OBJECTIVES

- Relate the emphasis on Global Health to the growth of Global Health Programs.
- Describe how a compassionate health professional can provide culturally competent care.
- Describe how organizations can create a cooperative environment for compassion.
- Applying the skill and attitudes of the Global Health Competency of compassion through a simulation activity.

BRIEF HISTORY OF GLOBAL HEALTH (GH)

- Alma Ata Conference WHO, addressed infectious disease vs. socioeconomic influence on health.
- 1978 - Alma Ata Declaration - Health for all in the Year 2000, addressed inequality of low-resource countries, primary health care addressed health at community level.
- 2009 - Institute of Medicine (IOM) Report - involvement by gov. agencies, foundations, non-profits, committed entities to achieve global health goals & Millennium Goals.
- 2015 - Sustainable Developmental Goals (SDGs) - The SDGs, officially known as Transforming our world: the 2030 Agenda for Sustainable Development is a set of seventeen aspirations "Global Goals" with 169 targets between them.
- 2016 - Global Health Workforce Alliance/Network (GHWFN) - Stakeholders (multiple sectors - education, employment, finance, health and labor and development) join efforts to improve the capacity of the health workforce to address health challenges and gaps, enabling the implementation of the Global Strategy on Human Resources for Health Workforce 2005 Global Strategy and the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth. Convened and managed by World Health Organization’s Health Workforce Department.
GLOBAL HEALTH EMPHASIS

GUIDING FRAMEWORK
GH COMPETENCIES

GH COMPETENCIES FOR NURSES IN THE AMERICAS
I. Global Burden of Disease
II. Health implications of migration, travel and displacement
III. Social and environmental determinants of health
IV. Globalization of health and health care
V. Health care in low resource settings
VI. Health in the Americas and Development Issues

INTERPROFESSIONAL GH COMPETENCIES

Domain 1 – Global Burden of Disease
Domain 2 – Globalization of Health and Health Care
Domain 3 – Social and Environmental Determinants
Domain 4 – Capacity Strengthening
Domain 5 – Collaboration, Partnering, and Communication
Domain 6 – Ethics
Domain 7 – Professional Practice
Domain 8 – Health Equity and Social Justice
Domain 9 – Program Management
Domain 10 – Sociocultural and Political Awareness
Domain 11 – Strategic Analysis

GUIDELINES FOR IMPLEMENTING CULTURALLY COMPETENT NURSING CARE
I. Knowledge of Cultures
II. Education in Training in Culturally Competent Care
III. Cultural Competence
IV. Cross-Cultural Communication
V. Culturally Competent Practice
VI. Cultural Competence in Health Care Systems and Organizations
VII. Patient Advocacy and Empowerment
VIII. Multi-Cultural Workforce
IX. Cross Cultural Leadership
X. Evidence-Based Practice and Research
CULTURAL COMPETENCY

- A dynamic process in which individuals or institutions achieve increasing levels of knowledge, awareness, and skills.
- Values diversity
- Participates in the process of critical reflection – reflecting on one’s own values, beliefs, and cultural heritage to gain awareness of how these qualities impact culturally congruent care (Wilson, et al, 2014).
- Adapts to diversity and cultural context in communities. (Office of Minority Health (OMH), 2013).

PROVIDING CULTURALLY COMPETENT CARE

- Use stories to engage individuals to share how their reality is similar or different from what you have learned.
- TED Talk: “The Danger of a Single Story”
  https://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story
- Learn how different cultures define, name, and understand the world around them.
- Engage individuals to share their own understanding of their culture or disease.
- Develop relational trust
  - Empathy – tremendous therapeutic force that can narrow the gap between patient and health professional.
  - Be present with another
    - Interacting with openness, understanding, and willingness to hear different perceptions.
  - Create a welcoming environment that reflects the diverse communities you serve.
- Quality of care
  - Outcomes improved with greater emphasis on coordination of care & improved communication. (Zein, 2016)

BARRIERS TO CULTURAL COMPETENCY

- Language barriers
  - Use translating services & certified medical interpreters
  - Requires cultural sensitivity & formal training to avoid miscommunication.
- Service oriented approach
  - Accommodate needs of travelers and family members
  - Understand social services needed of medical visitor
  - Transportation, religious services, shopping, banking, dining
- Quality of care
  - Outcomes improved with greater emphasis on coordination of care & improved communication. (Zein, 2016)
UNDERSTANDING EMPATHY
1. Understand the patient’s situation, perspective & feelings
2. Communicate that understanding & check its accuracy.
3. Act on that understanding with the pt. in a helpful, therapeutic way.
4. Impact of empathy devoid of sincerity- may not be effective.
5. Empathy for foreigners seeking medical care is not merely an act of kindness; rather it is a central piece of healing.

COMPASSION
• Compassion – identify with suffering of all living beings (Crigger, et al, 2006).
• Merriam-Webster (2013) - “Sympathetic consciousness of others’ distress together with desire to relieve it”
• Authenticity – be yourself - not putting on a professional mask
• Communication – courage to be present as a human being.
• Unconditional acceptance: always respect, not always agreeing, try to understand
• Health professionals may not be connected to life issues, need to connect and reflect from your personal life, distance doesn’t work, importance of being with people to meet the needs of the patients.

BECOMING A COMPASSIONATE HEALTH PROFESSIONAL: CULTURALLY COMPETENT CARE.
1. Examine your values, behaviors, personal beliefs, and assumptions.
2. Engage in activities that help to reframe your thinking, allowing you to hear and understand other worldviews and perspectives.
3. Familiarize yourself with core cultural elements of the community you serve, including physical and biological variations, concepts of time, space, and physical contact, patterns of communication, physical and social expectations, and gender roles.
4. Understand unique needs of international communities- not new.
COMPASSION AS MORAL VIRTUE
- Compassion involves action to relieve another’s distress
- Moral Virtue - individual cultivates as part of his/her character, not a natural emotional response. (Bradshaw, 2009).
- Moral order, choice that places compassion above action out of mere duty.
- Raises our level of consciousness through identification with suffering of another.
- Human connectedness in which suffering is ready to be recognized & addressed by others. (McCaffrey, 2015)

COMPASSIONATE PROFESSIONALS – A CLEARER VIEW
- Clearer view as citizens of the world
- Compassion is essence of care. Skilled, competent, value based care that respects individual dignity.
- Concern for other people beyond giving health care
- Giving time, being there, getting to know the pt. – significant expressions of compassionate care.
- Include other issues – global ethics, social justice, and public health.
- Emphasis not focused only on individual rights but responsibility to society.
- Highest order of moral responsiveness is one of beneficence, wishing goodwill and acting in accordance.

COMPASSION: THE HUMAN TOUCH
COMPASSION AND ORGANIZATIONS

• Culture of organization is important factor for the development of compassion.
• Important role of leaders/managers can display nurturing & enable compassion in organizations.
• Organization can create a cooperative environment for compassion forming collective values, relations, personal skills, beliefs that employs compassion towards themselves and others.
• Embrace interdisciplinary approach – vital to practice of compassion to health care by the needs of pts and clients rather than priorities set by discipline. (McCaffrey, 2015).

CONCLUSION

• A compassionate professional is called to collaborate with people of all nations to seek a better future and health for all.
• Call for all people to extend their moral responsibility beyond local communities and national citizenship to become citizens of the world.
  Think locally, act regionally, go globally.

REFERENCES

• Alma Ata Declaration - 1978, World Health Organization.
• Institute of Medicine Report (2009). CDC.
REFERENCES


• Group Activity: Branga Game