

# The certified key to global nursing

Certified transcultural nurses are tackling the challenges of global health care, writes AKRAM OMERI

**G**LOBALISATION is a process of international economic expansion bringing social and political change. It allows for the free flow of goods, people, ideas, capital, information and values across borders and boundaries. The economic ideology is that globalisation brings benefit to all.

However, the benefits are not being equally distributed, with the gap between rich and poor widening both within and between countries. In 1995 the World Health Organisation (WHO) identified poverty as the most pressing health and wellbeing issue in a large proportion of the world's population.

Poverty is directly related to the quality of environments and level of education in communities. Both impact upon health. Poverty, together with unsupportive political contexts, prevents the delivery of adequate primary health care and the provision of integrated services.

Unequal distribution of the world's resources inevitably links social justice issues to health and health services issues. WHO recognised that a global response was needed to redress such inequalities. The declaration of Alma Ata (1978) was the first of a number of WHO initiatives to combat this, proclaiming health as a basic human right and 'health for all' as its goal.

The disparities of local and global health

must be considered within the context of globalisation, given that its processes are effected by the likes of new communications technologies, global migration movements and economic challenges. Health workers must understand how such changes affect the communities they serve.

## Global perspective for nurses

Globalisation processes are redefining traditional roles – dissolving, expanding and redefining existing boundaries, responsibilities and practices. Embracing these changes is the way of the future. Nurses must be willing to challenge conventional roles, values and boundaries and foster global perspectives in the profession to contribute to this future.

Equity and social justice are global issues that can be dealt with at local community levels. Nurses in their dual role as health professionals and citizens can advance the notion that global health is indeed a local concern.

To do this, a proven track record of appropriate study and experience in the discipline of transcultural nursing is recommended. This is the pathway of choice for nurses who wish to prepare themselves to take full advantage of the changes globalisation is driving.

## Certification in transcultural nursing

In a growing multicultural world, certification in transcultural nursing can be vital for nurses to provide culturally meaningful care.

Aspects of the certification process are described in this article to inform qualified transcultural nurses, who may wish to undertake certification to promote the global needs of people in culturally competent and responsible ways.

Graduate transcultural preparation guides nurses to become effective and safe clinicians within cultures. Recertification is an important means of assuring continued competence in this area, by maintaining nurses' knowledge and skills in the discipline.

Initial certification is to establish the nurse has minimal transcultural nursing knowledge. It signifies the nurse knows how to use the concepts and principles from research findings in their client care.

## Process of initial certification

Applications are reviewed and candidates selected to undertake a written then oral examination. The latter is held with two certified transcultural nurse specialists discussing ideas presented in the written examination. The certification examination is given at the annual Transcultural Nursing Society Research Convention each year. In the near future, certification examination will also be conducted at the headquarters of the Transcultural Nursing Society at Madonna University, Livonia Michigan, US.

## Process for recertification

For recertification, five areas are important, namely providing evidence of:

- professional growth in transcultural nursing
- creative or innovative ways to promote and maintain transcultural nursing practice
- research in transcultural nursing
- substantive or unique contributions made to advance transcultural nursing
- transcultural nursing leadership in

## Significant readings in transcultural nursing

Daly, J. & Jackson, D (2003).

'Advances in contemporary transcultural nursing', *Contemporary Nurse*, 15(3): 161-350 (Special issue), ISBN 0-9750436-1-7.

This special issue of *Contemporary Nurse* is the first time a reputable Australian nursing journal in Australia has been fully dedicated to transcultural nursing and its founder, Madeleine Leininger.

Authors from Australia, Canada, Hong Kong, China, Japan, Korea, New Zealand, the UK, Thailand and the US have contributed to the issue, writing about transcultural nursing education, research and practice. Peer reviewers from these countries and Scandinavia, Brazil, Singapore, Taiwan, Lebanon, South Africa, and The Netherlands have also contributed their perspectives.

The edition is already in its second printing, with plans in place for a second edition due in 2006. For more information visit [www.contemporarynurse.com/Vol15\\_3.htm](http://www.contemporarynurse.com/Vol15_3.htm).

teaching, research, or consultation to improve care in diverse cultures.

The applicant selects three of the five criteria and submits documented evidence to support them.

Applicants may be recertified for varying lengths of time, four or, at most, seven years depending upon the extent to which they have met the recertification criteria.

## Conclusion

The certification of nurses in transcultural nursing meets the global need for providing culturally competent, responsible and quality-based care to human beings.

Today, certified transcultural nurses are demonstrating the importance of their knowledge and competence. They are serving to prevent racial biases, cultural clashes, cultural imposition, and other unfavourable practices due to cultural ignorance and lack of transcultural nursing practice skills.

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patient. The administration of artificial nutrition and hydration via a PEG was not palliative care as this procedure was to sustain life, and not a procedure to manage the dying process. The court also determined that the exclusion of food and water from medical treatment was to ensure that a dying person would have food and water available for oral consumption, if the person wished to consume food and water. It was unreasonable to consider that dying patients should be forced to consume food and water.

Thus, the Supreme Court found that artificial nutrition and hydration was medical treatment and not palliative care, and could be lawfully withdrawn. By withdrawing such medical treatment, the natural dying process would be allowed to take its normal course. The Victorian Court's decision was consistent with the approach of other courts where such matters were considered, namely in the UK and New Zealand.

## Conclusion

The ending of life support is no doubt an onerous and emotional decision for patients, their families and the health care professionals. The decision of the Victorian Supreme Court in BWV has gone some way in providing certainty in situations where medical treatment can be withdrawn, especially in cases involving patients with PVS. End of life issues represent an intersection of a vast multitude of ethical opinions. It is crucial that nurses understand some of the relevant factors and arguments so that a meaningful contribution can be made to end of life issues.

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**Queensland  
Government**  
Queensland Health



Royal Brisbane and Women's Hospital  
Health Service District

**EXECUTIVE DIRECTOR OF NURSING SERVICES ROYAL  
BRISBANE & WOMEN'S HOSPITAL  
HERSTON, QUEENSLAND  
POSITION LEVEL: NO 9 VACANCY NO: RBH359-04**

The Royal Brisbane & Women's Hospital is one of the most significant service delivery facilities of the Queensland Health system and is the tertiary centre of the Central Zone. The Executive Director of Nursing Services will be expected to provide significant leadership and strategic direction to health services in the Zone and Queensland particularly in relation to the provision of nursing services. An appointee with appropriate credentials may be offered an Academic appointment with an associated teaching university.

The Executive Director of Nursing Services leads the nursing services of the District and is a senior member of the corporate leadership of the Health Service District. The leadership of the Executive Director of Nursing Services will maximise the potential of nursing to enhance health outcomes. All executive members are accountable for achieving the alignment of service delivery strategies in the District and the corporate strategic objectives of Queensland Health.

Applications are invited from appropriately credentialed nurses who have a proven record in the provision of a high standard in management and leadership of nursing staff of a large tertiary teaching hospital, while having the ability to contribute to an innovative Executive team.

Enquiries and applications should be forwarded to  
**Professor Richard Olley, District Manager,  
Royal Brisbane & Women's Hospital Health Service District,  
Butterfield St, Herston Q 4006, Phone: (07) 3636 8201**  
before the closing date of 25th October 2004.