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Ethical Considerations in Short Term Global Health Experiences

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Introduction of the Problem

The United States of America is the world's leader in short-term academically sponsored global health care experiences. Participation in said experiences, whereby individuals from high-income countries (HICs) volunteer to provide health care services to individuals from low/middle income countries (LMICs) who are unserved or underserved, have increased in popularity and accessibility. Short-term experiences occur in a variety of settings and with varying expectations of the provider(s). The populations served experience socioeconomic, cultural, and geographic barriers to healthcare.

Recommendations from nursing organizations include that experiences in global health efforts are vital to advanced nursing practice and the nursing workforce. The academic institution of reference is a state institution of higher learning with a L4/R Carnegie classification located in the Midwest. The institution was in its infancy in developing its global health experiences for undergraduate nursing students, therefore an assessment of the evidence to support pre-departure training and the ethics of care delivery needed further investigation.

Literature Review

Non-licensed, undergraduate students enrolled in health care curricula may elect to participate in academically sponsored short term experience in global health (STEGH) opportunities for personal and professional growth. Offering healthcare services to clients in low-resource settings is not without professional and ethical concern.

When participating in a STEGH, suboptimal or the absence of clear expectations can result in ineffective or non-productive use of time and resources when in the host country and

potentially include unanticipated harm or perpetuate disparities for the recipients of the services (Melby, Loh, Evert, Prater, Lin, & Kahn, 2016, Rozier, Lasker & Compton, 2017).

Preparation, at a minimum, should include the goals of the sponsoring organization, advising participants of a basic understanding of local culture, resource allocation and accessibility, and socioeconomic needs of the community before arrival (Green, Pumputis, Kochi, Costa and Stobbe, 2016, Rozier et al, 2017).

The power differential of high income countries (HIC) providing unregulated care by providers of varying educational and skill levels to vulnerable populations in low to middle income countries (LMIC), catapults the need to consider the ethical domains of the experiences and the leader behaviors influencing the coordination of the type of activity provided. Harrison and colleagues (2016) note that an increased number of global-health activities provides an opportunity for ethical dilemmas to emerge for the host community, as well as the guests/providers/trainees. An ethical underpinning theme “negotiating ethical dilemmas” houses the students strong concern for if their presence had a negative impact on the population and what (if any) long-term impact would result. (Caldwell & Purter, 2014, Rozier, Lasker, & Compton, 2017; Roche, Ketheeswaran & Wirtz, 2017).

Rozier, Lasker, and Compton (2017) note the “free” services provided by most STEGH’s may establish an expectation of further care at no cost and, often, do not offer sustainability of services even after minor interventions have been offered. Lack of collaboration with local health providers also may create economic hardships and undercut local resources, as prospective clients seeking care may wait for services offered at another “free” health opportunity.

In addition, the goals of the organizations are rarely evaluated or published whereby making the anecdotal notion of “doing good” simply a suggestion versus substantiated by evidence (Caldwell & Purter, 2014; Lasker, 2016). Ethically speaking, a plan or process for educating and empowering participants on the concept of cultural humility seems fundamental to the execution of an international experience whereby contributing to a transformative, mutually beneficial encounter.

Project Methods

The purpose of the project was to increase the knowledge of undergraduate nursing students scheduled to participate in a short-term experience in global health in Costa Rica during their final semester of their baccalaureate program. The goal was to enact an approach of cultural humility and enhance ethical care delivery to those served. The project presentation setting is a Midwestern, AACN accredited School of Nursing. The project design was influenced by formal and informal feedback in a post-STEGH debrief on the final night of the week long experience from the inaugural cohort for the aforementioned School of Nursing.

Evaluation

Participants completed a questionnaire containing twelve, Likert-style questions and three open-ended questions as well as participated in a feedback and debrief session on the final night of the STEGH. Likert distribution ranged from 1 to 7, strongly disagree to strongly agree. 100% of participants (n=11) completed the questionnaire and participated in the feedback and debrief session. Questionnaire results revealed each of the twelve questions being ranked as either agree or strongly agree, with numeric scores ranging from 6.5 to 7. Two of the twelve questions had a unanimous score of 7. The mode for all twelve questions was 7.

Finding indicate that undergraduate nursing students could identify that ethics and professionalism crosses borders, specifically HIC providers to LMIC recipients. The students reported that they not only had sufficient opportunity to ask questions regarding potential ethical considerations during the STEGH, but also could articulate their ability to better understand the complexity of care delivery in an international setting. They reflected on the impact of the nursing role while engaged in the STEGH and in anticipation of their return to the US. Open ended questions confirmed the value of the predeparture training and offered insights into dialogue and debrief regarding ethical clinical situations. Intentional conversations to point out opportunities to apply the content during the STEGH and prompt personal reflection was suggested.

Considering the positive emotional space of each STEGH participant and proximity to faculty leaders, responses may have been influenced by the “good work”, collegiality, and degree of appreciation shown by the recipients of care, members of the host community, and stakeholders. Limitations of the project may include the need to expand on specific components and timing of the questionnaire to gain insights into real-time ethical perceptions.

Impact on Practice

The reported increased awareness and acquisition of new knowledge by participants was also linked to their ability to articulate how their professional behavior is now changed as a result and they will be intentional in their future interactions and exposures with clients, families and the community as a whole. Clinical relevance was demonstrated during the STEGH by the efficient assessment activities conducted by participants and the opportunity for operational sustainability and reimbursement as a result of the activities performed. There was

a felt need and appreciation acknowledge for the services provided, linking cultural considerations to their health outcomes.

Conclusions

Participants were able to articulate examples of how participants in the STEGH will impact their current and future practice. Ethical awareness and cultural implications to care were deemed as relevant regardless of where care is delivered, regardless of the complexity of the care delivery system, and that exposure to and application of the concepts cross borders. The value of clear expectations was deemed a vital component to the success of the STEGH.

Continued awareness and improvement in pre-departure training, including the feedback provided by recent participants, are imperative to future success. Continued dialogue with stakeholders to ensure continuity and coordination of activities decreases confusion and aids in maximizing the impact of the services provided.

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