Literature Review

Introduction

Short-term academically sponsored global health care experiences often occur in the absence of established goals for the populations served and those who serve as the providers. In the absence of clear expectations, suboptimal experiences may result.

Recommendations from national nursing organizations, including but not limited to the American Academy of Nursing Expert Panel on Global Health, the American Association of Colleges of Nursing and the International Council of Nurses, articulate the need for advanced knowledge and experience in global health initiatives is vital to the nursing workforce. The benefits and challenges of medical volunteering must be considered, specifically when individuals from high-income countries (HICs) serve as healthcare providers to low/middle income country (LMICs) recipients when socioeconomic, cultural, and geographical barriers to healthcare exist.

Short-term academically sponsored global health care experiences, such as those offered at a midwestern state institution’s school of nursing, often occur in the absence of established goals for the population(s) being served and those students who serve as providers. In the absence of clear expectations, suboptimal experiences for both groups may result.

In the absence of mutually agreeable goals, a re-enforcement of stereotypes and inequalities may result. Clarity of expectations, assessment of clinical skills and experience, as well as the ethics of services provided must be considered for a mutually beneficial outcome and mitigation of risk for all involved.

Aim

The aim of this literature review is to assess the best practices of short term international health care experiences to determine the actual and perceived challenges for students and faculty,
as well as the suggestions to improve the experience for the host country recipients. Does the establishment of defined goals aid in the pre-trip process? What ethical constructs should be considered?

**Strategy Search**

The databases of Cumulative Index of Nursing and Allied Health Literature (CINAHL Plus) and OVID databases using keywords: international service learning, nursing, medical volunteerism healthcare, short-term international and medical mission. Literature, written in English, from 2007 to 2018 was included in the search. Papers focusing on disaster and military response were excluded. Research publications were low-level evidence, with the largest number being retrospective or simple descriptive design.

**Results**

In recent decades, short-term medical volunteerism and short-term international service experiences have grown among individuals from high-income countries with the intent to serve others. The experience may be part of an on-going global health organization presence or a finite initiative with the intent to care for individuals or groups with a specific health related need (i.e.: cleft palate surgery) or more broadly to those with limited access to resources. Non-licensed, undergraduate students enrolled in health care curricula may elect to participate in academically sponsored opportunities for personal and professional growth. Offering healthcare services to clients in low-resource settings is not without professional and ethical concern. It is of note that most of the evidence found regarding the topic of medical volunteerism and international service is extremely limited when attempting to narrow the context exclusively to nursing.
Clarity of Goals and Expectation

*Type of experience:*

Formulating an understanding of the similarities and differences between and among the terms: short-term medical mission trip, international service-learning, volunteerism, service-learning, study abroad and international study is imperative in grasping the depth and breadth of the topic (Bringle, Hatcher, & Jones, 2011; Lasker, 2016; Sykes, 2014). With the exception of the academic credit or co-credit considerations, a common thread for international experiences is the aim to address an unmet need either for the population served or for the individual or group serving as the health professional(s).

Two articles specifically identified and categorized the environments from where participants originated and/or where the unmet health need existed as either low/middle income countries (LMICs) or high income countries (HICs) (Sykes, 2014; Ventres & Wilson, 2015). The power differential of HICs providing unregulated care by providers of varying educational and skill levels to vulnerable populations in LMICs or countries where limited health care resources exist, catapult the need to consider the ethical domains of the experiences and the leader behaviors influencing the coordination of the type of activity provided.

Suboptimal or the absence of clear expectations can result in suboptimal 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). 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).

*Agency and Participant*
Leadership, the quality of the collaboration, and the dynamic of the international partnership are key components to successful experiences for the host community as well as the student and faculty participants (Crabtree, 2013). Clarity of clinical expectations and the articulation of the intended goal of the service(s) provided helps to ensure that all parties are prepared. 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). Having a collaborative “local” who was keenly aware of the health needs of the community and culturally appropriate approaches to the population being served, is an invaluable asset (Bentley & Ellison, 2007).

Though guidelines exist for medical school students engaging in global health experiences, to date, national guidelines for undergraduates seeking degrees in global health are lacking (Decamp et al, 2013; Drain, et al, 2017). Students and faculty must understand that, regardless of their intent, not all of the work completed is viewed as positive either by the recipients or the community at large (Crabtree, 2013). Green et al (2017) described the demographics and disease prevalence within the populations they served as to offer information for future groups to manage gaps in access to care and consideration for client education including nonpharmacological management of symptoms. Hence, collaboration and communication is key in making a significant impact (Curtin et al, 2013).

Rationale for participant involvement and intent is a factor to be considered in the assessment of these experiences. In some cases, the formation and growth of the participant is the goal, as compared to those who seek to serve the needs of the host community (Rozier et al, 2017). Curtin and colleagues (2013) identified five themes among providers: adapting
physically, encountering frustration in the ability to fully meet patient needs, increasing
confidence in speaking the language and assessing health problems, cultural awareness and the
shift of focus from self to others. Ventres and Wilson (2015) identify ten attitudes (five that aid
and five that hinder participants), which they believed are more critical to the experience as
compared to the skills or knowledge of the health care provider. The attitudinal goals include:
open-mindedness, humility, generosity, patient and excellence. The attitudinal traps that hinder
the effectiveness of the international service-learning trip (ISLT) are arrogance, hegemony,
balkanization, indebtedness, and power by proxy. The five general approaches to teaching and
learning include curiosity/inquisitiveness, prioritize learning, practice personal reflection, grow,
and choose mentors and models wisely. In addition, five educational and developmental values
are described. The attitudes of those who are involved in providing healthcare services during
international trips directly impacts the experience (Curtin et al, 2013, Kohlbry, 2016; Ventres et
al, 2015).

**Ethical Considerations, including clinical skill/experience.**

In the spirit of complexity theory, resources surrounding ethical considerations, leader
behaviors, cultural competence, cultural humility, and situational awareness were reviewed
(Bentley & Ellison, 2007; Caldwell & Purter, 2014; Crabtree, 2013; Curtin, Martin, Schwartz-
Barcott, DiMaria, and Ogando, 2013; Dauvrin 7 Larant, 2015, Foli, Braswell, Kirkpatrick, &
Lim, 2014, Fore & Sculli, 2013, Foronda, Baptiste, Reinholdt, & Ousman, 2016, Harrison,
Logar, Le, & Glass, 2016; Stahl & DeLuque, 2014, Ventres & Wilson, 2015). This collection of
works directed the focused on information to be used when considering topics related
specifically to participants of an international healthcare experiences. Assessing materials that
addresses ethical considerations, for all involved including leaders, and the complexity of the
international health care experience arena, concepts in complexity leadership and theory intertwine and overlap. Success, if measured by mutually beneficial experiences, is most often identified as having characteristics similar to those who are transformational in their approach and build relationships with agreed upon goals and objectives. The vast majority of references focuses on participants providing care and their perception or reflection of how the experience enhanced knowledge or skill. The initiation and immersion of an international experience generates documentation supporting the leadership themes of collaboration, relationships, transformation, attitude, and the influence of environment on behaviors and how the demonstrated behaviors impact followers or colleagues.

Sykes (2014) reports a gap in the literature to the work done on short-term medical mission trips to low-to-middle income countries and the impact on the interventions provided to the community of interest. A definition for medical service trips (MSTs), high income countries (HICs) and low and middle income countries (LMICs) is provided. Most concerning is the vulnerability of those being serviced in LMICs by HIC providers. In the absence of a central monitoring or accreditation agency, the variability in skill of providers, sustainability of health related interventions, and the return on investment for all involved is questioned. Many studies omit the demographics of the population served and studied. MSTs are largely unregulated. No known validated tool exists to measure key elements of MSTs or the social, economic or diplomatic components and costs (Caldron, Impens, Pavlova, & Groot, 2015).

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. The four major ethical themes that emerged include: cultural differences, professional issues, limited resources, and personal moral development. 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 short-term experiences 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.

Ethically speaking, a plan or process for educating and empowering participants on the concepts of situational awareness and cultural humility seem fundamental and necessary to the execution of an international experience whereby contributing to a transformative, mutually agreeable encounter seem essential and seem expected by host communities. Fore & Sulli’s (2013) concept analysis reported the importance of patient safety as a result of frontline decisions. Situational awareness, in the presence of ethical dilemmas and the reality that not all interventions or efforts may be sustainable or even viewed as positive. This seems fundamental in the foundation of understanding the “Why” and intent of planned international healthcare experiences. Kohlbry (2016) documents that awareness directly addresses challenging preconceived notions or stereotypes, expanding the vision of the provider to a worldview.

Transformational learning and growth, as a component of cultural humility, is a way of being verses an objective or simple action. Transformational learning includes understanding the broad concept of cultural humility and how it differs from diversity or cultural competence. A transformational approach aids us in better understanding areas where power or rank exist in the
experience. An international experience were HICs provide services to LMICs innately preserve a power structure. Acknowledgement and awareness on the part of all parties, specifically to power or hierarchal differences, plays a key role in achieving a mutually beneficial outcome whereby all parties learn and grow along their journey enhancing the partnership (Foronda et al, 2016).

Lasker (2016) inspects the goals of US based organizations that offer or sponsor the opportunity to, mostly individuals from wealthy countries, volunteer in poorer parts of the world. American volunteers are primarily associated with a religious organization and make up the largest number of volunteers. The “self-serving” character of volunteering is equated with a hierarchical relationship between the host communities and volunteers. Lack of qualified providers, with substandard or minimal training, and lack of client follow up (assessment of any complication or adverse effects) after medical interventions or recommendations is rarely evaluated.

**Discussion**

The United States of America leads other HICs in participation for short-term international medical/health care trips. Recommendations from national nursing organizations, including the American Academy of Nursing Expert Panel on Global Health, the International Council of Nurses, and the American Association of Colleges of Nursing, to advance knowledge and experience in global health efforts, combined with overarching academic and school specific goals to enhance global reach makes an innovative project to explore and address ethical issues seems imperative.

Upon interview, host communities request providers by prepared prior to arrival in the following areas: native language, awareness of local customs and culture, and the expectations of
the care to be provided (Rozier, et al, 2017). The efforts would be maximized by the development and integration of supplemental modules to increase awareness and acknowledgement of the disparities that exist surrounding key ethical and culturally relevant topics.

**Conclusion**

Module development focused on awareness of ethical constructs, cultural humility and intent to minimize risk are fundamental in anticipation of planned experience. Ensuring acknowledgement by participants that involvement is a privilege should be an underpinning in short-term global health experiences and reinforces the need to be exposed to the anthropologic underpinnings of cultural humility, especially when innate power differentials exist surrounding culture, language, and economics between those receiving the healthcare service and providers.

The acknowledgement that health care delivery is complex and the need for accurate, evidence-based information provided to those embarking on a short term global health experience allows for enhancements in services provided and cultural acumen of those providing care. Advocacy, equity, reducing health disparities, and congruency between the needs for those being served and availability of providers and resources is an integral thread in the role of nursing.