

Globalization of Health Service: Sharing of Best Practices in Perianesthesia Nursing Care, a Case Study of Cross-Border Institutional Collaboration

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Healthcare is a global concern among all nations and nursing is a global profession as evidenced by the flow of healthcare professionals across international boundaries. With English as the language of science and commerce and post-colonial influence in domestic healthcare practice and training, many former Anglo-speaking colonial settlements become parts of an expansive market for health human resources migration. The movement of health personnel mainly flows from low and medium income countries to high income countries to sustain their health systems. The resulting brain drain adversely impacts a source country's health system, leading the World Health Organization to declare global health migration as the biggest health threat of the 21st century. This report illustrates how an overseas health network achieves its goals of developing clinical and management excellence through an international exchange program. The provider institution also fulfills its mission of contributing to a more balanced, equitable and healthier world.

Keywords: *Globalization, nurse migration, international health education, healthcare management.*

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KEIGHTLEY¹ INFORMS THAT GLOBALIZATION can be traced back to the time of early human migration. However, globalization in nursing, in the context of modern health care is more complex, requiring nurses to develop competence beyond health care. Subjects that nurses need to know outside the usual nursing universe include knowledge of the environment, health promotion,

human migration, economics, the role of English as a global language, information technology, social justice, and equity. In general, contemporary health workers are required to be equipped with the ability to think globally and act locally.¹

Globalization increases the demand for worldwide health care services, drives trade in health care

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technologies, and opens up domestic borders to facilitate cross-border migration for foreign labor in health services.² According to an estimate by the World Health Organization in 2006, there was a shortage of 4.3 million doctors, nurses, midwives, and other health workers worldwide.² In the United States alone, it is estimated that domestic demands to replace retired staff require the addition of 261,000 additional nurses by 2025.³ To meet the demands of existing and anticipated shortages, high-income countries (HICs) in North America, Europe, Middle East, and Oceania actively recruit health workers from low- and medium-income countries. This practice presents the shortest path to brain gain and enables the HICs to sustain their health care systems.² The reliance on low- and medium-income countries for health workers by HICs through active recruitment results in the loss of qualified health care workers and the loss of financial investments in their training and education. In addition to a shortage in health personnel in the source countries, the resulting brain drain impacts access, quality, and costs of health services, contributes to worse health outcomes, and widens global inequities.^{2,4} This active recruitment and migration trend has led the World Health Organization to declare that the global migration of health workers poses one of the greatest global health threats of the 21st century.⁵

Along with the growing trend of global nurse migration, there is globalization of nursing education and the migration of faculty who are trained to educate the next generation of nurses to practice in a global health care environment.⁶⁻⁸ Contemporary thinking sees international higher education as a commodity in free trade under the market domain, and global citizenship is an essential component of nursing education.^{9,10} Mill¹⁰ argues all nurses, irrespective of where they practice, will care for patients originated from other parts of the world, and that an awareness of global health issues is an integral part of holistic care. As nursing education in academia and staff development settings struggle to standardize nursing training and practice to facilitate international movement of nursing professionals, the need for collaborative partnerships such as the one described in this article can promote international understanding, share best practices, and

address how cultural differences can affect quality, safety practices, and patient expectations.

This report illustrates how an overseas health network views international exchange in collaboration with an exemplary US health system as the path to attain clinical and management excellence, develop global and interprofessional health care leadership, improve staff morale and retention, and attain brain gain.

Background

In 2014, the Hospital Authority (HA), Hong Kong (HK), selected the University of California San Diego Health (UCSDH), a Magnet awarded academic medical health system, as the destination for their 2014 to 2015 Overseas Corporation Scholarship Program for Clinical Leaders. This overseas exchange program is driven by HA's corporate initiatives to address staffing issues, improve morale, promote career development, strengthen professional competence, and foster a culture of quality and safety.¹¹

Hospital Authority, HK

HK is a former British colony, which was returned to China in 1997. It was designated as a Special Administration Region (SAR) under the doctrine of "One Country, Two Systems"¹²⁻¹⁴ with separate and distinct governance and administration systems and a continuation of the existing political system.

HK offers universal health coverage, and its health expenditure as a percentage of its gross domestic products is the lowest, measured against the Organization for Economic Cooperation and Development countries according to a 2011 to 2012 report.¹⁵ The health system offers equitable access, demonstrates high efficiency, service quality, and outstanding health outcomes by global standards.¹⁵

The HA¹⁶ was set up in HK in 1990 as a statutory entity and is operated as a corporation. The HA is accountable to the SAR Government, and is administered under the Secretary of Food and Health, who is responsible for the overall health policies of the territory.¹⁶ The responsibility of the HA is to manage all the public hospital services with

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