

The Ethics of Nursing Student International Clinical Experiences

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ABSTRACT

This article explores the motivations for offering international nursing student experiences and the reasons students choose to participate. Students should prepare by learning cultural humility rather than cultural competency, and they should be oriented to the ethical responsibility implicit in caring for those in developing countries. Programs that provide these experiences need to be developed with an eye to sustainability so the lives of those receiving care will be enriched after the students go home.

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Students in the health professions increasingly demand experiences in international sites as information about global health care becomes more accessible (Panosian & Coates, 2006). Dramatic increases in global migration have also contributed to the need for an international dimension to education in the health sciences, as care providers become prepared to offer culturally appropriate care to new migrants and immigrants (Koehn, 2006). The HIV/AIDS pandemic in Africa, the tuberculosis epidemic in developing countries, and increased awareness of health challenges such as obstetric fistulae have focused attention on the needs of communities beyond the borders of traditional medical and nursing educational programs in the United States (Wall, Arrowsmith, Lassey, & Danso, 2006).

As the need and desire for nursing students and faculty to be part of the solution to the health problems of developing countries increase, ethical questions are raised about the role of American students participating in health care settings abroad. Are students providing a service and gaining experience at the expense of patients who have no other choices for receiving care? At what point does the student's need for learning take precedence over the patient's right to competent care (Edwards, Piachaud, Rowson, & Miranda, 2004)? When providing care to the indigent, practice standards and guidelines for care are already in place in

the United States that may not exist in developing nations or international community settings. This article discusses the ethical concerns raised by having students provide care in international settings and describes some examples of sustainable programs that have been developed with the input of the host community.

Principles of Ethics in Nursing

The American Nursing Association Code of Ethics for Nurses (2001) outlines principles that address the professional behavior of the individual nurse and focuses on the overall profession of nursing. Each of these principles reflects Immanuel Kant's philosophy, as described by Day (2007): "Acting from duty [i.e., as a professional nurse] arises from a good will and therefore any actions produced will be good and right actions" (p. 179). However, this code does not address the needs of individuals within their social, cultural, economic, and political contexts when these contexts may differ from those of the nurse. Nursing behaviors that seem "good and right" in the context of the system of care in the United States may not be considered so in another culture.

An example is the use of technologic interventions to prolong the life of premature newborns immediately after delivery. Do these infants suffer unnecessarily when the customary measures of

care in the United States are used in an environment in which there are no resources to continue to support them? Inasmuch as the individual nurse carries out her duty to the neonate under duress by providing care supportive of life, she is upholding her ethical responsibility. Her inability to provide for the long-term needs of the neonate presents a challenge rarely encountered in the clinical arena in the United States. The ethical issues raised by providing care in a context that is different from our own need to be considered as students venture into international settings.

The History of Nursing and Care of the Indigent

The profession of nursing originally focused on addressing the needs of the underserved. Historically, hospitals were sites of care for the poor, and nursing care was usually performed by religious communities or women with limited education who may have been conscripted to alleviate their own poverty (King & Gates, 2007; Starr, 1982). The professionalization of nursing by Florence Nightingale elevated nursing beyond the menial tasks required for restoring health to those who were ill, such as bathing, bandaging, changing bedding, and feeding nutritious food to those unable to do so for themselves. The professionalization of nursing spawned the growth of organized nursing education and coincided with the development of hospitals as sites of care for both those in need, and those of means (King & Gates). The evolution of the availability of hospital care for members of all economic classes did not eliminate the continued presence of hospitals that only met the needs of the poor; in the United States, these public hospitals have become the primary sites for medical and nursing education (Anderson, Bamboulian, & Picken, 2004).

The use of students to provide care for the underserved has met an economic need for the American health care delivery system by providing uncompensated bedside care and training. Although the patients being cared for receive a service to which they might not otherwise have had access, the care is presumptively not of an inferior quality because the students are being supervised by their licensed nurse counterparts (Bazzoli, 1986; Lyon, 2003). The association of public hospitals with academic institutions has been seen as a positive relationship. It is also considered a strength in the U.S. care delivery system because public hospitals are sites for both clinical research and postgraduate education, ensuring that care providers are

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well educated and possess the most current clinical knowledge. Patients who are unable to pay are able to receive care that would be unaffordable to them in the private sector, which ultimately benefits both patients and students (Anderson et al., 2004).

The Role of U.S. Nurses in Care Abroad

Internationally, U.S. nurses have had a long history of participation in mission work both as volunteers and employees (Chen, 1996); this continues through such well-established organizations as CARE, Doctors Without Borders, Partners in Health, and the Global Outreach activities of the American College of Nurse-Midwives as well as many religious organizations. Although mission work is frequently associated with religious groups, it refers to any activity that is designed to transfer ideas or beliefs. The role of nurses in international health has resulted in increased opportunities for U.S. nursing students to participate in international study.

Similarly, the interest in increasing cultural awareness for students in the health professions has led to a proliferation of school-based programs that expose students to health care in other cultures. These programs may not be designed to provide students with clinical experiences that would otherwise be unavailable to them, but rather to expose students to other cultures and health care systems. To protect both patients and students, nursing programs that include international experiences need to incorporate an understanding of cultural differences and an appreciation of the complexities of global health. They must also ensure an ethical approach to care in developing countries by preparing their students for the experiences that they will encounter (Crigger, Brannigan, & Baird, 2006).

Clinical Tourism

The idea of "clinical tourism" has been described as "the phenomenon of doctors from medically advanced countries taking a 'busman's holiday' in the developing world" (Wall et al., 2006, p. 559). In this context, a "busman's holiday" refers to functioning in one's professional role while also vacationing or being a tourist. These seemingly humanitarian missions are a matter of some controversy because of the ethical dilemma posed about the motivations of

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