Compassionate Nursing Professionals as Good Citizens of the World

Nancy J. Crigger, PhD, ARNP-BC; Michael Brannigan, PhD; Martha Baird, ARNP-BC

Globalization is reshaping the world and its people. Nursing, likewise, is in the process of expanding its worldview to one that accommodates global care. The authors further articulate a global ethic for nursing by distinguishing 2 concepts: *world citizenship*, as described by Martha Nussbaum, which calls nurses to critically evaluate personal and culture-based beliefs, and *compassionate professional,* which calls nurses to nurture partnerships of mutual respect. It is also important that nursing participate and support professional and international organizations that address social injustices related to healthcare, poverty, and public health. **Key words:** *global ethics*, *human rights*, *nursing ethics*, *professionalism*, *transcultural nursing*

Globalization implies an ethical and moral obligation for professional nurses to enter and function in a world wide community. . . .

—Madeline Leninger

Cultural and ethical autonomy . . . must know some limit in the interest of world welfare.

—Edmund Pellegrino

GLOBALIZATION has been defined as "networks of interdependence at worldwide distances"[1(p38)] that connect the earth and its constituency into a whole. This new interdependence calls for all people to extend their moral responsibility beyond local communities and national citizenship to become citizens of the world. Globalization blends well with nursing. As an altruistic discipline and as an applied science, nursing has a long tradition of inclusiveness and social concern.

From the William Jewell College, Liberty, Mo (Dr Crigger and Ms Baird); the Center for Practical Bioethics, Kansas City, Mo (Dr Brannigan); and the University of Arizona (Ms Baird).

Corresponding author: Nancy J. Crigger, PhD, ARNP-BC, William Jewell College, 500 College Hill, Liberty, MO 64068 (e-mail: Criggern@william.jewell.edu).

The recent trend in nursing literature on globalization presents nurses' relationship with people of other cultures as 1 of 2 metaphors: business or partnership. As a business venture, the world is transformed into a "global marketplace" and nursing becomes a part of selling our profession along with other commodities that highly commercialized Western medicine has to offer.[2-4] The second metaphor, a partnership, is more consistent with nursing's heritage and the goal of seeking global healthcare for all.[5,6] In the first metaphor, nursing is a business and the goal is *profit*; in the second metaphor, nursing is a mutual partnership and the goal is *support toward a common good.*

As global partners, nurses are challenged to broaden and transform traditional views of nursing.[6,7] Transformed nursing will not be commercialized Western healthcare transplanted into other cultures, but rather the blending of appropriate Western healthcare and nursing that transforms and is transformed by the culture and people with whom we partner. The discipline has made great advances in global healthcare as citizens of the world and compassionate nursing professionals.[7] The ultimate commitment

of nursing, then, is to empower individuals and communities of all cultures and social status to obtain an optimal level of health.[7-9]

The primary intent of this work is to affirm and articulate nursing's commitment to a global nursing ethic as primarily a partnership of mutual support rather than as a business relationship. The purpose of this article is to advance the ideal of world citizenship, as described by Nussbaum,[10] a well-known philosopher and educator, and explore a framework for compassionate nursing professionals. The first section is a brief discussion of culture, followed by sections about the barriers to becoming world citizens and compassionate professionals. The final section explores the practical application in education, practice, and research. The authors hope to raise readers' awareness of global ethics in nursing and to suggest methods to help nurses become world citizens and compassionate professionals.

CULTURE AND CULTURAL COMPETENCE

Cultures are complex, diverse systems that articulate the most fundamental beliefs of people within groups.[11] Culture originates from the Latin word *cultura*, meaning "to till"[12] and suggests an ongoing process. As tilled soil provides a necessary medium in which a plant takes root, one's culture is the necessary medium for development of the individual. As tilling the soil exposes deepest parts of the ground, so exposure to a culture shapes one's deepest values, beliefs, and actions.[5] Inculcation of a culture is a process that begins at birth and continues over a lifetime. When one has an etic, an outsider's, view of the culture, gaining understanding about the culture is like finding the pot of gold at the end of a rainbow. It is difficult, if not impossible, for an individual to reach a high degree of understanding a culture unless one is privileged to be a member of that culture. And even when one has an emic, an insider's, view of the culture, one may not know or un-

derstand the many subcultures nested within it. Being born and raised in a culture still gives limited access; we are bound by our own view of the culture.

The term *cultural competence* is often considered the goal of transcultural nursing. Although cultural competence is defined by some scholars as a process,[5] it is also misunderstood as an outcome that is attainable when one goes through a process, like completing a course or finishing a paper. This confusion of usage may come from the word "competent" for which the original meaning was "to be sufficient" and its usage currently includes "to be fit" and "to meet requirements."[12] The use of "competence" implies an outcome and this may lead to misunderstandings about the approach to learning about a culture and its people (M. Brannigan, unpublished data, 2005).

The authors believe that cultural competence refers to a dynamic ongoing process and that further clarification of this term or use of another term, like "cultural collaboration," may more clearly convey competence as a process. The understanding of competency (or cultural collaboration) *as a never-ending process* rather than *as an outcome* prepares nurses to practice in an increasingly global community. Students who are taught transcultural nursing and cultural competency should understand from the beginning of their learning experience that "cultural competency" refers to this dynamic process.[13]

BARRIERS TO UNDERSTANDING A CULTURE

According to Nussbaum,[10] understanding a culture is often impaired by failure to obtain enough information about the culture or by a faulty perceptual interpretation of the culture. The first barrier results from faulty processing of information because a person fails to gain *enough* information to accurately assess the culture. With the second barrier, a person's preconceptions affect her *capacities to perceive reality*.

Insufficient information

Understanding of culture may be impaired either by an insufficient information about a particular culture or by an incorrect interpretation of the information obtained. It is not unusual for the outsider to believe that she or he has sufficient exposure and information about a culture or group when, in fact, she or he does not. This blindness to one's own insufficiencies was illustrated in a qualitative study by Cortis and Kendrick.[13] These nurse researchers studied a group of nurses who provided care for extended periods of time to a group of Pakistani patients. The nurses evaluated their understanding of Pakistani culture as good while the Pakistani patient group rated the nurses understanding of their culture as limited and narrow-minded. In this situation, the nurses and Pakistani participants had differing perceptions of cultural understanding. The nurses may have lacked proper respect for the complexities and individualities of their Pakistani patients. Nussbaum[10] claims that our ability to adequately explore the culture is facilitated when we accept 5 underlying assumptions:

1. *Cultures are pluralistic*. Even the most homogeneous cultures contain classes, institutions, ethnic religious, and intergenerational diversity. Cultures contain conflicting and diverse points of view. The idea that one or multiple voices speak for a culture or that a culture has a norm is often the oversimplified way of viewing a culture. For example, the notion that "all Buddhists think the same" is an aberration of cultural understanding. The discrepancies within thought are evident in the various schools—Theravada and Mahayana and their subschools (M. Brannigan, unpublished data, 2005). In American Western Christian traditions, a variety of differing traditions also challenge any one "norm"; Baptists, groups of the fundamental charismata, and Lutheran traditions vary greatly in doctrine and practice, yet all are Christian.

2. *Cultures cannot be sufficiently represented by their spokespeople*. By spokespeople we mean writers, political figures, artists, and historians, who are often influential. These "representatives" are often very different from the average masses and cannot speak for many others within a culture.

3. *Cultures are expressed in a variety of domains, many of which may be ignored*. Nussbaum[10] commented that the rural and nonelite of a culture are often underrepresented and do not become evident as part of the culture. The rich, educated, and famous are often the most sought after and their voices may mute other more marginal voices of a culture.

4. *Cultures have a past and present; cultures are dynamic and changing*. What was true for China 30 years ago is in many ways not the case in today's China. Some traditions and views within a culture are timeless, but many aspects of culture are historical and should be understood as time oriented. For example, China has become a leading powerhouse in capitalism. Free-market enterprise has taken firm hold in Singapore and Hong Kong. Yet, Confucianism continues to assert its influence. In fact, the Confucian emphasis upon family and the virtue of filial piety (mutual respect within the family, particularly toward parents) has helped to bring about the success of capitalism. Economist Francis Fukuyama described how this has enabled economic competition among families, rather than individuals, so that companies view themselves along the lines of lineage, "a corporate group which celebrates ritual unity and is based on demonstrated descent from a common ancestor."[14(p91)] This emphasis on lineage, family, and filial piety draws parameters in business relations

as to those inside and outside circles of trust. Trustworthiness therefore becomes a determinant of corporate and economic success. In any case, Confucian values still run deep in the increasingly capitalist climate of China.

5. *Mistaken interpretation occurs with overgeneralization.* Overgeneralizing is one way an individual can respond to insufficient exposure to a culture. It has been referred to as "homogenization" and is the attempt to cast a monolithic net over a culture in ways that ignore the culture's internal disparities as well as external similarities (M. Brannigan, unpublished data, 2005).

Faulty perception of a culture

The second type of barrier to cultural understanding is perceptual. Certain perceptual and intellectual qualities inherent in one's makeup may alter one's perception of other cultures. Kuhn,[15] a philosopher, radically changed the philosophy of science in the 1970s by his theory that scientists' observations are altered or shaped by their preconceptions and beliefs. Kuhn believed that this preshaping occurs unconsciously and when it occurs among scientists who strongly adhere to theory, he called it a shared "paradigm." Kuhn compared the likeness of preshaping to looking through colored glasses. Each individual has a pair of "glasses" that colors what is seen by past experience and personal values. These glasses preempt and alter one's perception of the culture and its people.

Nussbaum[10] describes 2 types of common preshaping of perceptions: *chauvinism* and *romanticism*. The idea behind "chauvinism" and "romanticism" may be familiar to the reader under different descriptors, but these ideas are well articulated and enriched by Nussbaum's work. Nussbaum uses these terms to describe misperceptions that interfere with a true understanding of a culture.

Chauvinism came into common parlance through a historical figure, Nicholas Chauvin, who was a soldier in Napoleon's army. Chauvin was notorious for his doggedly held faith in the imperial cause.[12] By definition, *chauvinism* is the unreasonable or fanatical devotion to one's own view. Nussbaum[10] categorizes chauvinism as descriptive and normative.

Descriptive chauvinism occurs when one tries to explain the other from one's personal understanding of the world. We fail to recognize that the unfamiliar may not translate into the familiar. For example, we observe a woman dressed in white and infer that the woman is a bride; in reality, white clothing is a sign of mourning in her culture. This type of error has been called self-referentialism, the tendency to view other events through our own lens and to believe that our way of viewing these events is the only legitimate way. Of course, we cannot help to wear our own lens and see life through our own eyes. Nevertheless, the tendency becomes an egregious error when we base epistemology only on our perceptual grounds.

Normative chauvinism differs from descriptive chauvinism and occurs when one evaluates the other culture and determines that one's own culture is superior. Coming from a developed nation, we may infer that nursing care or healthcare in the United States is superior while failing to recognize that under the resource constraints another culture may, in fact, be offering healthcare that is superior to ours. Healthcare providers may also be so highly biased by Western healthcare marketing and technology that other ways of healthcare are never given adequate consideration.[1,16] This idea of one's healthcare as superior can result in medical imperialism, the attempt to take over and change the healthcare of the other culture to match our own. Normative chauvinism is similar to the more familiar term, "ethnocentricism."

In contrast to chauvinism, *romanticism* is characterized by fanciful, fictitious interpretations of a situation rather than interpretation based on fact. As a *descriptive romantic*, the culture of the other becomes exciting and exotic; the foreign, exotic nature of the

culture may create a *normative romanticism*; the culture is perceived as superior to one's own. People in developing countries are particularly vulnerable to viewing American healthcare as superior to the traditional healthcare methods.[17] For example, while working abroad the authors found that Hondurans and Haitians prefer American medication rather than making lifestyle changes and practicing good self-care.

There is a lack of critical consideration of the other[12] in romanticism, while with chauvinism the critical evaluation is too severe. Both of these forms of cultural delusion are not perceived correctly and are not based in reality. One gets a true picture of a culture when one is able to see the influence of *chauvinism* and *romanticism* and sustain one's critical view in spite of these biased influences. Once these influences are identified and understood, a truer picture of the culture and a morally appropriate response to that culture emerges and nurses are prepared to step into the role of world citizens.

WORLD CITIZENSHIP'S 3 SKILLS

Philosopher Martha Nussbaum's *Cultivating Humanity*[10] was well received by the educational community.[18] Although the book addressed education within formal institutions, the message is appropriate for all people who seek to interact respectfully with people from other cultures. The idea of world citizenship is not a new one. In ancient Greece, classical thinkers accepted the idea of cosmopolitanism. Nussbaum gives a fascinating account of how the ancient Greek thinkers, like Socrates, Diogenes, and Aristotle, placed a high value on personal reflection and relationships with people of other cultures.

In the spirit of classical Greece, Nussbaum believes that to successfully interact with other cultures and become a citizen of the world, one must develop 3 skills: an ability to critically evaluate one's self and one's cultural tradition, an ability to see one's self as a citizen

of the whole of humanity, and an understanding of the world from the point of view of the other.

Self-reflection

In the first skill, critical self-reflection requires one to examine personal beliefs and practices. It is not an easy task to view one's culture objectively and with a critical and reasoned judgment. Once critical self-reflection occurs, a person recognizes the weaknesses and strengths inherent in his or her point of view.[10] Evaluation of one's self and one's culture uses reasoned judgment to support personal beliefs rather than passively accepting received views.

Equality of humanity

The second skill necessary to become a citizen of the world is to see one's self as equal to people of other cultures and to have a sense and commitment toward humanity throughout the world. Nussbaum[10] is careful to point out that world citizenship does not negate closer obligations, like responsibilities to family or nation, but rather demonstrates a genuine concern for the welfare of all persons as the primary commitment. To illustrate, a person cares for her mother in a special way and has special ties to her, but she also has appropriate concern and moral regard for all of humanity as citizens who are equal in moral worth as citizens of the world.

The point of view of the other: Individualism and atman

And last, one takes on the point of view of the other and becomes empathetic with him or her. The meaning and usages of words of similar emotional responsiveness, like empathy, sympathy, and compassion, are often used interchangeably. *Empathy* traditionally means to "feel with"[12] and is the emotional and intellectual identification with the other that allows one to enter into the other's state. *Sympathy* is one's ability to feel distress for the

condition of the other. *Compassion* may result from empathetic encounter and is understood, for our purposes, as the suffering or distress for another that is linked, according to Nussbaum, to a desire to help.[10]

The belief that we understand the world from the viewpoint of another is a component of ethical responsiveness theorized by care ethicists and traditional moral theorists in the Western tradition for some time. In either the emotional or intellectual realm, an ability to understand the other's point of view, and to be motivated to respond to distress of the other, is an important part of moral sensitivity.[19-22] However, since one cannot truly experience another's feelings, one approximates by imagining as if she were that person. According to Hare, with successful understanding of the other's point of view, "we must pay as much regard to the preferences of other people as to our own."[19(p100)]

This phenomenon of seeing the other's point of view is not peculiar to Western ethics. Compassion also happens to be the supreme virtue in Buddhism. Referred to as *karuna,* compassion embodies an empathetic identity with the sufferings of all living beings. Moreover, this empathetic identity entails commitment to act in order to relieve the suffering of others. Compassion thus "has the characteristic of devotion to removing others' suffering."[23(p48)] This total commitment to relieving others' suffering is embodied in the ideal of Mahayana Buddhism, the *bodhisattva*, the prototype of both wisdom and compassion. The 7th-century Buddhist Shantideva articulated the *bohisattva's* pledge:

I must not wait for the help of another, nor must I lose my resolution and leave my tasks to another. I just not turn back in my efforts to save all beings nor cease to use my merit for the destruction of all pain.[24(p85)]

There is an empathetic identification with the others' suffering that is radically unique in that Buddhism underscores the belief that there are, in essence, no separate selves, nor singular, independent identities. This notion is also more consistent with the worldview of globalization and world citizenship than is the traditional Western individuated self. For Buddhists, there are no grounds for positing an independent self. Instead of an individuated self (what Hindus refer to as *atman*), Buddhists posit no-self, or *anatman*. No-self literally emphasizes the belief that we are not independent substances or separate beings.

The idea of no-self is the most puzzling aspect of Buddhist teachings. However, it makes more sense when seen in combination with another key Buddhist teaching, that of *pratityasautpada*, or codependent origination. According to this idea, all living beings are intertwined and interconnected so that no acts occur in isolation. Everything impacts upon all else, reinforcing the idea that no entity exists in independence. Indeed, we exist in this sea of interdependence. Whether one is in the United States or Rwanda, we all are affected.

Given these 2 notions of no-self and interdependence, the idea of compassion as identity with another's suffering and commitment to alleviate that suffering now makes good sense. Not only are we private, separate beings but our interdependency reinforces our sense of responsibility to and for all living beings. By joining the idea of no-self and interdependency, the consequences are 2-fold. First, once one understands that there is no essential difference between one's self and others, one can view one's self in terms of others. Second, by considering the communal contours of one's existence, it is clear that no one of us acts in isolation. All that we do affects all others and vice versa. In Buddhism, it is this collective sense of identity that raises compassion as a virtue to the highest level.

Buddhists' overall perspective of the other seems, at least ontologically, less problematic than a more individualistic ontology. For Buddhists, there is no radical distance between one's self and the other. There is no individual, private essence (as in Western

thought). Indeed, if there is any essence at all, it lies in our fundamental connectedness.

If all 3 skills identified by Nussbaum[10] are in place, an individual moves toward a receptivity of the other and an understanding that there are many ways to solve problems of which our Western nursing tradition is only one.[7] This opening up to and equalization of the other is the ground from which the compassionate professional grows.

A CLEARER VIEW AND GLOBAL ETHICS

Once nurses are citizens of the world and compassionate professionals, concern for other people broaden beyond healthcare to include other issues of a global ethic, like social justice and public health.[1,25,26] Also, deeper questions of how to operationalize global ethics emerge, like the debate between an ethic of multiculturalism and an ethic of universalism.[11,27]

Multiculturalism, universalism, and social justice

One of the great debates in global ethics is whether or not there are inalienable human rights from which universal principles can be derived.[17] If global ethics is universal, then there is a potential for all people from all nations and cultures to agree on certain inalienable human rights or capacities that are even more fundamental than community and political and individual rights.[28-30] To illustrate, slavery was once a cross-cultural norm but no nation permits slavery today. The abolition of slavery occurred because of the universal consensus that human slavery violated the basic right of equality of persons. The universal principles that can be based on human rights are referred to as *universalism* or *principlism*. *Multiculturalism*, on the other hand, is the belief that each culture is unique and determines what is ethically appropriate. A global ethic from a purely multicultural perspective would have no universal rights or wrongs because each culture is respected for its beliefs and values.

Universalism is endorsed to some degree by international organizations like the World Health Organization or the International Council for Nurses. Many claim that there are minimal basic necessities of life to which all people have a right, like clean water, equality of persons, safety, right to work, or healthcare. For example, the world community is standing against discrimination of women on the basis of the belief that there is a human right to equality of persons.[27]

Individual versus community

A second major debate that is currently occurring in global ethics is whether the rights of the individual supersede the rights of the public or the community. In the United States, individual autonomy has, according to some ethicists and experts, detrimentally overshadowed the individual's responsibility to communities and humanity as a whole.[1,11,16] In other words, too much emphasis has been placed on individual rights and not enough on responsibility to society. The incongruency between individual and community rights is illustrated by cultural differences in interpreting informed consent. In the United States, informed consent is authentic only when it is given by an individual making an autonomous decision, while in other cultures, like Japan, informed consent involves family and community rather than be exclusively the right of the individual.

Social justice would demand that each individual is free to do whatever she wants only if she balances personal needs or desires with her social responsibility. According to some authors, US healthcare has become progressively more elitist, expensive, and technologically advanced.[30] The stronger the adherence to individualism and consumerism, the more privileged the healthcare services become. The more privileged and advanced healthcare, the greater the gap between the care of the rich and the care of the poor. This sad fact is even more extreme globally between developed and developing nations. On a global level, mutual partnerships are clearly needed.[31]

Pogge[32] and Milliez[4] lament the persistence of intergenerational global poverty; poor people of developing nations live all their lives in abject poverty as will their children. In poorer nations, there are few, if any, governmental assistance programs and the children of the very poor continue in this cycle of poverty. Many believe that this radical, extreme poverty should be enough to make a morally sensitive person respond to help.[33] This shift in the nature of healthcare to progressively serve the privileged few with greater degrees of biotechnology innovations yet denying others even the most basic needs compels the morally sensitive person to consider justice in human rights. Justice then is a *moral obligation* rather than a *beneficent and compassionate response* to help the other. According to Zoloth,[16] achieving justice in a world of "persistent healthcare injustice" requires this radical shift:

It will require a shift from justification based on the mesmerizing ends of science, to the constancy of, and practice toward, daily moral appeals of community. To hear central claims of justice will mean returning first to the sources, texts, and narratives that stress justice as an obligation.[(P37)]

THE COMPASSIONATE NURSE PROFESSIONAL

Ethical issues surrounding world citizenship and becoming a compassionate profession call us to examine the type of relationship or partnership that we develop with people from another culture. There are 3 hierarchical ways to partner with another:

1. One may view the relationship with the other as an opportunity for *exploitation*. Exploiting the other has occurred historically with the imperialism of developed, wealthy nations over the developing poorer nations. In today's world, the metaphor of the marketplace is a new type of imperialism. The marketplace stages relationships with other people of the world as business and our goal as marketing goods. Although a business may not lead to exploitation, the motive of profit suggests that exploitation is possible. For example, selling organs or tissue is a grave ethical concern that is considered by many ethicists to be exploitation of the poor people of developing nations by the wealthy who pay.

In Pakistan, whole villages are reported to have at least one family member who has had a nephrectomy—and been compensated with less than $2000.[27] In the second instance, the sale of fetal tissue creates a market for fetal tissue farming in which the outcome of pregnancy is to obtain money from aborted fetal tissue. Two questions arise from the problem of "cash for human tissue"; first, whether selling of one's body parts or tissues is ethical and second, if so, whether the price for the pain, and potential complications, is compensated fairly. One should also consider that important piece of the culpability belongs to the poverty that would drive a Pakistani to suffer a nephrectomy. The harm in this circumstance is caused by 2 factors: the exploitation of those who pay for the kidney and the poverty that drives one to sell a body part.

2. The second type of response to relationships with another is *moral neutrality.* Members of another culture offer no moral response—either favorable or unfavorable. There is no concern about the other at all; moral sensitivity for the other has not been developed in them. People who are morally neutral have concern for their own but not for those who are outside their immediate circle of friends and family.[34] This "out of sight, out of mind" thinking cannot be as easily justified in today's world when the media brings the suffering of others into our living rooms. Can one observe pictures of the devastation of the Tsunami of December 26, 2004, and not be moved to respond? There

appears to be a subset of people who remain morally neutral and unresponsive to the victims.

3. Perhaps, the morally appropriate view of one's relationship to people of another culture includes both non-malevolence and, at an even higher level of moral responsiveness, beneficence. One can respond to perceived mistreatment of another by being outspoken or by taking action against it. The earlier example of injustices suffered by women who are victims of violence and discrimination also serves to illustrate the point. With organizations for women there is often a 2-fold approach that protects them from harm and helps by establishing better economic and living situations.

The highest order of moral responsiveness is one of beneficence, or wishing goodwill and acting in accordance. Beneficence is also known as agape love in the Christian tradition, which acts with an underlying goodwill toward others. As discussed previously, people are also challenged to balance the Western tradition in healthcare by promoting individual autonomy with community obligations.[28] This more balanced view of individual rights will distribute the goodwill equally to others, thus responding to social justice.

The compassionate nurse professional is in the process of being defined. In the past and present, nursing is a profession of caring and compassion especially within our own borders. As compassionate nurse professionals and citizens of the world, nurses embody a commitment to social justice in healthcare for people of all cultures and nations.[35] Larger national and international institutions like the World Health Organization, Pan American Health Organization, United Nations International Children's Emergency Fund, and World Bank have been actively engaged in promoting global healthcare. In 1976, a historical conference of the major international

organizations and participating nations was held, the results of which are published in a landmark document, the Alma Ata Declaration, which clearly articulated the vision for advancing human rights related to health and is the touchstone for all work done since.[36] The appeal of these organizations is to rights rather than beneficence (goodness of heart) and infers a stronger obligation for a more global equity of resources, including healthcare.[29,37] Nursing as a profession has taken a major step forward in promoting healthcare and social justice through the Arista Conference, sponsored by Sigma Theta Tau International Honor Society of Nursing.[9] Arista Conference was an international gathering of nurses who identified current global challenges and the potential strategies to respond to these challenges.

COLLABORATING AS WORLD CITIZENS AND THE COMPASSIONATE NURSE PROFESSIONAL

Education

To become world citizens and compassionate professionals require educating the nurse either as a student or providing them additional postgraduate education. As world citizens, the goals are to develop nurse professionals who think reflectively about themselves and others, understand other's point of view, and promote social justice. These outcomes can be achieved through a variety of teaching/learning strategies.

Sensitize nurses to their own culturally established perspectives on healthcare and to understand personal attitudes of chauvinism and romanticism. Sensitization involves teaching one to be self-reflective about one's emic perspective as distinct but not superior to or inferior to another's. Kleinman et al[38] suggest that the Western biomedical viewpoint is "both culture specific and value-laden." [(p255)]

Raise students' awareness of their underlying values and assumptions in the healthcare system, their practices, and their education.

Expose nurses to other cultures. Exposure can be done in a variety of ways. Clinical experiences can provide students with cultural contexts that differ from their own. Short clinical practice experiences outside of the country or in areas of the community that expose students to different cultures embedded within their native country are ideal. Cultural immersion may not be possible because of the time and financial constraints, but there are other alternatives. For example, finding another cultural group within closer geographic proximity to the school of nursing. Many larger metropolitan areas have resettled immigrants and refugees that provide students the opportunity to interact and learn about alternative cultures. Guest speakers from other cultures can bring their perspective to a variety of topics in healthcare. For example, have an American Indian speaker discuss traditional Indian ceremonies for the dying or the Hmong discussion of burying the placenta for labor and delivery nurses. All of these experiences will expose nurses and students to alternative health beliefs and practices that encourage critical evaluation of their own frame of reference.

Remember that exposure to other cultural practices is part of but not the real focus of educating for world citizenship. These types of contacts are designed to provide the student with experiences that will provoke development of self-reflection and seeing the other's point of view. Nurses and nursing education can be *enriched* by learning about specific health beliefs and practices of different cultures; however, education as citizens of the world requires one to experience new ways of thinking. World citizenship and compassion is a response that goes beyond understanding religious rituals or health beliefs to the primary goal of teaching one to think for herself.[18]

Educating for world citizenship is integrated into the curriculum. Teaching nurses ways of integrating their health perspectives with those of the other could be part of the curriculum for leadership or professionalism and need not be relegated to some content placed under social or transcultural class settings. Teaching students in clinical settings other than traditional hospital or acute care settings can also integrate world citizenship into the curriculum. Many schools and departments of nursing have working relationships with organizations or agencies that partner with other cultures to provide service to the underserved in and outside the local communities. Could the clinical practices for adult healthcare nursing or pediatrics be offered in a healthcare setting in Mexico or Thailand?

Attention to social justice themes that include global care. Teaching social justice has been a strong value in nursing and is embraced by many of the professional organizations; however, little literature is available in nursing on how to incorporate it into curricula.[39] There are many appropriate areas for introduction of this topic. Service learning may be a good fit and has had a recent resurgence of interest in the educational literature from many disciplines.

Practice

By shaping our codified nursing ethical statements and standards, a stronger commitment to social justice and equality of healthcare can be reflected globally. Not all groups that make up the complement of nursing professionals profess international status, nor do they profess a strong commitment to global equality and health. This charge is not on those nursing groups, like Sigma Theta Tau International Honor Society of Nursing or International Council for Nurses, that speak explicitly to international issues but rather on all professional nursing groups most of whom already have a strong position on human rights and social justice. Concern for global social justice is a strong part of the professional groups that claim international status, like Sigma Theta Tau International Honor Society of Nursing or International Council for Nurses. The latter has an extensive work toward social justice, with positions on many social areas, including human rights, child

labor, rights of children, or universal access to clean water.[40]

Research

The 10/90 rule, that is, 10% of the world's population receiving 90% of the research grants, means that research promotes the continued disparity between rich and poor countries.[4] Equalization of funding to meet a greater need for those outside the borders should be a priority.[41] Research that deals with serious and curable diseases and situations that sustain and promote poverty should be targeted rather than targeting more peripheral healthcare concerns. A partnering and serious attempt to see through the eyes of the other should be made so that the research and resulting interventions are appropriate culturally.

CONCLUSION

Nurses are expanding their worldview to accommodate global healthcare. As *world citizens*, nurses are called to critically reflect their views on ourselves and people of other nations more clearly. As *compassionate professionals*, nurses are called to collaborate with peoples of all nations to seek a better future and health for all. The authors propose that nurses' primary relationship with people of other nations be one of mutual partnerships rather than one of business.

Development of nurses as world citizens and compassionate professionals is not an inherent skill; it is an important educational component to include for students and nurses. Professional organizations and research should also reflect a strong commitment to global health and social justice.

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