

# EDITORIAL

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by Marianne Hattar-Pollara\*

Within the newly found reality of increased cultural diversity in patient populations and increased reliance on foreign-educated nurses, Italy's health care system is confronted by a unique set of challenges that requires intentional strategies to ensure a competent nursing workforce, safety, and quality health outcomes. In this volume, the Journal of Health and Society opens a pivotal opportunity for dialogue and debate on the approaches to meeting health care needs of a diverse patient population and on the ethics of recruiting foreign-educated nurses to address the nurse workforce shortage in Italy. These two intersecting and intertwining health priorities present challenges and opportunities that may have far reaching consequences on the health of the Italian society and that of the European Union countries.

Achieving a culturally competent workforce, one that is reflective of the populations being served, is paramount to achieving cost-effective health outcomes. The responsibility for developing a health workforce that is culturally competent does not reside with nursing alone. Rather, it resides with all health sectors and all personnel engaged in delivering direct health care. Most prior research in the US and elsewhere has focused on the clinicians side of healthcare by seeking better ways to define, measure, and improve clinicians' knowledge and/or performance in response to expanding cultural challenges (Myers Schim, Doorenbos, 2010). Yet clinicians alone cannot operate competently without the supportive infrastructure and organizational

\* *Marianne Hattar-Pollara*, Director Department of Nursing – California State University at Northridge U.S.A. PhD, Msc, Rn, Fellow of American Academy of Nursing (FAAN), marianne.hattar@csun.edu

policies that undergird culturally competent care. As such, the commitment to achieving culturally competent health workforce ought to shape philosophy and policies of all health care sectors. As it became evident that health care cost and quality health outcomes are negatively impacted when cultural health behavior variables are ignored, the US Department of Health and Human Services, through the office of Health Resources and Services Administration (HRSA), established the Nursing Workforce Diversity (NWD) program and instituted grant funding designed specifically to address the need for a diverse, culturally-aligned and competent workforce. A total of \$58.7 million in grants to strengthen training for health professionals and increase the size of health care workforce has been allocated. While HRSA's main emphasis has been on diversifying the nursing workforce, greater emphasis is now being placed on establishing collaborative efforts among multiple partners and stakeholders outside of nursing.

This issue of the *Journal of Health and Society* includes germinal work, essays and research manuscripts that target these concerns. Douglas *et al.*, paper on "Standards of practice for culturally competent nursing care" details the core components of cultural competence and the strategies to achieve each core component. Within the social justice framework, Douglas *et al.*, address the larger social and structural forces that promote or hinder workforce cultural competence and provide guidelines to enhance cultural competency of individual clinicians and that of health organizations. Bertolazzi and Sabatino's paper "A comparison between South American and Italian nurses"; Vellone and Alvaro's paper "The experience of quality of life for caregivers of people with Alzheimer's disease living in Sardinia and in Lazio regions"; Duque's study "An experience of education in health and culture in Colombia" and Zoppi *et al.*, paper "The experiences of volunteers with older people" provide much needed research evidence on the variables impacting health care outcomes.

An equally important and interconnected issue is that of attracting and recruiting foreign-educated nurses to offset a local nursing shortage. Although the hiring of foreign-educated nurses has been identified by some organizations and agencies as one of the practical and realistic solutions to help alleviate the current nursing shortage crisis (ICN, 2005), other serious issues and ethical concerns arise. Some of these issues are related to the educational background of the foreign-educated nurses, their clinical skill set, their competency levels, and their language and communication skills, in addition to a host of other potential challenges. But one of the most important challenges, that is not

accorded adequate attention, is the fact that foreign-educated nurses possess their own cultural heritage that is usually quite different from the dominant culture they intend to serve. For such a challenge, special attention needs to be paid to the acculturative process foreign-educated nurses must endure while trying to deliver quality health care. Recruiting foreign nurses from various parts of the world does alleviate the shortage in a local society's nursing work force, but it also poses real life challenges both to the receiving health organization and to the foreign educated nurses. Another serious ethical issue that arises is that of depleting the nursing workforce and undermining health care system of the sender nation.

Controversy around best ethical and legal practices has dominated the debate of recruiting and of hiring foreign educated nurses. Adoption of high ethical standards in nurse recruiting along with disclosure and transparency in all communications are required to safe guard the rights of foreign-educated nurses and those of the local health care system (NCSBN, 2005). Rocco and Stievano's paper "The presence of foreign nurses in Italy: towards an ethical recruitment of healthcare resources" deliberates on the issues associated with recruiting foreign educated nurses and address potential solutions. The debate panel of Affonso *et al.*, "Interculturality as enrichment in nursing relationships in an interconnected and reticular universe" is presented to focus attention and initiate dialogue on the ethical values in nursing practice. Gallagher's paper "Transcultural research ethics in healthcare: panacea or impossibility?" discusses the ethical issues involved in conducting transcultural research and Pietilä and Kangasniemi's paper the "Ethical reflections of health promotion in the field of nursing science: focusing on individual health choices" points our attention to the complexities involved in implementing ethical standards while safeguarding patient's choices for care.

As one reflects on the interdependence between providing safe and quality health outcomes and cultural competency, a perceptual shift is necessary in caring for patients from cultures other than our own. Functioning with the premise that no one culture is superior to another, achieving cultural competency begins with understanding one's own culture and with uncovering and confronting stereotypical images of other races and cultures that one may possess. The world is now a level-playing field when it comes to the flow of immigrants from countries of origin to Europe and the USA in search of economic opportunity, and as such all nurses must update their knowledge and skill in order to be equipped to function competently in providing culturally congruent care.

Clearly, as societies in Italy and Europe become increasingly diverse, the call to institute measures to ensure socially just and equitable, culturally aligned health care must shape health care education and policies to guarantee culturally congruent or culturally aligned health care practice. Additionally, as the demand for foreign health workers continues, the need to address the ethical and legal practices of attracting and successfully integrating foreign must also be addressed.

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