

## The Impact of Globalization on Undergraduate Nursing Curricula: A Philosophical View

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### ABSTRACT

*The globalization of nursing is indeed a pressing and modern topic of discussion in today's educational corners. There are two modes of engagement in regards to the global nursing world, one, the 'I-It' mode of experience and the other the 'I-Thou' mode of encounter (Buber, 1923, trans 1937). The globalization of the nursing curriculum is the latest 'I-It' neo-liberal advance toward a technical-rational construct of nursing. The movement of the nursing curricula onto a global level is considered to be inevitable (Mill, Astle, Ogilvie, & Gastaldo, 2010), and within that context, educators and scholars need to be mindful of the forces that are significantly influencing its direction. Some of the concepts that contribute to the push for globalization of nursing curricula are advanced technology, McDonaldization, routinization, negating the other, and depersonalizing the profession of nursing. These concepts are discussed using a philosophical and theoretical lens.*

### Keywords

Globalization, Experience ('I-It'), Encounter ('I-Thou'), Nursing curricula.

*I am strong in my knowledge of the application of nursing principles but I'm still uncomfortable with the interaction with patients when I try to administer those principles into caring.*

Student X's concern regarding her praxis in nursing reveals a pull-haul between theory and practice; the two do not coalesce in her perception of her ability to administer care. Indeed, student X's concerns speak to two modes of engagement with the world, one, the 'I-It' mode of experience and the other the 'I-Thou' mode of encounter. The globalization of the nursing curriculum is the latest 'I-It' neoliberal advance toward a technical-rational construct of nursing. Such movement is considered to be inevitable and within that context, educators and scholars need to be mindful of the forces that are significantly influencing its direction.

Globalization is not to be confused with internationalization. Internationalization, in nursing terms, connotes the broadening of

nursing education, nursing practice, and nursing theory to explore concepts that involve all nurses from all nations. Globalization is a term used to refer to international economic expansion as well as to the interdependent economic, political, and social processes that accompany the flow of people, capital, goods, information, concepts, images, ideas, and values across increasingly diffuse borders and boundaries [1]. It is the process of the entire world becoming more connected and interdependent via increased economic integration and communication exchange, cultural diffusion (especially of the Western culture) and travel [2].

Globalization is a post-structuralist concept that has educators perplexed as to its exact interpretation and impact on nursing curricula [3]. The concept of a dominant world order significantly impacts a global nursing curriculum, a world order which often leads to negating other perspectives in nursing education, most especially the reciprocal nature of the 'I-Thou' encounter. Inherent in the move towards globalization is the notion of market rationalism or market justice, an issue that has a potential to become problematic as it relates to nursing education. Market justice can predispose the evolution of an emotionless society

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of nursing care [4]. Within such a society, nurses are directed to cerebrally experience the world, to be objective as they grasp the order, stability, laws, processes, and systems of nursing while remaining detached from the visceral encounters with patients. 'I-Thou' encounters convoke the reciprocal exchange of deep inward feelings. In the transactional moment(s) of encounter both I and Thou or You are mutually transformed as each draws being from the active participation of other. Encounters of care are antithetical to nursing as an 'I-It' experience.

Globalization of nursing curriculum is a reality for nursing education in the 21st century and educators need to attend to its perceived benefits [5]. Technical-rational advances have seen microchips (human patient simulators), internet, cellular phones, e-learning, and satellite linkups embedded within today's nursing education pedagogy. International borders are smaller, in the global sense, and ease of travel allow for 'borderless' nursing interventions. We now have the ability to see actions from nursing interventions immediately (television and or real-time video) and from a localized or international perspective. Nurse educators are presently faced with adapting to this new curricular framework. However, as in any curricular adoption, there are risks.

Globalization centres on the notion that there is a dominant world order that is created by the elite within society that reflects the superiority of some forms of dominant discourse [6]. An argument can be made that nursing education is framed utilizing the dominant discourse. Dominant cultures dictate truth, social norms, and ethics for other marginalized cultures (e.g. indigenous peoples). These forces dictate the new world order that pressures other cultures and communities to conform to the dominant, eventually reaching an assembly line world community, lacking diversity. On a separate note and from an historical point of view, we can examine how Germany treated the people of Jewish faith. Germany, as a country under the Nazi regime, co-opted Universities to work within their idealism. It was unknown to citizens in the 1930's that this was taking place or that this regime would lead to the holocaust. This is a strong example of how history can assist in informing our present philosophical thinking. The folly of this philosophical stance is of course obvious. However, one may ask if the nursing profession overtly conforms to the aforementioned pressure of the dominant world discourse? Nursing care and nursing education are no longer derived from a caring model or even a behaviourist philosophical framework. Nursing, to some extent, is now influenced by a market justice model of care. The decisions that affect patients and their families as well as the work of nurses are derived from agendas that emanate from a fiscal rather than a humanist philosophy [7].

Foucault argued [8], that the dominate power works to institutionalize and professionalize its ideologies, shifting them into the realm of common sense and knowledge creation. If universities are institutions of the dominant power it may be obvious to make the connection that nursing education's alliance with the university as an institution serves to disseminate the ideologies of the dominant forces within our society. With the emergence of corporate university culture, for example, it would

seem that the major goal is to become a knowledge factory or a site of knowledge creation. No longer do universities seem to be cultivating a climate of self-reflection in which learning can be fulfilling in itself, an important area of nursing education [9].

Historically, nursing education has trended towards an international 'cookiecutter' model of nursing i.e. McDonaldization that affects curriculum development and the inherent pedagogical underpinnings. McDonaldization can be thought of as the process by which the principles of the fast-food restaurants are tending to dominate more and more sectors of society, including nursing education [10]. This notion of McDonaldization of nursing curriculum holds a multitude of potential risks as diversity and flexible models of nursing education can be lost at the expense of assembly line nursing curriculum. It does not allow for different pedagogical frameworks and more importantly, it does not allow for a variety of philosophical approaches to be adopted in a nursing curriculum.

Another trend within modernity in global nursing curricula and in society in general is the shift to ontology of oneness which has further morphed into ontology of division and separation by the dominant power. Nursing arguably aligns too closely with the dominant discourse of the medical model and further reflects the ideologies of the dominant global culture. Despite calls for an emancipatory philosophy within nursing education, questions also need to be raised about whether nursing curricula propagates the negation of others. As Dussel [11], states, "to negate the other is to ignore the majority of humanity". Furthering this thought, one of the actions noted by the dominant world power is the concept of extinction by accommodation. Efforts are made, sometimes in the guise of self-determination and emancipation of marginalized populations, to pacify and domesticate communities on the periphery of global capitalism. There is a real risk that the skills and values nurse educators instill in our students only serve to further accommodation by extinction. For example, Higginbotham [12], charged that, "white feminist scholars pay hardly more than lip service to race as they continue to analyze their own experience in ever more sophisticated forms".

Moreover, nurse scholars must be acutely aware of the power to exteriorize the other and how the other must be incorporated into the totality of thinking. Friere [13], writes that while incorporating the other into conscious thinking has been a good model and it has brought much together in thinking, in approaching certain topics, this synthesis has also excluded the other. Dussel does not want to eradicate the dialectical moment; in fact he seeks and strives for it. But he writes that it is the analectical moment we must be attentive to, that we do not exclude the poor, the hungry, from the final synthesis. Dussel also notes that we should not leave behind the hungry in an effort to have a rational ending where we justify each side, but rather, do as Gadamer suggests, keep talking, always be mindful of what is excluded, what is opinion only. Buber might well add that such a desire to enter into an encounter or relation with another is to engage in an act of reciprocity that is similarly immediate and all-encompassing thus transcending a physical

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association to one of a spiritual association.

As globalization is further explored, the notion of market justice is a strong emerging theme and is antithetical to meaningful encounter. When market justice is examined against social justice, there are interesting concepts identified relating to nursing. As the Canadian health care system approaches closer to a privatized over public sector service framework, we enter a new realm of nursing care which is defined by profit rather than the well-being of humans. This neoliberal environment favours governments to privilege a global market system over a social one of human good [9].

An example translated into a nursing conceptualization is that it is much harder for those within the health system to use public policy to implement change and include the humanistic components of nursing as it is becoming more difficult to define and evaluate those qualitative concepts of health care. For example, it may be much easier to calculate operating room wait times and then implement a change reform that addresses this finding to reduce wait times for our public. However, it is much harder to quantify how a nurse provides compassionate or therapeutic touch to an oncology patient, for example, who is palliative in an acute care hospital. The quantitative paradigm cannot deal with the uncountable or immeasurable. It cannot deal with suffering, insight, misery, anguish, desire, and emotions. More recently, we see the effects of market justice on our Royal Canadian Mounted Police (RCMP). We see the effects of the RCMP having been taken over by a fiscal or business model, rather than a humanistic model. What results is less field training, perhaps to conserve finances, and one may conclude more RCMP officer injury and deaths. Moreover, the effects of McDonaldization can be seen on the very practitioners who care for the ill. Minimal skills are required of employees who are not being allowed to think and be creative on the job [14].

More importantly, according to Ritzer, is the “dehumanizing impact on customers who are just part of the conveyor or assembly line”. As customers, or patients as they are referred to in the nursing world, feel more like objects on an assembly conveyor belt, they become more a symptom of the McDonaldization of our nursing profession. However, there are benefits of the McDonaldization of society and more specifically nursing has its benefits, such as efficient methods for satisfying many of nurses’ needs. Services can be easily quantified and calculated, predictability, and control of labour processes [10].

As some nursing philosophy and education closely mimics the medical model and as nursing becomes more and more McDonaldized; we see an emerging theme of an emotionless society of nursing care. This postemotional society may be a residual outcome that could permeate the profession. Emotions may be absent from sociological theorizing and in Western society. The advent of nursing care maps or clinical pathways and the business of nursing practice have allowed for a non-empathetic view from nurses.

In particular in the developed countries, more so in the Western

culture, nursing trends have moved towards a mechanization framework for care delivery. Nursing now focuses less on patients and more on the acquisition of knowledge and skills to further its status [15]. Any policy, no matter how improper or stale it may be, will be accepted in a fiscal health system as long as it is packaged properly [16]. This concept is easily seen in acute care settings across Canada as a ‘cookie-cutter’ framework of nursing care has been adopted in some areas. One such example of the ‘cookie-cutter’ framework is the advent of nursing care plans or care maps. These emotionless tools offer a predicted outcome of patient healing but fail to consider or negate the more qualitative side of nursing care as they neglect to include nurses’ critical thinking as part of the process. Nurses have the intellect to strategize regarding patient events but in the postemotional society, are non-reactive and even blasé. “The postemotional stance absolves those who hold it from any sense of obligation or sense of responsibility for what occurs” [17].

As Mestrovic proclaims, “what serious observer of contemporary culture would really agree that the West values the ‘mind’ that was enshrined by the Enlightenment? Indolent mindlessness and kitsch emotional reactions to serious problems seem to better characterize the contemporary social landscape in the West”. Fletcher also proclaims that the only hope we have to correct this abomination is to re-educate nurses to care again. Although the concept of caring in education has historically been hard to articulate in the curriculum, this author argues that the medical model somewhat stands for a theoretical framework that is reductionist, mechanistic, and dehumanizing in comparison to the nursing model.

This is merely a beginning when addressing the directions for dialogue regarding the further analysis of globalization of nursing education. There are suggestions for actions for a profession of nursing to help limit or minimize any damaging aspects of globalization. However, professionals have the responsibility to consider the profound impact many of these suggestions would have on the creation of nursing curriculum. If globalization is to be sustained, nurses can begin by empowering local communities, lobby for a more accountable national government, advocate for fairness in the substance and application of global rules. We can begin the shift from profit-centeredness to people-centeredness in global institutions. Nurses must enter into a global dialogue and raise nurses’ global consciousness through education and research. One such body that has started to engage in these types of discussions is the International Congress of Nursing (ICN). Nurses need to engage in research to examine power differentials such as race, class, gender, ethnicity, ability, sexuality affect health and health care. Forging collaborative partnerships and fostering bridges across disparate worlds may be one way nurses can link global values with local action. Nurses and nursing students must engage in constructive challenges to the dominance of Western biomedicine as the framework for social decision-making about health and illness. Nurses can bring the power of their unique perspective on human health and healing to bear upon policies and practices that influence global health. Nurses need to continue to consider humanism, spiritual awareness, and collective existence.

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There is little doubt that market rationalism or market justice dominates health care and the attempt to professionalize nursing have been inspired by the medical model of professionalization. The routinization of nursing cannot be mistaken for McDonaldisation, although some feel it is possible that the use of evidence-based guidelines may result in nursing work becoming more routinized [18,19]. The important factor between these two concepts is that routinization stems from the 'I-Thou' with the 'I-It' of a nursing process that is sustained and promulgated by the daily encounters and experiences of nursing from nurses.

There are arguments that can be made to illustrate how the concepts of a dominant world order, negating the other, market justice, and a postemotional society all impact nursing practice in multiple ways, as evidenced above. As the global spread of communicable diseases across national boundaries has focused attention on globalization and the cultural, environmental, and as ethical issues that affect health throughout the world increase, nurse educators are encouraged to examine the effects of globalization on nursing curriculum [19,20].

Nurse educators have a responsibility to investigate how these issues impact nursing education and how to be accountable for the effects of globalization on nursing curricula. Nurse educators have the responsibility to recognize that there may be a better way; for example, empowering other educators to avoid negating the other. If awareness is raised to promote a majority vote on nursing curriculum on a global scale, the benefits of globalization could be utilized for nursing education without having the dominant worldview and negating other possibilities and viewpoints. Can there be a worldwide voice? Can the voice of the few speak for the many? As previously demonstrated, history dictates that this often does not demonstrate the true path of humanity.

Teaching nursing students about social justice will also enable them to enter the nursing profession prepared to be both agents for social change and citizens of the world [4]. As Drevdahl et al. [22], pose, nursing education must embrace social justice as the framework for health care in direct opposition to market justice. Therefore, there is little to no room for market justice in health education. Patients, creativity, commitment, mutual interests are essential. There must be a focus on international partnerships that respect and value equity between nurse researchers practicing in more developed and less developed countries [4]. There must be a sharing of planning, resources, results and credits [23]. International health organizations can facilitate communication among nurse educators.

Globalization has a profound impact on the future of nursing education and if it increasingly becomes an 'I-It' construct, globalization will affect nursing's future in a negative way. If, however, nurse scholars and nurse educators embrace the 'I-Thou' construct as essential and fully integrated within the overall framework of an 'I-It' approach to nursing, then nursing will inevitably have a future that is positive for itself and for nursing curricula development. The nursing profession is positioned to

obtain the greater benefit of a nursing curricular development that is driven by the philosophical primacy of 'I-Thou' with an 'I-It' construct and by the pathic principles of care by those who have the most knowledge and experience in the area, namely, nurse educators.

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