

Review Article

Globalization and its Reflections for Health and Nursing

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Abstract

This article brings into focus the effects of globalization on nursing from a historical perspective. Through looking at the positive and negative effects of globalization, the purpose here is to offer a wider view of the effects of globalization in terms of equal access to qualified health services and to propose some guidelines for reaching rational solutions. Nurses constitute a large part of the health workforce. Their significant share in patient care is unquestionable. For a higher quality, reliable, patient-oriented, and accessible healthcare system, the role of the healthcare professionals, including nurses, needs to be comprehensively reevaluated. Analysis of both positive and negative effects of globalization on health from a multidimensional perspective is essential to developing rational and inventive solutions for equal and qualified health services.

Key words: globalization, nursing, nursing education, nurse migration.

Introduction

Globalization refers to an increase in global unification, integration, and cooperation in economic, social, technological, cultural, political, and ecological fields. From a sociological point of view, globalization corresponds to a thought process or a mentality rather than a state of affairs, since it embodies a change in the social atmosphere. The controversial nature of globalization as a concept is primarily the result of a lack of a consensus on the nature of the social processes inherent to it (Giddens 2000, Steger 2003). The need for a more exhaustive view and elaboration of the term globalization is apparent.

Nursing, in all its aspects including the provision of nursing education and nursing health services, could not be exempt from the effects of globalization. It is already apparent that the problems and risks that globalization presents require new solutions and policies (Kaya, 2010). This article is an attempt to discuss globalization through a variety of its dimensions and their negative and positive outcomes with a special

regard to nursing. For a better view of the effects of globalization on nursing, we will start with a discussion on the concept of globalization, on its various dimensions and their respective positive and negative outcomes, and then proceed with the relation between globalization and health services in general, with a focus on nursing in particular. Our purpose is to contribute to the search for more rational solutions to the effects of globalization on nursing.

Globalization as a historical process

For Giddens (2000), globalization refers to a set of facts resulting from complex processes rather than being one singular process in itself. Its complicated nature is exasperated by the contradictions and contrary factors it involves. In Giddens' definition, globalization is an outcome of modernity. This definition resonates with a view of globalization as a worldwide intensification of social relations to the point where distant places become so connected that any local development comes to live by facts originating from miles away (Giddens 2000, Steger 2003, Labonte et al., 2011). When the concept of

globalization prevailed on the world agenda, especially after the 1980s, it was mostly the environmental, demographic, and cultural aspects of globalization that were put into focus. However, by the 1990s, globalization became part of the academic lexicon and defined economic, social, and political processes as well. Retrospectively, globalization can be divided into three eras: the first extending from the late 19th century to 1914; the second from 1914 to 1945-50, and the last from 1945-50 to the present. It gained pace in post-1945-50 through the growth of the world economy and the expansion of global production (Bayar, 2008). Unrestricted world trade flows, technological developments, increasing availability of information technologies, and some economic and ideological factors, among others, all gave a new impetus to culturalization and provided the ground work for the creation of global values (Yurdabakan, 2002). It's no wonder that the effects of globalization were received differently in different parts of the world. Access to information expanded; cultures became much more affiliated with each other; higher levels of living were attained; and new international organizations such as World Bank (WB), International Money Fund (IMF), and World Trade Organization (WTO) appeared on the global scene. All these developments together served as an effective catalyst for faster solutions to international problems, since it enabled cooperation and concerted action of all the nations toward their common problems (Hammond and Grosse 2003, Baykal and Baykal 2008). Ageing populations, changing family structures, increased migration flows from poorer to richer countries and regions, and homogenization of social tendencies all over the world rank top on the list of outcomes of globalization (Labonte et al., 2011, Konukman and Ciftci 2012).

The dimensions of globalization

In contrast to Giddens (1999) who suggests that economic, cultural, and political dimensions of globalization are independent of each other, neo-Marxist Harvey (1995) claims that all these and other dimensions are over determined by economic factors (Harvey 1995, Giddens 1999). Globalization is a multidimensional and extremely powerful thing. It would be better to deploy it as a useful conceptual tool that makes it possible to

build interconnections between various disciplines and areas ranging from medical to social sciences, from politics to private sectors. From this perspective, the dimensions of globalization can be grouped as political, economic, socio-cultural, and environmental/demographic.

The political dimension

Political globalization refers to the structural transformation in terms of political power, political authority, and government accompanied by extension and intensification of political relations. Today global politics, the complex of interactions between nation states, supra-governmental institutions, local administrations, and non-governmental organizations, is becoming more prevalent than ever. This emerging structure in politics is called global governance. The fact that cities like Tokyo, London, New York, and Singapore are connected with each other more intimately than with other cities in their own countries, is a good illustration of the new global situation (Steger 2003, Packer et al. 2011). And the decline of control in nation states due to deregulation of trade, disappearance of national borders, and increased and encouraged mobility of workforce is just another facade of the same process (Kivisto, 2008).

The economic dimension

This is one of the essential dimensions of globalization that is tightly related to political developments. The concept of globalization, as it was popularized in the 1980s, provided the ground work for the following argument put forward by some international corporations: The world is or is soon to become a "global village" (Frankel 1991, Bayar 2008). Above all, one of the most important outcomes of globalization in economy was the abolition of the restrictions on trade (Elcin, 2012). The international corporations extended their global operations over the deregulated labor market at the cost of widening the gap between the rich and poor countries. Free trade enabled these corporations to move their business to regions where production costs were lowest due to cheap resources of labor and raw materials. Therefore, as Williamson (2001) suggests, a considerable part of the increase in income equality is explained by the inequalities between the countries rather than within the countries themselves (Williamson,

2001). The so-called feminization of poverty is seen as the major outcome of this whole process, which is quite understandable given the efforts women have to make to sustain their families in the face of growing economic precarity. Escalation in food prices and cuts in poverty alleviation programs push an increasing number of families without any regular income below the poverty line. It is women and young female children who suffer most from this severe deterioration of living conditions. There can hardly be any other testimony to their sufferings than the growing number of young women under the yoke of the sex industry (Rao, 2011).

The socio-cultural dimension

A uniform system of values introduced to different people living in different parts of the world, the imposition of uniform living conditions for all, worldwide distribution of the same consumer goods, and increasing cultural homogenization of all nations—all these make up the socio-cultural effect of globalization (Elcin, 2012). Just to give an example, there was a global audience so fascinated by the soap opera *Dallas* that the Tuaregs, the biggest nomadic tribe of the Saharan Africa, delayed their annual migration in 1983 for 10 days to be able to watch the final episode (Naisbitt and Aburdane 1990). It is certain that there are not only political or economic but also cultural sides to globalization. Despite some differences between them, the approaches to the effects of globalization on culture are usually gathered under two major groups: one critical of the rise of a homogenous world culture based on globalization of similarities and uniformities, and the other which, to the contrary, points to the emergence of a much more heterogeneous cultural structure through increased interaction between different cultures thanks to globalization.

The environmental/demographic dimension

The environmental dimensions of globalization have unfolded in diverse threats like global warming, air pollution, nuclear and chemical wastes, drought and floods, accidents, worker health problems, a decrease in biological diversity and extinction of species, acid rains, and pollution of seas, lakes, and rivers. All these problems have not only regional but worldwide outcomes (Bayar, 2008). Developing countries are usually

encouraged to build industries in which environmental costs are highest, as dictated by the global division of labor among countries. The dangerous industrial wastes are delivered to countries that underestimate the risks involved. The inevitable outcome of this global industrial development is climate changes and the destruction of the earth (Kopinak and Barajas 2002, Frey 2003). This global division of labor accompanied with such an unequal distribution of environmental costs also enables corporations to move their business from developed countries where environment-sensitive restrictions are imposed to other countries where they would be freed of judicial and social scrutinization. The multinational corporations enjoying higher returns thanks to globalization extend their production facilities to every part of the world and thus exacerbating the increase in global warming and carbon emission (Elcin, 2012). If necessary measures are not taken, billions of people will be driven to violent conflicts to rise from thirst, hunger, and worsening living conditions as well as from drought, food scarcity, urban poverty, migrations, and drying natural resources. The increase and ageing of the world population lies at the heart of the increase in the demand for food, shelter, and health services. Severe hunger, drought, pollution, and migration are inevitable unless we learn to think globally and act locally. Promoting environmentally friendly production and consumption, relieving the effects of global warming, and developing effective strategies suited to the current demographic situation may be the urgent steps we need to take.

Positive and negative outcomes of globalization

Positive outcomes

Humanity has a long record of progress which has been embodied in the common values created. This process has been inseparable from the reconstruction of the meaning of what it is to be human; that is, culture and civilization. Accordingly, the expansion of what we know as human rights, freedom, justice, and equality has been accompanied by the development of a new human personality endowed with self-confidence. Rediscovering the values inherent to them as self-conscious and self-confident beings, the individuals now believe that nobody should be subjugated to any person or institution. As they connect with

others at distant parts of the world and learn to share knowledge, they together create a sort of open-source knowledge about diversity in people and societies in the world, which surely renders them more capable of rebuilding both themselves and the societies they live in (Frankel 1991, Ertürk 2004).

This worldwide knowledge sharing contributes to economic growth, poverty alleviation, and helps to find resources for provision of public services like education and health. Thanks to the global cooperation between countries, many diseases could be eradicated, child mortality rates could be decreased, and the average life expectancy could rise in parallel to the increase in life quality and opportunities for healthy living (Labonte and Schrecker, 2007). Participation in education, and hence the knowledge and competences of people, also increased. With the rise of new and common ways of living among people, similar strategies formulated on these new bases appeared in politics, economy, health, and education (Kivisto, 2008). The introduction of employee rights and the supervision of their application by international organizations improved both working and social life for the population of workers.

Negative outcomes

Every change or transformation brings both positive and negative outcomes. The nation states that were compelled to integrate with economically developed countries in the globalizing world have also been exposed to the latter's economic, political, and cultural hegemony. As a result of this state of dependency, national borders are now blurred and the notions of national sovereignty or independence are discredited. Perception of national security threats has increased. With globalization, expansion of not only prosperity and wealth but also poverty and misery gathered pace (Stonich and Vandergeest 2001, Steger 2003, Labonte et al. 2011). One of the most important outcomes of globalization is the increase in inequality within and among countries, which started in the late 1970s and regularly increased since the 1980s (Konukman and Ciftci, 2012). This tendency was reinforced by the rise of unemployment, migration of the workforce from less developed to more developed countries, and by the resulting cheap workforce. Problems with

identity seem to be escalating with transnational migration flows from the poorer countries of the South and the East to the advanced industrial societies of the North and the West. The increasing rates of poor nutrition in foods and the development of poor nutritional habits among different socio-economic groups are also undesirable outcomes of globalization (Kivisto 2008, Labonte et al. 2011, Packer et al. 2011). Furthermore, the increased border crossings led to faster spread of old infectious diseases like cholera and tuberculosis as well as the new ones like AIDS, SARS, and avian flu (Labonte and Schrecker, 2007).

Globalization and health

The relation between globalization and health is very complex. Globalization in health is not a recent phenomenon. Establishment of the World Health Organization (WHO) was one of the first steps taken towards globalization in health (Yildiz and Turan, 2010).

WHO is a rule-maker in global health politics. The organizations active in the global scene of health politics generally assume three different roles: the first is to take regulative steps and to introduce standards at a worldwide level; the second is to frame the global health agenda in order to create incentives for concerted action; and the third is to prescribe how national health policies will be promoted or restricted through global policies and to plan the distribution of health resources (Koivusalo, 2011).

Given that health policies are very much influenced by decisions made in trade, environment, migration, security, and agriculture sectors, it seems that new forms of multisectoral governance should prevail. In order to deal with problems of transnational access to health, development of inter-institutional approaches and attainment of inter-sectoral goals like Millennium Development goals are necessary (Martin, 2006). Global health is an area of application and research for nursing as with other disciplines (Kaya, 2010). It is defined as one of the underlying elements of nursing applications. Changes in the provision of healthcare services and nursing education and migration of healthcare workers are the most prevalent among the effects of globalization on nursing.

Globalization and Nursing

As a transnational integration and expansion of economic, social, political, and cultural values, globalization has certain effects on nursing as well. The so-called age of globalization has already witnessed the rise of global health problems. The urgency of these problems demands that nurses, as the largest group of healthcare workers, attain a global view on health and become capable of creating appropriate solutions (Kaya, 2010). The dynamic and ongoing formation of the global knowledge society has been accompanied by a discussion on related concepts like education, educated persons, learning, teacher and student (Özden, 2000). Toffler's statement that "the ignorant of the future will not be the uneducated but those who do not know how to learn" is a clear expression of the increasing significance of knowledge about learning methods. When Toffler (1992) said that "in ancient times it was the powerful who could succeed, then it became the wealthy in the industrial age, and the wealthy will be replaced by the informed in the information age", he meant that the success of any individual, institution, or society will depend on their ability to produce and to use knowledge (Toffler, 1992). Nursing education cannot be exempt from this ongoing transition, which brings about new challenges. It is also necessary for nurses to have a wider knowledge, to enrich their care experiences, to be able to use technology, and to guide the patients in this complicated process with a strategic view on the means and ends in nursing (Kahraman, 2008).

Effects on nursing education

The research, applications, and education in nursing should be responsive to social changes and inventions. Nursing should focus on not only the physical and psycho-social but also the spiritual health of society. This same process also sees changes in the demographic structure of nursing students, reflected in the increasing ethnic diversity of students, creating a richer cultural environment for learning. The rapid changes in information technologies had radical effects on the provision of both health services and nursing education. The nurses of the 21st century are expected to be competent in using computer technology. Distance learning methods may promote access to education

by students and educators from different places and expand the opportunities for extended professional education. The high-technology simulation laboratories intended for promoting critical thinking and competency may serve as a credible and user-friendly learning environment. And finally, instant and flexible access to the new instruments of data, observation, and communication has already expanded the scope of research in nursing and improved the research methods (Jose, 2011). Nursing sciences should also cover the new infectious diseases and the reappearing diseases and health problems caused by globalization. Nursing education and research should have an international focus in order to spread knowledge and to benefit from multicultural experiences. Clinical education and application in palliative and end-of-life care should be advanced, and nursing education should be re-designed accordingly. Incentives for research and development should be created in professional nursing applications, health education, health protection, and improvement. Cost effectiveness in the healthcare system and the important role of nurses in the provision of health services should be further investigated. The nursing schools, academicians, administrators, and professional nursing organizations should be encouraged to have more active participation in the development of health policies and regulations (Jose 2011, Jones 2014). The recent efforts in Turkey of adaptation of the nursing curriculum to the Bologna Process are part of this same process.

Effects on health workforce

Migration of the global health workforce is another side to the effect of globalization on health systems. The health workers in developing (low-income) countries with harsher economic, social, and environmental conditions tend to migrate to foreign countries where better working conditions and higher wages are offered. This migration flow is not a recent phenomenon although it gathered pace in the last 30 years. This global flow also known as brain drain or "brain circulation" is generally associated with the decrease in the number of health workers in low-income countries where the workload in health is too much and concomitantly with the high rates of deaths related to pregnancy and child mortality (Marchal and Kegels 2003, Labonte and Schrecker 2007). The

main reason for this is the lack of appeal of poor countries for new health workers, which further results in the decreasing access to health services. These are the strongest barriers to the maintenance of global equality in health. Furthermore, the global flow of health workers brings about other problems such as adapting to a new language and culture. Unless a more just and ethical government of global health workforce is maintained, this would result in unemployment and lower wages in the destination countries of the migrating workforce in the near future (Labonte et al. 2011). On the one hand, migration flows trigger the spread of languages and on the other, adaptation to the language of the destination country poses other challenges (Liese and Dussault, 2004). This issue can only be dealt with from a multidisciplinary perspective. If necessary steps and measures are not taken soon, Turkey will also face this serious problem in the near future. Lack of job opportunities, poor working conditions, overwork, fatigue, and exhaustion are possible problems that nurses may encounter soon.

Concluding remarks

Thanks to the electronic web of global communication, updated knowledge on new treatments, technologies, and strategies can instantly spread to the whole world. The last twenty years also witnessed a wider distribution of vaccines, oral liquid and nutritional supplements, antibiotics, aspirin, and other medicines in poor countries. Expansion of low-cost technologies brought about a considerable decrease in child and adult mortality rates. Globalization produced several positive outcomes: expansion and consolidation of human rights and human values such as freedom, justice, and equality; a decrease in child mortality rates; and an increase in both quality of life and life expectancy. But this should not conceal the possible problems that await nurses like low wages in the short term and unemployment or language-related and cultural problems in the long term, which would all lead to deterioration of health standards in the country in general and to overwork, fatigue, and exhaustion on the part of nurses in particular.

Nurses constitute a large part of the health workforce. Their significant share in patient care is unquestionable. For a higher quality, reliable,

patient-oriented, and accessible healthcare system, the role of the healthcare professionals, including nurses, needs to be comprehensively reevaluated. Analysis of both positive and negative effects of globalization on health from a multidimensional perspective is essential to developing rational and inventive solutions for equal and qualified health services.

References

- Bayar, F. (2008). The concept of globalization and the globalization process in Turkey. *International Journal of Economic Issues* 32, 25-34.
- Baykal H. & Baykal, T. (2008). Globalization of environmental issues in the world. *Mustafa Kemal University Journal of The Institute of Social Sciences*, 5(9): 276-300.
- Elcin, B.A. (2012). History of Globalization. Fact Sheet 1-5. Available: <http://www.meritymm.com/wp-content/uploads/2013/05/kuresellesme.pdf>. [Accessed on January 2016].
- Ertürk, R. (2004). Science in the modern and postmodern thought. *Journal of Philosophy World*, 2:65-73.
- Frankel, B.(1991). The Post-Industrial Utopians. Fact Sheet 12-15.
- Frey, R.S. (2003). The transfer of core-based hazardous production processes to the export processing zones of the periphery: the maquiladora centers of northern Mexico. *Journal of World-Systems Research*, 9:317-354.
- Giddens, A. (1999). *Sociology / critical approach*. (Translated by R. Esengül, İ. Öğretir). 3rd Edition p.14 Istanbul. Birey Publishing.
- Giddens A. *Runaway World: How Globalization Is Reshaping Our Lives*, Translated by Osman Akınhay. Alfa Aktuel Bookstores. 2000. İstanbul. p.5-10.
- Hammond, C.,Grosse, R. (2003). 'RichMan,Poor Man': Resources On Globalization, Reference Services Review, 31, 3,288.
- Harvey, D.(1995).Globalization in Question. *Rethinking Marxism*.8(4):1-17.
- Kahraman, S. (2008). Do Postmodernity and Modernity Ideas Affect Nursing Philosophy, *Journal of Cumhuriyet University School of Nursing* 12(2).
- Kaya H. (2010). Nursing Education for Improving Global Health, *International Journal of Human Sciences*, 7(1).
- Kivisto, P. (2008). *Key Ideas in Sociology Translation and notes by İhsan Çapçioğlu, Sefer Yavuz*, 2nd Edition. Birleşik Publishing House, Ankara.

- Konukman A., Ciftci C. (2008). Globalization and Income Distribution Effects. *Economic Approach*.19, 59-83.
- Kopinak, K., Brajas, R., 2002. Too close for comfort? The Proximity Of Industrial Hazardous Wastes To Local Population In Tijiuna, B Aja California. *Journal of Enviromental and Development*, 11, 215-46.
- Koivusalo M. 2011. Global Health Policy Formation. Translated and Edited by Umut Haskan. *Morbid Symptoms: Health Under Capitalism*. Yordam Publishing House. Panitch L. Leys C. *Socialist Register*.
- Labonte R, Schrecker T., Parker C., Runnels V. (2011). *İnsev Publications. Globalization and Health: Pathways, Evidence and Policy*, Translated and Edited by İlker Kayı, Yeşim Yasin.
- Labonte, R., Schrecker, T. (2007). Globalization And Social Determinants Of Health: Introduction And Methodological Background. *Globalization and Health*.3(5): 1-15.
- Liese B., Dussault G. (2004). The state of the World workforce in sub-saharan Africa: Evidence of the crisis and analysis of contributing Factors. *Africa region*. World bank.
- Marchal B., Kegels, G. (2003). Health Workforce imbalances in times of globalization : Brain drain of Professional mobilty? *International Journal of Health Planning and Management*, 18,89-101.
- Martin G. (2006). The Global Health Governance of Antimicrobial effectiveness. *Global Health* ,2,7.
- Naisbitt J., Aburdene P., (1990). *Megatrends 2000*, Translated by Erdal Güven, İstanbul: Form Publications.
- Ozden, Y. 2000. Transformation in Education: New Values in Education, Pegem A Publishing, Ankara.
- Packer C. Labonte R., Runnels V. (2011). Globalization and the Cross-Border Flow of Health Workers. Translated and Edited by İlker Kayı, Yesim Yasin.
- Rao, M. (2011). Health for All and Neoliberal Globalization. *Socialist Register*.
- Steger, B. (2003). *Globalization*. Oxford University Press. Translated by Abdullah Ersoy. Second Edition, June 2013. Printing: Pelin Offset. Dost Publishing House Publications, Ankara,
- Stonich, S., Vandergeest (2001). Violence, Enviroment And Industrial Shrimp Farming .In.N. Peluso & M. Watts (Eds).*Violent Enviroment* (261-86). Cornell University Press.
- Toffler, A. (1992). *Fear of the Future*. Translated by S. Sargut, Altın Kitaplar Publishing House, İstanbul.
- Yıldız H., Turan M. (2010). Globalization and Health, *Journal of Uludag University Faculty of Medicine*, 36 (1).39-41.
- Yurdabakan, I. (2002). The Approaches about Globalization and Education. *Education Researches*. Ankara: Ani Publishing, 6, 61-64.
- Williamson, H. Jr. (2000). "Globalization and Poverty: Lessons from the Theory and Practice of Food Security". *American Journal of Agricultural Economics*. Vol: 83 No: 3 s: 730-2.
- Jones, C. B., & Sherwood, G. D. (2014). The globalization of the nursing workforce: Pulling the pieces together. *Nursing Outlook*, 62(1), 59-63.
- Jose, M. (2011). Lived experiences of internationally educated nurses in hospitals in the United States of America. *International Nursing Review*, 58(1), 123–129.