and "cross-border" (off-campus activities). In keeping with current thinking within many academic institutions relative to the importance of "internationalization," Knight strongly advocates that as "internationalization matures"^{7(p9)} one must critically and closely monitor the trends in order to track and respond to short-term and future intended and unintended consequences.

Social responsibility, as a concept, has been more critically and broadly discussed in disciplines outside of nursing. In private institutions and companies, for example, it is referred to as *corporate social responsibility* (CSR), meaning that corporations have moral obligations as "duties of good citizenship" separate from those determined by law.²⁰ This concept has also been widely studied in the education arena.²¹ Within nursing, in response to health care shifts from a "hospital-based disease orientation" to a "community-centered health promotion focus" in North America in the mid-1990s, Mayo stressed the need for nurse educators to examine more closely the concept of social responsibility.²² Nurse educators were just beginning to examine the social context and processes involved in the students' development of knowledge, values, and practice methods related to social responsibility. Mayo emphasized that nurses working in community-based practices must possess elements of cultural sensitivity, moral and professional prac-

tice obligations, and other aspects of social responsibility.

The definition and operationalization of social responsibility is increasingly being discussed in the nursing literature.^{1,6,15,23-26} The importance of the concept in relation to global citizenship and social justice has been highlighted. Global citizenship has been discussed across disciplines including education,²⁷ law,^{11,28} community health and epidemiology,¹⁰ and nursing.⁹ Although there is no unified definition for the term "global citizenship," a common thread is the notion of interconnectedness.¹¹ Citizen responsibility goes beyond the local and national arena, given that some actions impact the planet as a whole,²⁹ thus creating demand for global responsibility.¹¹

Byers provides one possible definition for global citizenship: "Global citizenship empowers individual human beings to participate in decisions concerning their lives, including the political, economic, social, cultural, and environmental conditions in which they live ... It is expressed through engagement in the various communities of which the individual is part, at the local, national, and global level ..."^{28(p7)} Keeping and Shapiro argue that if one agrees that global citizens have ethical obligations to communities beyond their borders, then what exactly are those obligations?¹¹ Although the concept of global citizenship still lacks clarity, there is a movement advocating the ethical obligations of all citizens.²⁷

In a globalized world with moral or ethical responsibilities,¹¹ nursing students and faculty are increasingly challenged to be competent practitioners. One of the significant challenges is to incorporate the concept of global citizenship to align with nursing's obligations of social justice for all.^{12,25} In the past, global health and global citizenship have seldom been recognized as important concepts to be incorporated into nursing curricula.⁹ Crigger and colleagues articulate a global ethic for nursing, emphasizing the concepts of "world citizenship" and "compassionate professionals" as important components to include in

the education of students and faculty in support of a commitment to social justice and global health.²⁹

In reviewing the current literature, it is evident that global citizenship and social responsibility are increasingly important concepts relative to the interconnectedness of people on local, national, and global levels. Global citizenship is a powerful concept that forces us to move beyond internationalization by acknowledging the links between the local and the global and by making explicit our underlying philosophical and theoretical perspectives. It then becomes apparent that as nurse educators, we must continue the discourse around how to best situate these concepts within curricula, as well as examine the consequences for professional practice. The outcome of explicating what these dimensions might look like will promote a greater understanding of the contributions of nursing students and faculty as global citizens in the pursuit of health equity and social justice; provide guidance for nurse educators; contribute to the development of research agendas; and inform theory development.

THEORETICAL PERSPECTIVES: ONE OR MANY?

Although many authors have argued that there is a need to integrate social justice,¹² global citizenship⁹, or social responsibility¹ values into nursing education, there has been limited exploration of the theoretical perspectives to guide this process. We believe that when engaging in global citizenship education and collaboration, nurses, like any other health professional, must critically examine the philosophical underpinnings of their work. We highlight several theoretical perspectives and positions for consideration in the planning and integration of global citizenship into nursing education.

A critical starting point in this process is the challenge of taken-for-granted assumptions and the clear articulation of the ethical and moral principles that will support individ-

ual and institutional activities. For instance, everywhere in the world, with marked differences between regions and countries, some social groups are precluded from achieving a healthy existence and their full life expectancy because of economic, social, and political determinants (eg, poorer health status of Aboriginal peoples and feminization of poverty in Canada). By taking for granted these widespread occurrences, nurses could be contributing to injustice rather than advancing a social justice perspective. We believe that by adopting a clear standpoint promoting social justice, nurses can critically analyze the context from where they come and in which they will collaborate and practice.

Global citizenship education and collaboration should be based on a multiplicity of world views to guide the process and to avoid privileging the views of the Western world. In employing a relational and flexible approach to identify and value complexity, the challenge resides in identifying unjust situations in the myriad of relations inherent to international projects and in operationalizing justice in a field that is permeated by many circumstances beyond the control of participants (eg, the structure of the health care system, university expectations, nurses' income, career paths, and personal circumstances, among others). A consideration of complexity, relational practices, and nursing ethics provides nurses the means to understand such experiences and to envision how one might integrate reflexivity, intentionality, and openness into nursing practice within a multifaceted global context.

The identification of a theoretical framework from the social sciences will enhance the likelihood that critique is integrated throughout the process of global citizenship education and collaboration. For example, at the University of Toronto, a postcolonial feminist framework has been adopted to guide undergraduate students' international practice. This framework opens space to examine the intersections of class, gender, race, nationality, and other social relations as they impact individuals' and communities' health

status.³⁰ As a theoretical framework, postcolonial feminism reveals how local and global issues are intertwined (eg, nursing workforce migration) and how the lives of the majority of the world's population, including most nurses, are affected by economic, racial, and gendered forms of exclusion.

This theoretical approach is considered appropriate for nursing given the profession's large female constituency and caregiving work^{9,30}; it can also reveal opposing perspectives, such as women's and nurses' understandings of individual autonomy in high-income countries, which differ from the notion of interdependency common in many low- and middle-income (LMIC) partners. Using postcolonial feminism has helped students and professors to: acknowledge complexities and privileges; identify or prevent colonial thinking; and promote activities geared toward sustainability. In Canada and internationally, some nurse scholars³¹ have critically examined the philosophical underpinnings of the concept of social justice and used a postcolonial feminist lens to bridge the gap between the rhetoric of social justice and the reality of nursing practice.

The use of such a critical lens is advocated to ensure that taken-for-granted assumptions, such as the superiority of professionals from high-income countries, are revealed in the relationships established.³² The belief in the superiority of high-income countries can obscure the fact that European and North-American wealth has been built through exploitive relations with other ethnic groups, locally (eg, slaves and indigenous nations) and in other continents (eg, colonies).^{33,34} Therefore, race, ethnicity, and language are intertwined with issues of privilege that are not perceived by most until they are enacted in practice; an example of such relations is the unrealistic expectation for LMIC partners to speak and write in their second or third language, while high-income partners function in their first language. In addition, many of our partners are part of the elite in their home country. Often we do not critically examine the meaning for those involved and

for those not contemplated in our collaborative activities and exchanges. We agree with Albi and Schultz who emphasize that "global citizenship aims to expand inclusion and power and provides the ethical and normative framework to make this a legitimate and far-reaching project whereby citizenship is a product of diversity rather than an institutional tool serving particular groups."^{27(p3)}

The privileging of high-income countries as a reference point for work with the majority of the world is problematic. Most solutions created in high-income countries are not sustainable anywhere else in the world, and if the world had a more equitable wealth distribution, they may not be feasible in any country. A theoretical framework such as postcolonial feminism can signal potential pitfalls such as the use of Western solutions as potential models for LMICs. Such frameworks suggest the need for multiple forms of expertise, including local and national nursing associations and nurse academics in LMICs.

Finally, we argue that there is a need for the constant exercise of reflexivity and use of mechanisms for formal and informal evaluation throughout the life of partnerships. The growing body of nursing literature on cultural competence^{35,36} and cultural safety³⁷⁻⁴¹ may contribute to theoretical understanding of global citizenship. For example, Anderson and colleagues suggest that the concept of cultural safety encourages us to think critically about ourselves and to reflect on our historical, sociocultural, and economic locations.³⁷

CURRICULAR INNOVATION IN NURSING EDUCATION: PRESENT TRENDS, COMMON CHALLENGES, AND FUTURE POSSIBILITIES

Nursing curricula include both formal and informal learning experiences provided to students. Planned components include theoretical courses and content, clinical experiences, and carefully constructed assignments. Less formal are the exposure to

scholars, library holdings, faculty and peers, and voluntary activities. Thus, creating global citizenship is multifaceted within the institution and the nursing education environment. It ranges from course offerings to diversity in the student population and the available clinical placements. Dialogue that raises awareness of issues related to poverty, aboriginal health, immigrant health, international health, and other socially mediated disparities contributes to global citizenship. As Hanson states, the development of global citizenship must "... do more than create international placement opportunities or use global examples."^{10(p5)} For example, Mayo²² found that students who spend a significant period of time with a population at risk in a community setting develop a better understanding and appreciation for the concept of social responsibility. Thus, our discussion of trends, challenges, and possibilities will focus on a growing curricular response to global citizenship, the international clinical practicum, as an example of a strategy that is more complex than is often acknowledged.

INTERNATIONAL CLINICAL PRACTICA

Since the mid-1980s, international practica have been advocated as one strategy to integrate a global dimension into nursing curricula.⁴² International experiences are beneficial for students to increase their understanding of the influence of culture on health,⁴³ to practice with diverse populations,⁴⁴ and to foster a global perspective on health.⁴⁵ The development of knowledge about social justice issues must be combined with the opportunity for students to identify and integrate social justice principles into their clinical practice.¹² Several different models may be used to facilitate the development of global citizenship: the exchange model implies the ability of both parties to reciprocate in the experience and ensures mutual benefit for both partners; the experience model implies a one-way opportunity for students (typically from

high-income countries) to participate in an international experience in an LMIC; and the partnership model implies the joint development of courses and programs with experiences for students and faculty in both settings. Despite the proposed benefits of international experiences, there has been limited research to document the outcomes of international practica and experiences. Furthermore, there are several risks and issues that have been identified in the literature that must be considered prior to implementing international activities.

RESOURCE, PRACTICE, AND ETHICAL ISSUES

Typically, international experiences have been resource intensive for faculty and universities alike. The costs associated with participating in an international experience are commonly borne by the students, and in some cases schools of nursing have contributed to the costs of sending students on an international experience. International *clinical* practica are associated with additional challenges and complexities because of the need to ensure that adequate clinical supervision is provided to students.⁴²

Licensure to practice nursing is an ethical challenge related to international practica and exchanges. For graduate students and faculty to participate in international exchanges there is a need to ensure patient safety and maintenance of nursing standards. Typically, this is maintained through licensure. Differences across countries in relation to licensure requirements for such exchanges often reveal inequities when one partner allows clinical access and the other is constrained because of needs to comply with licensure rules that restrict access to certain clinically related activities. It is important to consider if the licensure requirements are the same for all participants in the exchange; if not, we must ask ourselves if the exchange perpetuates unequal power relations.

The transfer of nursing theories and models from "high income" to "LMICs" inherent in

many international experiences creates ethical and moral challenges that must be considered. This transfer may occur directly through the exportation of Western curricula and educators to LMICs, or indirectly through student and faculty exchanges. A few authors have argued that international practica have actually contributed to neocolonialism.⁴⁶ Another pressing ethical challenge results when students and faculty from LMICs have decreased opportunities to engage in international experiences and exchanges due to the resources required to participate. The questions that become apparent in relation to international experiences are who participates, and more important, who benefits?

One of the most challenging dilemmas faced by faculty in the consideration of international activities is balancing responsibility for the health challenges in the local, national, and global arenas. Faculty who may not be fully committed to the need for the development of, and contribution to, global citizenship may be sceptical to commit resources to activities that do not contribute directly to local health challenges. Furthermore, the current shortage of nurse educators in both high- and low-income countries results in international activities being more difficult to implement. Despite this context, there are excellent examples in the literature of efforts to foster global citizenship by highlighting the link between local and global health challenges in coursework¹⁰ and programs.¹ In an era of health challenges at all levels, and shrinking resources in many settings, what is our responsibility as educators to impart the sense of "being ethical in a global community"^{23(p27)} to our nursing students?

PROGRAM AND ACADEMIC ISSUES

Faculty who are involved with international exchanges can attest to the challenges that are faced when curricula lack the flexibility required to adapt to the needs of students from other settings. Differences in academic years, program requirements, and teaching

approaches combine to make international exchanges, particularly at the undergraduate level, challenging to plan, implement, and evaluate. The quality and feasibility of international exchanges is also influenced by the lack of global educational standards. Several authors^{47,48} have highlighted the need to develop common educational standards to maintain global education and practice standards. In relation to evaluation, there is a paucity of research on the best models for international exchanges, particularly clinical exchanges. Furthermore, in nursing there have been limited programmatic, research-based models on the development of global social responsibility.

In the past several decades, the availability of international experiences for nursing students has been dependent on the values and attitudes, individual interests, and workloads of individual faculty members. With an increasing emphasis on the development of programs of research, there is a growing awareness of the need to integrate teaching and research activities within a program of research. Despite this awareness, there is limited funding for global nursing research. In addition, international work is often not recognized and valued within traditional university evaluation systems of faculty members.^{49,50} Finally, the planning and implementation of international practica and exchanges take additional time on the part of both faculty and students. These factors in combination have resulted in varying, and often limited, opportunities for students to participate in international experiences.

While an important activity for universities, internationalization generally and international experiences specifically are insufficient as a mechanism for the development of global citizenship among students, faculty, and staff. International experiences are frequently the domain of relatively few students and faculty, are always resource intensive, and commonly fail to link the global with the local. We argue that a comprehensive approach is required to ensure that the development of global citizenship becomes a

fundamental mandate of university programs. This approach must include the following key elements: Global citizenship content must be integrated into existing courses and through a specialized course to ensure in-depth expertise; faculty require professional development opportunities to ensure that they have the necessary knowledge and comfort to teach global citizenship; and global citizenship must be endorsed by leadership at both the faculty level and the university level.

CONCLUSION

Almost 100 years ago, Lillian Wald proposed that with the advance of civilization, nurses' social responsibility must extend beyond the individual to "... cover the family with the tribal group . . ."^{3(p78)} We suggest that as we begin the 21st century, our social responsibility as nurses must include not only our own tribal group but also the multitude of tribal groups beyond our borders and across the globe. As health professionals, nurses are expected to be aware of and respond to the health issues of the day in order to contribute

to health for all: that is they are expected to become global citizens. Becoming global citizens however does not imply that we privilege the global over the local, but that we recognize the interconnectedness between the local and the global. For example, over the past several decades we have become increasingly aware of the environmental, health, and migration issues that cross borders and impact all of us.

International experiences and partnerships are powerful mechanisms to engage the next generation of nurses with the concept of global citizenship. The resources required, and the issues encountered to implement these experiences however, result in many of our students being unable to access these experiences and many of our faculty being unwilling to lead them. It is incumbent on nurse educators therefore to develop additional strategies to ensure that *all* students are exposed to, and have an awareness of, the concept of global citizenship and their role as professionals in a global world. In order to move toward this end, nurse educators and researchers must participate in the theorizing required on global citizenship in order to inform nursing curricula.

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